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

APPLICATION FOR CLINICAL SUPERVISOR REGISTRATION

(There is no fee for registering as a supervisor with the Board)

Each supervisor applicant must complete the following affidavit before providing post-graduate supervision in the state of Idaho under the provisions of Title 54, Chapter 32, Idaho Code, and Rule 211. A supervisor shall not have been the subject of any disciplinary action for five (5) years immediately prior to providing supervision.

Supervisors for licensed master level social workers must submit documentation of: 1. At least two (2) years' experience as a licensed clinical social worker. Dates of Experience: From______ to _____ **AND** 2. Fifteen (15) contact hours of education in supervisor training as approved by the Board. **AFFIDAVIT** I hereby make application to register as a clinical social work supervisor. I certify that I hold a current and unrestricted Idaho license as a clinical social worker and have not been the subject of any disciplinary action by any regulatory body within the five (5) years immediately preceding this application. Name of Applicant (please print) License # Business Phone # Applicant E-Mail Address Signature of Applicant State of ______, County of ______, ss. Subscribed and sworn before me this _____ day of _____ ___, ss. _____, 20 ____. Notary Public Official Signature (seal)

My Commission Expires_____