

IDAHO STATE BOARD OF SOCIAL WORK EXAMINERS
Idaho Division of Occupational and Professional Licenses
11341 W Chinden Blvd, Bldg #4, Boise ID 83714 or
P.O. Box 83720, Boise ID 83720-0063
Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>
E-mail: swo@dopl.idaho.gov

INSTRUCTIONS FOR APPLICATION FOR APPROVAL OF SUPERVISOR and
SUPERVISION PLAN FOR CLINICAL LICENSURE

Please read the instructions prior to filling out a New Plan for Supervision to prevent possible delay in the approval of your New Plan.

The purpose of the supervision plan is to ensure that the applicant receives supervision according to requirements provided in Idaho Law and Administrative Rule. (IDAPA 24 - Section 210)

Supervision Requirements: Supervision must be consultative-teaching supervision which is directed toward enhancement and improvement of the individual's social work values, knowledge, methods, and techniques.

Five goals for supervision: You and your approved supervisor will determine areas of professional growth, personal awareness or skills that will assist you in increasing your clinical competence.

Agency Director Signature: This provides you and the board written record that the agency director is aware of and supports your efforts to perform supervised clinical social work services.

If you have questions about the application, we recommend you contact the Idaho Board of Social Work Examiners prior to submission at swo@dopl.idaho.gov.

Guidelines for filling out Supervision Plan:

- Please print forms directly from the Board's webpage. ****Submitting outdated applications and incomplete responses may delay processing time****
- **Because of differences in handwriting styles and the need to scan forms digitally once received by DOPL, PLEASE typewrite all responses into the Supervision Plan.**
 - a. For best quality, save as an Adobe.pdf or Word document so you may typewrite responses into spaces as needed.
 - b. Please do not use a font size smaller than 12. Times New Roman or Arial are recommended.
 - c. Please limit descriptions to space provided. **Brief and specific is recommended. May list descriptive words or use bullet points.**
- Please spell out the first reference to any acronym. For example, Idaho Board of Social Work Examiners (IBSWE).
- **Important - Please keep copies for your records, your agency, and your supervisor.**

Please note: the Board no longer requires Supervision Reports to be turned in every six months during supervision. The Supervisor and Supervisee are responsible for tracking supervision hours and reporting them on the final supervision report. The [sample supervision log](#) is available as a resource to track supervision hours.

PLEASE NOTE YOU MAY NOT ACCUMULATE HOURS AND YOUR SUPERVISED EXPERIENCE MAY NOT COMMENCE UNTIL YOUR SUPERVISORS ARE REGISTERED AND THE BOARD HAS APPROVED YOUR SUPERVISION PLAN.**

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APPLICATION FOR APPROVAL OF SUPERVISOR and SUPERVISION PLAN FOR CLINICAL LICENSURE
This application is to notify the Idaho Board of Social Work Examiners of my intent to begin the supervision required for clinical licensure. **** Please note: the Board no longer requires Supervision Reports to be turned in every six months during supervision.**

Applicant Name (Supervisee) _____ License# LMSW- _____

Phone (_____) _____ E-mail _____

Place of Employment: _____

Business Address: _____

Mailing Address: _____

Supervisor Name _____ License # _____

Are you a board-approved supervisor? Yes No Licensure level: _____

Business Name _____

Business Address _____

Mailing Address _____

Phone (_____) _____ E-mail _____

The following statements must be initialed by Supervisor and Supervisee:

I understand that:

- _____ Supervisors must:
- a. maintain an active license in good standing with the Board,
 - b. document at least two years' experience as a licensed clinical social worker,
 - c. have not been the subject of disciplinary action for five years prior to registration as a supervisor,
 - d. complete required contact hours for supervisory registration with the Board, and
 - e. renew supervisory registration with the Board every 5 years.

(IDAPA 24.14.01.211)

_____ _____ An LMSW may not have more than two (2) supervisors at any given time. (IDAPA 24.14.01.210.02.iv)

_____ _____ Supervision must be consultative-teaching supervision which is directed toward enhancement and improvement of the individual's social work values, knowledge, methods, and techniques (IDAPA 24.14.01.21.a).

_____ _____ **50%** of Supervision **MUST** be provided by an LCSW Registered Supervisor, and the remaining 50% may be provided by:

- a. a licensed clinical psychologist
- b. a person licensed to practice medicine and surgery who practices in the area of psychiatry
- c. a licensed clinical professional counselor, or a licensed marriage and family therapist registered as a supervisor by the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists. (IDAPA 24.14.01.210.03.c)

_____ _____ Supervised experience may not commence until the Supervisee and Supervisor have received an **official approval letter** for a supervision plan from the Board. (IDAPA 24.14.01.210.03.a)

_____ _____ The Board must be notified prior to a change in supervisors by submitting a new supervision plan. The new plan must be approved by the Board prior to commencement of supervision. (IDAPA 24.14.01.210.02.iii)

_____ _____ Master's social work can include independent practice, but not private practice. (IDAPA 24.14.01.201.02).

- a. The private practice of social work is defined as that independent practice in which an individual is responsible for the contractual conditions of payment with clients, agencies and institutions (Idaho Code 54-3207(1)).
- b. The independent practice of social work is defined as that practice in which an individual who, wholly or in part, practices social work autonomously with total responsibility for such independent practice (Idaho Code 54-3207(2)).

_____ _____ Master's Social Workers pursuing licensure as a clinical social worker must complete a minimum of 3000 hours of supervised social work experience focused on clinical social work. The hours must be accumulated in not less than 2 years, but in not more than 5 years unless an extension is approved by the Board for good cause shown. (IDAPA 24.14.01.210.03.b)

Requirements for supervision include: (IDAPA 24.14.01.210.03):

- a. Completion of 3000 hours of supervised social work experience focused on clinical social work and must include:
- b. 1,750 hours of direct client contact involving treatment in clinical social; and
- c. 1,250 hours of indirect contact involving assessment, diagnosis, and other clinical social; and
- d. 100 Hours of individual supervision hours (IDAPA 24.14.01.210.01.b).

_____ Agency Supervision is defined as being administrative in function specific to the agency and its goals. Clinical Supervision is defined as specific to the function of clinical practice and working toward the goals of Supervision set forth in this plan.

_____ When all requirements for supervision have been met, a [Final Supervision Report](#), must be submitted within 30 days. Each supervisor must complete a final supervision report at the end of supervision with a supervisee. Termination of supervision by the supervisor, and any concerns encountered should be reported using the final supervision report form.

_____ I understand that it is the responsibility of both the Supervisor and LMSW under supervision to keep accurate records of supervision on file. I understand that clinical supervision hours must be tracked, and the Board may request to see the logs upon completion of clinical supervision. There is a sample log sheet available at [Supervision Log](#).

Setting: (IDAPA 24.14.01.210.01) **Briefly** describe workplace setting and types of clients you will be serving. (For example: substance abuse, ADHD, domestic abuse, etc.)

Supervision Format:

(IDAPA 24.14.01.201.03)

A minimum of one hundred (100) hours of the required supervision must be face-to-face contact with the supervisor and must occur on a regular and on-going basis (IDAPA 24.14.01.210.01.b).

Supervision will be (check all that apply):

- Face-to-Face in person.
- Face-to-Face by a secure live electronic connection, which must comply with any applicable state and federal laws, rules, and regulations, including the health insurance portability and accountability act (HIPAA).
- Group Supervision, which may account for no more than 50 hours of face-to-face contact. Group supervision may count only where the ratio of supervisor to supervisees does not exceed one (1) supervisor to six (6) supervisees, and the allowable countable time must be prorated by the following formula: total session minutes divided by total supervisees, multiplied by two (2) equals the maximum allowable countable time per supervisee for the session. i.e. a supervisee attending a one (1) hour group supervisory session consisting of six (6) supervisees must be allowed twenty (20) minutes of group supervision credit (60 minutes/6 supervisees x 2 = 20 minutes).

Example:

- 2 supervisees will count for 60 minutes of the hour.
- 3 supervisees will count for 40 minutes of the hour.
- 4 supervisees will count for 30 minutes of the hour.
- 5 supervisees will count for 24 minutes of the hour.
- 6 supervisees will count for 20 minutes of the hour.

Assessment Tools:

Briefly describe your assessment process and list some tools you will commonly use in your role:

Diagnostic Tools:

The following statement must be initialed by supervisor and supervisee:

_____ I affirm the use of the current version of DSM for diagnosis, and Supervisee will be actively involved in diagnosing.

Other Diagnostic Tools to be Used:

Treatments, Modalities, and Techniques:

(IDAPA 24.14.01.201.03)

The following statement must be initialed by supervisor and supervisee:

_____ I affirm the use of advanced evidence based clinical treatment, modalities, and techniques, and Supervisee will be actively providing clinical treatment (psychotherapy).

Briefly list treatments, modalities, and techniques you will be using in this setting:

Please list five brief Goals for Supervision (these goals should emphasize treatment and diagnostics):

I. _____

II. _____

III. _____

IV. _____

V. _____

I have reviewed the clinical supervision plan and am in support of the arrangement.

Print Agency Director Name: _____

Agency Director Signature: _____ Date _____

Applicant Affidavit

I hereby agree to comply with the supervision plan outlined herein as part of my application for social work clinical licensure. I certify that I have read and understand, and agree to comply with Idaho Code 54-32, and IDAPA 24.14.01, the Law and Rules governing the practice and supervision of social work licensure in the state of Idaho. I further certify that I have reviewed and understand the plan and its requirements and procedures for supervision of my practice and that I will comply with those requirements and procedures in my practice pursuant to the plan.

Signature of Applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20_____.

(seal)

Notary Public Official Signature
My Commission Expires _____

Supervisor Affidavit

I hereby agree to serve as the supervisor of the applicant in the supervision plan outlined herein as a part of the applicant’s application for social work clinical licensure. I certify that I have read and understand, and agree to comply with Idaho Code 54-32, and IDAPA 24.14.01, the Law and Rules governing the practice and supervision of social work licensure in the state of Idaho. I further certify that I have reviewed and understand the plan and its supervision requirements and procedures and that I will follow those requirements and procedures in my supervision of the applicant’s practice pursuant to the plan.

Signature of Supervisor

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20_____.

(seal)

Notary Public Official Signature
My Commission Expires _____

PLEASE NOTE THAT UNDER RULE 210, YOU MAY NOT ACCUMULATE HOURS AND SUPERVISED EXPERIENCE MAY NOT COMMENCE UNTIL YOUR SUPERVISORS ARE REGISTERED AND THE BOARD APPROVES YOUR SUPERVISION PLAN.