



**Oregon Board of Licensed Social Workers**  
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<b>SECTION I</b>	<b>CLINICAL SOCIAL WORK ASSOCIATE – PLAN OF SUPERVISION</b>
<b>PART 1</b>	
<p><b>Supervisor Requirements:</b> OAR 877-020-0012(8) requires LCSW's to have 2 years of post license experience in this or any other state and completed six hours of continuing education courses specific to Supervision and/or Ethics. These hours are good for 5 years from the completion date. A copy of the completion certificate documenting the CE must be on file in the Board office before beginning supervision with a CSWA.</p>	
<b>CSWA Applicant</b> (Please Print)	Phone (      )
<b>INDIVIDUAL LCSW Supervisor</b>	Phone (      )
Where will supervision take place? Supervisor's Office <input type="checkbox"/> CSWA's Office <input type="checkbox"/> Other <input type="checkbox"/> Specify on another sheet of paper	
Is there a fee for Supervision? \$ _____ <input type="checkbox"/> per hour <input type="checkbox"/> per month	
Is the LCSW Supervisor current on 6 hours of supervision continuing education within the last 5 years? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Briefly describe the proposed <b>individual supervision</b> ~	
<b>GROUP LCSW Supervisor</b>	Phone (      )
Where will supervision take place? Supervisor's Office <input type="checkbox"/> CSWA's Office <input type="checkbox"/> Other <input type="checkbox"/> Specify on another sheet of paper	
Is there a fee for Supervision? \$ _____ <input type="checkbox"/> per hour <input type="checkbox"/> per month	
Is the LCSW Supervisor current on 6 hours of supervision continuing education within the last 5 years? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Briefly describe the proposed <b>group supervision</b> ~ No more than 5 individuals per group session	

SECTION I  
PART 2

**CERTIFICATION SIGNATURES FOR CURRENT PLAN OF SUPERVISION**

I certify that the information provided in this document is true and correct to the best of my knowledge. I agree to work with this Plan as described above. **ALL PLANS** require signatures of the Clinical Supervisor, Administrative Supervisor, and the Applicant. Be sure that all signatures are in place before submitting your application. Unsigned forms will be returned, thereby causing a delay in processing your application and issuing your certificate. No hours count toward your plan until approved by the Board.

\_\_\_\_\_  
**CSWA Applicant** Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name Clearly

\_\_\_\_\_  
LCSW (**Individual**) Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name Clearly

\_\_\_\_\_  
LCSW (**Group**) Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name Clearly

\_\_\_\_\_  
**Administrative** Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name Clearly

SECTION I  
PART 3

**CSWA RESPONSIBILITIES**

**I understand** that my title will be *Clinical Social Work Associate* (CSWA) and that I am **not** permitted, under Oregon Law, to be called or represent myself as a Licensed Clinical Social Worker.

**I will follow** the Code of Ethics for Social Workers as defined in Oregon Administrative Rules Chapter 877, Division 30.

**I understand** I must meet with my Supervisor(s) at least two times a month for a minimum of 1 hour each meeting where my clinical work will be discussed, evaluated, and directed. In the case of an individual and group supervisor one meeting with each supervisor will meet this requirement.

**I understand** it is my responsibility to obtain prior Board approval of change to my Plan of Supervision and to keep the Board office informed of any name or address changes.

**I understand** that the Associate Plan cannot be completed in less than 24 months post MSW supervision and can take no longer than 60 months to complete each Associate Plan, as defined in Oregon Administrative Rules Chapter 877-020-0010 (3)(A).

**I will** maintain client confidentiality at all times, including during supervision.

**I will** communicate to the Board any interruptions, concerns, or proposed termination of the Plan.

**ADMINISTRATIVE SUPERVISOR RESPONSIBILITIES**

**I agree** to facilitate and encourage the Supervision Plan for supervision between the applicant (Associate) and the Supervisor.

**I agree** to inform the Board of any changes in agency practices or policies which may adversely affect the successful completion of the Plan of Supervision.

SECTION I

LCSW SUPERVISOR RESPONSIBILITIES

PART 3 continued

I will closely review and supervise representative and problem cases with attention to diagnostic evaluation, treatment planning, ongoing case management, emergency intervention, record keeping, and termination.

I will review case records, billings, appointment book, and client population as appropriate.

I will determine appropriate client populations to be served and direct the Associate to refer inappropriate clients to other therapists.

I will maintain confidentiality of all client and supervisory materials.

I will review with the Associate the Oregon Laws and Administrative Rules related to the ethical principles of Clinical Social Workers, with specific attention to Division 30, the Code of Ethics.

I will submit timely Six-Month Evaluation reports to the Board of the Associate's progress and a final evaluation at the conclusion of the Plan.

I will communicate to the Board any interruptions, concerns, or proposed termination of the Plan.

I have read and understand my responsibilities as a CSWA Applicant  Initial \_\_\_\_\_

I have read and understand my responsibilities as a LCSW Supervisor  Initial \_\_\_\_\_

I have read and understand my responsibilities as an Administrative Supervisor  Initial \_\_\_\_\_

Definitions 877-020-0000

An "agency" is a private or public organization that, through its employees, engages in clinical social work (defined in ORS 675.510 (2)) generally characterized by the following:

- (1) Cases are assigned through a central process;
- (2) Billing is centralized and done in the organization's name;
- (3) The organization collects all fees including deductibles and co-payments;
- (4) The organization controls client records and is responsible for their proper storage and destruction;
- (5) The organization controls office space by renting, owning, or leasing it;
- (6) The organization displays its name on the premises so as to be clearly visible to clients;
- (7) The name of the organization is on all forms given to the client;
- (8) The organization maintains the responsibilities for hiring and firing of staff;
- (9) The organization pays the staff for clinical services;
- (10) Supervision of clinical social work associates is provided on a regular basis;
- (11) Evaluation of the competence of social workers who provide social work services at the organization is provided on a regular basis; and
- (12) Policies and procedures of the organization are available in written form for the staff and clients.

Supervisors

No direct client, work, or supervision hours can be counted for a Plan of Supervision prior to approval from the Board.

CSWAs Applications cannot be approved by the Board without the following:

- Results from the Criminal Background Check (CBC), which takes approximately 2 to 3 weeks.
- Completed Application with all appropriate signatures by the Applicant, Administrative Supervisor, and Clinical Supervisor (If the Clinical and Administrative Supervisor are the same person, have them sign both areas.
- Official transcript in a sealed envelope documenting MSW degree accredited by the Council on Social Work Education at the time of conferred degree date.
- Fees for Application, CBC, and Initial Certificate

Please contact the Board office if you have questions regarding the application process.