State of Oregon
Board of Licensed Social Workers

Supervision & Practice Affidavit

I, ____, attest that I have completed individual supervision, or a combination of individual and group supervision that is substantially equivalent to Oregon's requirement for clinical social work licensure as set out in OAR 877-020-0009 (4)(d) and OAR 877-020-0010 (3)(b). I further attest that I have completed practice hours that are substantially equivalent to Oregon's requirement for clinical social work licensure as set out in OAR 877-020-0009 (4)(b).

I, ____, attest that the information set out in the paragraph above is true and accurate.

____ ______________________

Signature Date