

# TERMINATION OF SUPERVISION

**SUPERVISEE** \_\_\_\_\_

Home Address - Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home E-Mail \_\_\_\_\_ Home Phone (      ) \_\_\_\_\_

Employing Agency and 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)**

**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 \_\_\_\_\_

Licensure Level(s) \_\_\_\_\_

Employing Agency \_\_\_\_\_ Agency E-Mail \_\_\_\_\_

Position \_\_\_\_\_ Agency Phone (      ) \_\_\_\_\_

Agency Address  
Street/City/State/Zip \_\_\_\_\_

Beginning Date of Supervision \_\_\_\_\_  
Month/Day/Year

Ending Date of Supervision: \_\_\_\_\_  
Month/Day/Year

