

SUPERVISOR/SUPERVISEE CONTRACT

SUPERVISEE _____

Home Address - Street _____

City/State/Zip _____

Home E-Mail _____ Home Phone () _____

EMPLOYING AGENCY/POSITION _____

Agency Address
Street _____

City/State/Zip _____

Agency E-Mail _____ Agency Phone () _____

LSWA Position is: Full Time Part-Time: Number of hours per week _____
Two years full time or equivalent part-time of qualifying supervision based on BSW. **(Attach Job Description)**

(LMSW – Requires no supervision. Eligibility based only on obtaining MSW.)

LSW Generalist Practice Position is: Full Time Part-Time: Number of hours per week _____
Two years full time or equivalent part-time of qualifying supervision based on MSW. **(Attach Job Description)**

LSW-Administration Position is: Full Time Part-Time: Number of hours per week _____
Two years full time or equivalent part-time of qualifying supervision for LSW-Adm. **(Attach Job Description)**

LCSW Position is: Full Time Part-Time: Number of hours per week _____
Two years full time or equivalent part-time of qualifying supervision for LCSW. **(Attach Job Description)**

SUPERVISOR _____ License Number _____

Supervisor employed within Supervisee's Agency Supervisor outside agency Board Approved Supervisor (BAS)

If BAS, Date of BAS Approval: _____ Date of BAS Training: _____

Licensure Level(s) _____

Employing Agency _____ Agency E-Mail _____

Position _____ Agency Phone () _____

Agency Address
Street/City/State/Zip _____

Beginning Date of Supervision _____
Do NOT complete, OSBSLW to determine date Month/Day/Year

Specify Focus of Supervision: _____

Total Hours Per Week of Individual Educational (face-to-face) Licensure Supervision _____
Total Hours Per **Month** of Group Educational Licensure Supervision _____
(Maximum of four supervisees in group. Group supervision limited to 25% of total supervision provided.) _____
Total Hours Per Week of Practice/Work Under Supervision _____

PREVIOUS SUPERVISION (Attach Additional Pages if Needed)

Supervisor _____

Dates of Supervision: _____ to _____
Month/Day/Year Month/Day/Year

Total Hours of Individual Educational (face-to-face) Licensure Supervision _____
Total Hours of Group Educational Licensure Supervision _____
(Maximum of four supervisees in group. Group supervision limited to 25% of total supervision provided.) _____
Total Hours of Practice/Work Under Supervision _____

This contract must be submitted prior to beginning of supervision, along with supervisee's official transcript and current job description. It is agreed that the supervisor at times as outlined in these guidelines will provide written evaluations. Copies of the evaluation will be provided to the supervisee. Such evaluation will become part of the supervisee's personnel file if supervision is being provided by the agency, either through a qualified staff member or through a qualified supervisor engaged by the agency. It is agreed that if either party terminates this contract, the Oklahoma State Board of Licensed Social Workers will be notified within 30 days. The undersigned agree to adhere to the guidelines for supervision provided to both parties.

Supervisee Signature _____ Date _____

Supervisor Signature _____ Date _____

OKLAHOMA STATE BOARD OF LICENSED SOCIAL WORKERS
Post Office Box 18817, Oklahoma City, OK 73154-0817
Phone: (405) 521-3712 www.ok.gov/socialworkers Fax: (405) 521-3713

STAFF/BOARD USE SECTION

Reviewed by: _____

Approved: YES NO

If approved, effective date supervision may begin:

Guidelines for Social Work Licensing Supervision

Oklahoma State Board of Licensed Social Workers Consultant

I. Getting Started

Thank you for your interest in becoming a professional licensed social worker in Oklahoma. You, as the person seeking licensure, bear the responsibility for arranging supervision and meeting the related rules and regulations. Don't hesitate to contact the board office if you have any questions or need more information.

1. First, **review the rules, regulations, and forms** on the website, www.osblsw.state.ok.us, and/or ask the Social Work Board office for a Rule Book, 405-521-3712 or e-mail to khoehner@oswb.state.ok.us.
2. Find a **supervisor** for licensing. The supervisor must hold the license for which you are seeking supervision. If the supervisor is not in your agency, he or she must be a Board Approved Supervisor (BAS).
You can search for BAS online by doing the following:
 - Click on the Licensee Search, on the right of the home page
 - Enter the county where you want to find a BAS (do not enter a name)
 - Click on the Board Approved Supervisor radio button rather than "all"
 - Then submit
3. Complete the **Supervisor/Supervisee Contract**, Form 201. Be sure that all portions of the form are completed. Ask your supervisor to help write the "Focus of Supervision" paragraph. It is not a job description. A good way to learn more about the focus of your educational supervision is to review the general and clinical evaluation forms, Forms 203 and 204. The knowledge and skills outlined on the evaluations should become the focus of supervision.
4. Get a copy of your **job description** showing agency identifying information. If your job description has no agency information on it, ask your employer to sign the job description and add the agency information below his or her name.

Be sure you are an employee and not a contractor. Persons under supervision for licensing may not be independent contractors. You must be an employee of an agency or institution. Employment is determined by whether the agency or institution is paying your employment taxes. If the job description or other information indicates you may be an independent contractor, the board will ask for a copy of the IRS form W-4 to determine employment status. (If you are an independent contractor, you may be engaging in the independent practice of social work without a license, which is against the law.)

If you want to be under supervision for a clinical license, Licensed Clinical Social Worker, be sure that your job is clinical in nature. Persons who have administrative job descriptions may not be eligible for clinical supervision. Persons who have both clinical and administrative responsibilities will need to work closely with their licensing supervisor and their employer to document what portion of their practice/work under supervision can be counted as clinical. It may take those persons more than 4,000 hours of practice/work to complete the required 3,000 hours of direct client contact during licensing supervision.

5. The board office needs a copy of your **official transcript** showing your social work degree. You may mail in an official copy or arrange for your school to send one directly. **A letter of completion from the registrar's office will not be accepted.**
6. Send the original contract, the job description, and the transcript to the Social Work Board office, P. O. Box 18817, Oklahoma City, OK 73154.

The board office cannot add information to the contract form. If it is incorrect or incomplete, it must be mailed back to you. Please call the board office if you have questions about how to fill out the contract.

Be sure to keep a copy of the contract and all subsequent forms that are sent to the office.

7. The board consultant will review your (1) contract, (2) job description, and (3) transcript when all are received. You will receive a letter approving the contract and giving you a start date for supervision. This start date begins your 4,000 hours of practice/work under supervision, and your 100 hours of face-to-face educational supervision.

II. Periodic Evaluations

The evaluation forms, Forms 203, 204, 205, are usually completed at six months, twelve months, and twenty-four months. If you are only working part time, it may take you longer than six months to accumulate about 25 hours of supervision, and about 1,000 hours of practice/work under supervision. It is recommended to wait until you have reached those totals to do the evaluations.

Remember, if you are seeking the clinical specialty (Form 204) or administrative specialty (Form 205) you must also complete the general evaluation (Form 203). Both general and specialty skills must be evaluated.

All comment sections must be filled in. Send the originals of the evaluation forms to the board office and keep a copy. You must also send the original of the supervision log (Form 202) showing the dates of supervision, number of individual and group supervision hours, and practice/work hours.

If you are seeking the clinical specialty at least 3,000 of the 4,000 hours must be in "direct client contact." If you have a job which is not entirely clinical, it may take you more than 4,000 hours of work to accumulate the necessary 3,000 hours of direct contact. You may wish to keep track of clinical hours separately from total hours worked and show both on the supervision log.