



**CLINICAL SUPERVISION PLAN
For LGSW and LISW**

(Revised August 1, 2011)

▪ GENERAL INFORMATION AND INSTRUCTIONS ▪

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK AND KEEP ALL PAGES OF THIS FORM TOGETHER.

1. Submit a separate Supervision Plan form for each social work position. Please use one form to document supervision from multiple supervisors for the same social work position. **A current Supervision Plan form must be on file with the Board.**
2. Complete the entire form, provide all applicable signatures, and **attach your position description** for the employment listed below **before submitting the form to the Board office, if not previously submitted.**

DATA CLASSIFICATION: Information which you and your supervisor(s) provide on this form is classified as public data. As public data, information will be available to any person upon request.

<input type="checkbox"/> INITIAL PLAN	<input type="checkbox"/> REVISED PLAN (<i>circle change</i>):	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Employment	<input type="checkbox"/> Scope of Position	<input type="checkbox"/> Type/Amount of Supervision
SUPERVISION START DATE:	EMPLOYMENT START DATE:	AVERAGE NUMBER OF HOURS WORKED PER WEEK:			

▪ SUPERVISEE / LICENSEE INFORMATION ▪

LICENSE NUMBER:	LICENSE: (check one box)	<input type="checkbox"/> LGSW <u>engaged in</u> clinical social work practice, submitting a Detailed Description of Clinical Practice	<input type="checkbox"/> LISW <u>engaged in</u> clinical social work practice, submitting a Detailed Description of Clinical Practice
LAST NAME (as it appears on license card):		FIRST NAME:	MIDDLE NAME:
MAILING ADDRESS: (NEW? circle: YES NO)		DAYTIME PUBLIC TELEPHONE:	
CITY:	COUNTY:	STATE:	ZIP CODE:
AGENCY/EMPLOYER: (no acronyms)		POSITION TITLE: (no acronyms)	
AGENCY ADDRESS: (NEW? circle: YES NO)		LICENSEE E-MAIL:	
CITY:	COUNTY:	STATE:	ZIP CODE:

▪ CERTIFICATION BY LICENSEE ▪

By signing and dating below, I attest that:

1. I have read and understand the supervised practice requirements for licensure and hereby affirm that this plan will be carried out as described. I further understand that a *revised Supervision Plan form* must be submitted within 60 days of changes outlined in the Board's Statute, Chapter 148E.125.
2. Failure to submit the **Supervision Plan form** within 60 days after beginning a social work practice position will result in licensee paying the supervision plan late fee specified in section 148E.180 when the licensee applies for license renewal.
3. I understand that I am required to submit a **Supervision Verification form** at license renewal.
4. I understand that my supervisor must have completed a one-time requirement of 30 hours of training in supervision.
5. I understand that my clinical supervisor must have completed at least 2000 hours of experience in authorized social work practice, **including 1000 hours of experience in clinical practice**, after obtaining the LICSW license.
6. I understand that if the effective date of my LGSW or LISW license is on or after August 1, 2011, I must complete 1800 hours of "direct clinical client contact", of the 4,000 hours of clinical social work practice required, to be eligible to apply for the LICSW license. "Direct clinical client contact" means in-person or electronic media interaction with a client, including client systems and service providers, related to the client's mental and emotional functioning, differential diagnosis, and treatment.

LICENSEE/SUPERVISEE SIGNATURE:	DATE:
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▪ SUPERVISOR #1▪ (Supervisor must complete this section.)

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
PRESENT EMPLOYER:		SUPERVISOR E-MAIL:		DAYTIME PUBLIC TELEPHONE:	
EMPLOYER ADDRESS:					
CITY:			STATE:		ZIP CODE:
LICENSE NUMBER: (Identify if other than Minnesota)		EFFECTIVE DATE OF LICENSE:		LICENSE HELD:	
HIGHEST DEGREE:		MAJOR:		DATE DEGREE CONFERRED:	COLLEGE OR UNIVERSITY:
TITLE AT TIME OF SUPERVISION:			OTHER BOARD LICENSURE:		

Average number of hours of supervision provided per month as specified below: _____ **Start date of supervision:** _____

<p>▪ Mandatory One-on-One Supervision Hours (50% required)</p> <p>▪ In-Person hrs/mo _____ (minimum 25%)</p> <p>▪ Eye-to-Eye electronic media hrs/mo _____</p>	<p>▪ Other Types of Supervision Permitted (no more than 50% allowed)</p> <p>▪ One-on-One telephone hrs/mo _____</p> <p>▪ Group hrs/mo _____ (may include in-person, telephone, or eye-to-eye electronic media)</p> <p>▪ Number in group, excluding supervisor(s) _____</p>
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NOTE: ▪ Group supervision is limited to 6 supervisees.
 ▪ The supervision must not be provided by e-mail.
 ▪ If supervisee began supervision under a Supervision Plan submitted prior to August 1, 2011, any remaining supervised practice hours must comply with the new requirements, as specified in MS148E.

Yes	No	<p>As a supervisor, I affirm that the content of the supervision will include:</p> <p>1. clinical practice, if applicable (authorized only for LGSW and LISW)</p> <p>2. development of professional social work knowledge, skills, and values</p> <p>3. practice methods</p>	Yes	No	<p>4. authorized scope of practice</p> <p>5. ensuring continuing competence</p> <p>6. ethical standards of practice</p>		
						Yes	No
						Yes	No

▪ CERTIFICATION BY SUPERVISOR #1▪

As a supervisor, I have completed a one-time requirement of 30 hours of training in supervision. I understand this information will be available to the public.	Yes	No
As a clinical supervisor, I have completed at least 2000 hours of experience in authorized social work practice, including 1000 hours of experience in clinical practice, after obtaining my LICSW license. I understand this information will be available to the public.	Yes	No
The attached Detailed Description of Clinical Social Work Practice is accurate.	Yes	No

By signing and dating below, I attest that:

- I have read and understand the supervised practice requirements for licensure and hereby affirm that this plan will be carried out as described. I further understand that a *revised Supervision Plan form* must be submitted within 60 days of changes outlined in the Board's Statute, Chapter 148E.125.
- I understand that a **Supervision Verification form** must be submitted at the supervisee's license renewal and when the supervisee applies for another license category.
- I understand that if the effective date of the supervisee's LGSW or LISW license is on or after August 1, 2011, they must complete 1800 hours of "direct clinical client contact", of the 4,000 hours of clinical social work practice required, to be eligible to apply for the LICSW license.

SUPERVISOR #1 SIGNATURE:	DATE:
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LICENSEE/APPLICANT NAME & LICENSE NUMBER: _____

▪ SUPERVISOR #2▪ (Supervisor must complete this section.)					
LAST NAME:		FIRST NAME:		MIDDLE NAME:	
PRESENT EMPLOYER:		SUPERVISOR E-MAIL:		DAYTIME PUBLIC TELEPHONE:	
EMPLOYER ADDRESS:					
CITY:			STATE:		ZIP CODE:
LICENSE NUMBER: (Identify if other than Minnesota)		EFFECTIVE DATE OF LICENSE:		LICENSE HELD:	
HIGHEST DEGREE:	MAJOR:		DATE DEGREE CONFERRED:		COLLEGE OR UNIVERSITY:
TITLE AT TIME OF SUPERVISION:			OTHER BOARD LICENSURE:		
Average number of hours of supervision provided per month as specified below: _____					
				Start date of supervision: _____	
▪ Mandatory One-on-One Supervision Hours (50% required)			▪ Other Types of Supervision Permitted (no more than 50% allowed)		
▪ In-Person hrs/mo _____ (minimum 25%)			▪ One-on-One telephone hrs/mo _____		
▪ Eye-to-Eye electronic media hrs/mo _____			▪ Group hrs/mo _____ (may include in-person, telephone, or eye-to-eye electronic media)		
			▪ Number in group, excluding supervisor(s) _____		
NOTE: ▪ Group supervision is limited to 6 supervisees. ▪ The supervision must <u>not</u> be provided by e-mail. ▪ If supervisee began supervision under a Supervision Plan submitted prior to August 1, 2011, any remaining supervised practice hours must comply with the new requirements, as specified in MS148E.					
As a supervisor, I affirm that the content of the supervision will include:					
Yes	No	1. clinical practice, if applicable (authorized only for LGSW and LISW)		Yes	No
Yes	No	2. development of professional social work knowledge, skills, and values		Yes	No
Yes	No	3. practice methods		Yes	No
					4. authorized scope of practice
					5. ensuring continuing competence
					6. ethical standards of practice

▪ CERTIFICATION BY SUPERVISOR #2▪			
As a supervisor, I have completed a one-time requirement of 30 hours of training in supervision. I understand this information will be available to the public.		Yes	No
As a clinical supervisor, I have completed at least 2000 hours of experience in authorized social work practice, including 1000 hours of experience in clinical practice, after obtaining my LICSW license. I understand this information will be available to the public.		Yes	No
The attached Detailed Description of Clinical Social Work Practice is accurate.		Yes	No
By signing and dating below, I attest that:			
1. I have read and understand the supervised practice requirements for licensure and hereby affirm that this plan will be carried out as described. I further understand that a <i>revised Supervision Plan form</i> must be submitted within 60 days of changes outlined in the Board's Statute, Chapter 148E.125.			
2. I understand that a Supervision Verification form must be submitted at the supervisee's license renewal and when the supervisee applies for another license category.			
3. I understand that if the effective date of the supervisee's LGSW or LISW license is on or after August 1, 2011, they must complete 1800 hours of "direct clinical client contact", of the 4,000 hours of clinical social work practice required, to be eligible to apply for the LICSW license.			
SUPERVISOR #2 SIGNATURE:			DATE:

LICENSEE/APPLICANT NAME & LICENSE NUMBER: _____



**SUPERVISION PLAN ADDENDUM
INSTRUCTIONS FOR DETAILED DESCRIPTION OF CLINICAL SOCIAL WORK PRACTICE**

▪ ONLY FOR LGSW AND LISW LICENSEES PRACTICING CLINICAL SOCIAL WORK ▪

▪ GENERAL INFORMATION AND INSTRUCTIONS ▪

1. If you are licensed as an LGSW or LISW and are practicing within a clinical scope as defined in Minnesota Statutes, Chapter 148E.010, subdivision 6 (as noted below), you will be required to submit a **Detailed Description of Clinical Social Work Practice**.

2. In addition, when you renew your license or when you apply for the LICSW license, your supervisor(s) must complete a **Supervision Verification** form which includes an attestation that you have “demonstrated skill through practice experience in the diagnosis, treatment, and prevention of mental and emotional disorders.”

**▪ SUPERVISOR REPORT OF CLINICAL SOCIAL WORK PRACTICE ▪
(Only supervisors reporting *Clinical Social Work Practice*
for LGSW or LISW licensees refer to this section.)**

▪ INSTRUCTIONS FOR DETAILED DESCRIPTION OF *CLINICAL SOCIAL WORK PRACTICE ATTACHMENT* ▪

Minnesota Statutes, Chapter 148E.010, subdivision 6: "Clinical practice" means applying professional social work knowledge, skills, and values in the differential diagnosis and treatment of psychosocial function, disability, or impairment, including addictions and emotional, mental, and behavioral disorders. Treatment includes a plan based on a differential diagnosis. Treatment may include, but is not limited to, the provision of psychotherapy to individuals, couples, families, and groups.

The licensee must submit a **Detailed Description of Clinical Social Work Practice** signed by the supervisor(s). Please note that it is important to be as specific and thorough as possible. A reference to the attached position description will not be sufficient.

Please attach a typewritten narrative signed by your supervisor which describes each of the following elements:

1. Client population and the range of presenting issues/diagnoses
2. Clinical modalities commonly utilized
3. Diagnostic process, including:
 - a) process utilized for determining clinical diagnoses,
 - b) diagnostic instruments used, and
 - c) role of the licensee/applicant in the diagnostic process.