

**FOR MASTER SOCIAL WORKER
POST-MASTER'S SUPERVISED EXPERIENCE
VERIFICATION**

Supervisors must complete this Attachment. Each supervisor **MUST** sign and date this form to attest to the experience earned. **These hours MUST be earned after receipt of an approved masters' degree and under the supervision of a Certified Master Social Worker.**

WHITE OUT IS NOT ACCEPTABLE:

Changes to information entered onto this form are not acceptable unless the supervisor initials the changed information.

PART I - SUPERVISOR INFORMATION:

Name of Supervisor: _____ CMSW #: _____

Name of Applicant: _____

If hours are earned in another state, identify the credential you hold:	Name of Credential:
	License/Certificate No:

PART II – MASTER SOCIAL WORK EXPERIENCE:

SUPERVISORS: List only the hours that you personally supervised (when reporting partial hours, use .25 increments)

1. Total number of clock hours of social work activities under my supervision: _____
(total clock hours)

2. Dates the above hours were completed under my supervision (**provide FULL dates**): from _____ to _____
(month/day/year) (month/day/year)

MSW Activities include:

1. Information, resource identification and development, and referral services
2. Preparation & evaluation of psychosocial assessments & development of social work service plans
3. Case management, coordination, and monitoring of social work service plans in the areas of personal, social, or economic resources, conditions, or problems
4. Development, implementation, and evaluation of social work programs and policies
5. Supportive contacts to assist individuals and groups with personal adjustment to crisis, transition, economic change, or a personal or family member's health condition
6. Social casework for and prevention of psychosocial dysfunction, disability, or impairment
7. Social work research, consultation, and education

Supervisor's Signature

I state that I am the person completing this form and the statements on this form are true and complete
AND
I have supervised the hours reported above.

(Print/type) SUPERVISOR Name and Title

Signature

AGENCY/INSTITUTION

STREET ADDRESS

Date Signed : _____

CITY STATE ZIP