

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 and SUPERVISION REPORT FOR CLINICAL LICENSURE

(Must be completed by the applicant for clinical licensure and submitted with
the Licensed Clinical Social Work Application)

- The purpose of this supervision report is to ensure that the clinical applicant received supervision according to the requirements provided in Idaho Law and Administrative Rule. **(Rule 100.03)**
- **Please print forms directly from the Board's webpage.** ***Submitting outdated applications and incomplete responses may delay processing time.*
- **Please submit a Supervisor Report Form (pages 4 & 5) for EACH Clinical Supervisor under whom you have completed hours.** These must be submitted at the same time as this Supervision Report and the application for Clinical licensure.
- **Please keep copies of all submissions for your records.**

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

Applicant Name: _____ **License # LMSW-** _____

Phone: (____) _____ **Email:** _____

Address of Record: _____
(This address is a public record.) Street/PO Box City State Zip

Mailing Address (private): _____
(Will be used as address of record if none provided above.) Street/PO Box City State Zip

Objectives of Clinical Supervision for the LMSW:

- To focus on professional concerns that are exclusively related to advanced clinical practice, focused on both active diagnosing and clinical treatment (e.g. psychotherapeutic interventions) through a consultative-teaching relationship with Idaho licensed advanced-level practitioners, who have received & maintain their specialized training in clinical supervision. These include LCSWs, LCPCs, LMFTs, Psychologists, and/or Psychiatrists. At least 50% of supervision must be provided by an LCSW. Meetings with the clinical supervisor must be on a continual and regular basis throughout the entirety of clinical social work experience.
- To better understand clinical social work philosophy, become more self-aware, and refine clinical knowledge and skill base to develop a sense of professional identity as a clinical practitioner.
- To be actively engaged in all aspects of clinical care and consistently seek guidance in utilizing advanced evidence-based assessments, and diagnostic and treatment modalities that meet the generally accepted community standards of clinical social work.
- To develop advanced knowledge that can be applied to client populations in an ethical and competent manner that continually strives for and supports public safety outcomes.
- To be responsible and accountable for keeping accurate records of supervision hours and experience logs.
- To gain appropriate experience and confidence that prepares the LMSW to sit for and be successful in passing the clinical level examination required for LCSW licensure.

Instructions: Applicant must initial each statement attesting to having met each requirement.

_____ **I have completed the required minimum of 3000 hours of supervised clinical social work experience including:**

- a. **1750 hours** of direct client contact involving clinical treatment (psychotherapy).
- b. **1250 hours** of assessment, diagnosis, and other clinical social work including other support hours that may occur outside the presence of the client.
- c. **100 hours** of in-person or remote live electronic connection, face-to-face contact with supervisor(s), with no more than 50 hours involving group supervision.

_____ **For the purposes of calculating clinical supervision hours, I did not count any hours that are considered to be agency related administrative supervision, or hours for skills or activities that would be considered within the normal scope of practice for an LSW or LMSW, such as case management, supportive counseling, continuing education, or non-clinical resource referrals. I have counted clinical related hours ONLY.**

_____ **I have completed all of the required hours in no less than 2 years, but no more than 5 years.**
I began my clinical supervision hours on: (Date: _____)
I completed all required hours on: (Date: _____)

_____ **I have kept accurate records of all hours completed and understand that I may be required to submit these records if requested by the Board, before clinical licensure will be approved.**

_____ **A minimum of 50% of all clinical practice experience, as well as face-to-face supervision, was provided under the supervision of licensed clinical social workers (LCSWs).**

_____ **Throughout clinical supervision, I have utilized only current, industry-specific commonly accepted Assessment Tools.**

_____ **Throughout clinical supervision, I affirm the use of the most current version of DSM for diagnosis, as well as any other diagnostic tools used, and I was actively involved in diagnosing clients.**

_____ **Throughout clinical supervision, I affirm the use of advanced evidence-based clinical treatment, modalities, and techniques, and actively provided clinical treatment (psychotherapy).**

_____ **I understand that upon completion of the required clinical supervision hours, I must continue to maintain active clinical supervision until I obtain my LCSW license if I am providing services within the scope of clinical practice. Such supervision will not continue longer than a total of five (5) years.**

I will be continuing clinical supervision with the following Clinical Supervisor until licensed as a Clinical Social Worker:

Supervisor's Name: _____ License Type/#: _____

I have been supervised by the following Clinical Supervisors:

Name: _____ License Type/#: _____
Name: _____ License Type/#: _____
Name: _____ License Type/#: _____
Name: _____ License Type/#: _____
Name: _____ License Type/#: _____
Name: _____ License Type/#: _____

_____ **Each of my Clinical Supervisors have completed the required Supervisor Report Form, all of which are included with this application with their Certificates of Completion for a 15-hour course on Clinical Supervision Training.**

I hereby attest that I have complied with the clinical supervision requirements as outlined herein, as part of my application for social work clinical licensure. I further certify that I have read and understand the Laws and Rules governing clinical supervision and social work licensure in the State of Idaho.

Signature of Applicant

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SUPERVISOR REPORT FORM

(Must be completed by each Clinical Supervisor & submitted with applicant's
Supervision Report and Clinical Social Work Application)

Clinical Supervisor's Name: _____

License Type/#: _____

Phone: (____) _____ **Email:** _____

Business Address: _____

Street/PO Box

City

State

Zip

Objectives of Clinical Supervision for the Clinical Supervisor:

- Provide consultative teaching methods and supervise tasks that are directed toward the enhancement and improvement of the supervisee's clinical social work values, knowledge, methods, and techniques.
- Offer activities and experiences to guide the supervisee to learn about evidence-based assessment, diagnoses, treatment and intervention, evaluation and termination of services, as well as identifying and resolving ethical issues.
- Help supervisee develop responsibility and accountability for competence, demeanor, and ethical practice by building a supervisory relationship of trust, confidentiality, support, and empathy.
- Ensure that supervisee obtains advanced knowledge so their skills and abilities can be applied to client populations in an ethical and competent manner, emphasizing public safety.
- Collaborate with supervisee to provide constructive feedback, safety, respect, and self-care knowledge.
- Keep accurate records of supervision and supervisee evaluations, including remedial information on any unsatisfactory evaluations.

Supervisee's Name: _____ **LMSW #:** _____

Dates of Supervision Completed with Me: ____/____/____ to ____/____/____
Start Date End Date

I attest that the Supervisee named above has completed clinical supervision requirements under my supervision.

The supervisee completed the following number of hours under my personal supervision:

- _____ **Direct Client Contact Hours** involving clinical treatment (psychotherapy)
- _____ **Hours of assessment, diagnosis, and other clinical social work** including other support hours that may occur outside the presence of the client.
- _____ **Individual Supervision Hours**
- _____ **Group Supervision Hours**

_____ **I have kept accurate records of clinical supervision that this supervisee has completed under me, and understand that I may be required to submit these records, if requested by the Board.**

I have completed the required 15 hours of initial Clinical Supervisor Training and will continue to stay current in advanced practice training. A Certificate of Completion for your 15-hour Supervision course must be submitted with this form. If you have been registered with the Board as a Clinical Supervisor, a copy of your approval letter **showing an active timeframe** would suffice. After the initial training, a six-hour refresher course should be completed **every five years in which you actively provide clinical supervision**, to stay current in advanced practice training.

() No () Yes **Do you have any concerns or reservations regarding the supervisee's ability to perform as a clinical social worker?**

If yes, please provide further comments (use additional space as needed):

Supervisor Affidavit

I hereby attest to having served as the supervisor of the applicant (supervisee) named in this report. I certify that I have read and understand the Laws and Rules governing clinical supervision and social work licensure in the state of Idaho.

Signature of Supervisor

State of _____, County of _____.

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

(seal)

Notary Public Official Signature

My Commission Expires _____

Please Note: Along with providing a copy of this form to the supervisee for submission with the clinical license application, supervisors may also send this form directly to DOPL staff. Supervisees are encouraged to submit a response to any concerns listed.