

Government of the District of Columbia
Health Professional Licensing Administration
Board of Social Work



ON-SITE SUPERVISION VERIFICATION FORM
(For On-Site Supervisors doing General and Immediate Supervision)

Applicant: _____ **Social Work Level Applying For:** _____

Instructions for On-Site Supervisors

This form should be written or typed and returned to the social work applicant in a sealed envelope for submission with the applications support material.

For information regarding supervision requirements, see Definitions of Supervision on reverse side of this form.

CERTIFICATION

I, _____, certify that I supervised _____
Supervisor Applicant

from _____ to _____, who worked for a total of _____ hours per week.
Month/Year Month/Year

Total Number of hours of immediate (face-to-face, direct observation) supervision: _____

Total Number of hours of general supervision: _____

Was the applicant's practice satisfactory or better? YES _____ NO _____

Remarks: _____

Agency of Employment: _____

Title of Applicants Position: _____

Applicants Job Duties: _____

I certify that I am a qualified supervisor according to the terms outlined in Chapter 70, Title 17 of the DCMR as indicated under Supervision Definitions on the reverse side of this form. I further certify that I provided the supervision described above, and that it is a true and accurate representation of this supervision.

Supervisor's Signature Date

Jurisdiction Licensed By

Date of Original Licensure

License Number

Work Telephone Number

City, State, Zip Code

Non-District LICSW and LISW Supervisors must send in state license verification forms or a copy of a current license indicating its issuance date. (A Certification from a professional organization is NOT a license.)