

IDAHO STATE BOARD OF SOCIAL WORK EXAMINERS
Idaho Division of Occupational and Professional Licenses
11341 W. Chinden Blvd, Building #4 Boise ID 83714 or
PO Box 83720, Boise ID 83720-0063
Phone: (208) 334-3233

Website: <https://dopl.idaho.gov> E-mail: swo@dopl.idaho.gov

CLINICAL SOCIAL WORK FINAL SUPERVISION REPORT

- Please complete this form once you have ended supervision with a current supervisor.

NAME OF SUPERVISEE: _____

HAVE YOU COMPLETED ALL OF THE REQUIREMENTS FOR SUPERVISION? Yes _____ No _____

BEGINNING AND ENDING DATES OF SUPERVISION PERIOD _____

IDAHO STATE LICENSE NUMBER: LMSW _____

1. Total number of Clinical hours performed by the supervisee: _____

2. Total number of indirect hours performed: _____

3. Total number of hours of direct client contact: _____

4. Total number of individual supervision hours: _____

5. Please provide a current evaluation of the supervisee's Clinical skills:

6. Please provide a current evaluation of the supervisee's application of clinical knowledge (this will include diagnostics, treatments, techniques, modalities specific to clinical social work):

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

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

NAME OF SUPERVISOR: _____ DISCIPLINE AND DEGREE: _____

LICENSE NUMBER (include State of licensure) _____

Signature

Please note this document will become part of the applicant's file and the applicant has the right to request anything from the file.

RECORD OF SUPERVISION HOURS

To be filled out by the supervisee and submitted with *each* final report

The hours shall be accumulated in not less than two (2) years but in not more than five (5) years unless an extension is approved by the Board for good cause shown.

- Complete a minimum of three thousand (3,000) hours of supervised social work experience focused on clinical social work.
- One thousand seven hundred fifty (1,750) hours of direct client contact involving treatment in clinical social work as defined
- One thousand two hundred fifty (1,250) hours involving assessment, diagnosis, and other clinical social work as defined.
- One hundred (100) hours of the required supervision must be face-to-face contact with the supervisor
- ***Fifty percent (50%) of supervised experience must be provided by a licensed clinical social worker registered.***

Please complete the following and include ALL supervision hours that you have received with your supervisor(s).

Please provide the date in which you were first approved to begin supervision to obtain your clinical license: _____

To date ***total*** number of clinical hours: _____

To date ***total*** number of indirect hours: _____

To date ***total*** number of hours of direct client contact: _____

To date ***total*** number of individual supervision hours: _____

To date ***total*** number of group supervision hours: _____

If all of the hours above were provided by an LCSW, you do not need to complete the following. If some of the hours listed above were provided by a licensed professional **other than** an LCSW, please break down the hours of supervision received from an LCSW.

Total clinical hours with an LCSW _____

Total number of indirect hours with an LCSW _____

Total number of direct hours with an LCSW _____

Total number of supervision hours with an LCSW _____

AFFIDAVIT

I hereby certify under penalty of perjury that the responses provided are true and accurate to the best of my knowledge and belief, and that I may be required to provide additional information.

Printed Name of Supervisee

Signature of Supervisee

State of _____, County of _____, ss.

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

(seal)

Notary Public official signature

Commission expires _____