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

Out-of-State Clinical Social Work Supervisor Verification Form

NAME OF SUPERVISEE:
DATES OF SUPERVISION PERIOD: From:To:
STATE LICENSURE NUMBER:LICENSURE LEVEL:
LENGTH OF TIME LICENSED
1. Number of Clinical hours performed by the supervisee:
2. Number of indirect hours:
3. Number of hours of direct client contact:
4. Number of individual supervision hours:
5. Evaluation of your supervisee, including clinical skills and knowledge and his/her application of knowledge and skills in clinical work. (Please feel free to use additional space as needed)
6. Briefly describe the setting in which the supervisee's clinical work was performed.
7. Do you have any reservations regarding the supervisee's ability to perform as a clinical social worker? If so, please explain. (Please use additional space as needed)
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My supervisor has discussed the information in this report with me. Signature of Supervisee Date
Signature of Supervisee Date

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SUPERVISOR INFORMATION

State where the Supervisor is Licensed	
Discipline & Degree	
License Number	
Printed name of Supervisor	Signature of Supervisor
On thisday of, 20 appeared name is subscribed to the within instrume executed the same and that the statements)_, before me a notary public and in for said state, personally, known or identified to me to be the person whose ent, and being first duly sworn by me acknowledged to me that (s)he stherein contained are true
Subscribed and sworn before me this	day of
(seal)	Notary Public Official Signature My Commission Expires
Please note this document will become part o	of the applicant's file and the applicant has the right to request anything

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

Note: The supervisor's signature must be notarized. The supervisor must declare the answers provided are true in front of a notary (jurat). The language "subscribed and sworn" must appear before the applicant's signature. An "acknowledgement" where the notary only verifies the identity of the applicant is not acceptable.