Oregon Board of Licensed Social Workers

Applicant Verification of Supervision and Experience Hours Completed in Another Jurisdiction

Applicant Name: _____

Total Individual Supervision Hours: _____

Total Group Supervision Hours: _____

Total Practice Hours: _____

Total Direct Contact Hours: _____

Start and End Date Hours Were Accrued: _____ to _____

State/Province/Territory Hours Were Completed In: _____

License Type of Supervisor(s): _____

By my signature below, I certify that the information I provided is true and correct to the best of my knowledge.

Applicant Signature: _____

Date: _____

<u>Previous Supervisor Information:</u>

Name: _____

License Number: _____

Signature: _____

Date: _____