

BOARD OF LICENSED SOCIAL WORKERS

STATE OF OKLAHOMA

Post Office Box 18817
Oklahoma City, OK 73154



4545 N. Lincoln Blvd. STE 162
Oklahoma City, OK 73105

APPLICATION FOR BOARD APPROVED SUPERVISOR : PROCESSING FEE OF \$150.00 MUST BE SUBMITTED WITH APPLICATION

Name _____ License No. _____

Employing Agency _____

Agency Position/Title _____

Agency Address _____
Street/City/State/Zip

Agency Phone _____

E-Mail _____

LICENSURE LEVEL(S) IN WHICH BOARD APPROVED SUPERVISOR STATUS IS REQUESTED:

A separate application is required for each Licensure Level in which Board Approved Supervisor status is requested.

Licensed Social Worker – Administration (LSW-Adm)

Licensed Clinical Social Worker (LCSW)

QUALIFYING EXPERIENCE

(Attach additional pages as necessary to document experience.)

- A. Five (5) years *full time work experience* beyond master degree in social work.
- B. Three (3) of the above five (5) years must be *full time work experience in the licensure level* in which supervisory status is requested.
- C. Two (2) of the above five (5) years must be *supervisory work experience*.

TWO REQUIRED LETTERS OF REFERENCE FOR EACH SPECIALTY.

LETTERS MUST SPEAK TO THE FOLLOWING ISSUES REGARDING THE APPLICANT AND **ONE MUST COME FROM A PERSON LICENSED AT THE SAME LEVEL AS THE APPLICANT:**

- 1) Supervisory skills
- 2) Type of experience,
- 3) Length of experience,
- 4) Demonstration of Social Work knowledge base, and
- 5) Adherence to ethical principles.

Professional Experience: Under the "Duties Performed", you **MUST** include detailed information demonstrating your supervisory work experience specific to the specialty for which you are making application, e.g., those seeking BAS approval for clinical specialty **MUST** describe their "**CLINICAL**" supervisory experience. Include additional pages as necessary using a blank document from Microsoft Word.

Name of Agency _____

Agency Address _____
Street/City/State/Zip

Agency Position/Title _____
Month/Year to Month/Year

Duties Performed _____

This position documents items listed under QUALIFYING EXPERIENCE requirements. A B C
Check all that apply

Name of Agency _____

Agency Address _____
Street/City/State/Zip

Agency Position/Title _____
Month/Year to Month/Year

Duties Performed _____

This position documents items listed under QUALIFYING EXPERIENCE requirements. A B C
Check all that apply

Name of Agency _____

Agency Address _____
Street/City/State/Zip

Agency Position/Title _____
Month/Year to Month/Year

Duties Performed _____

This position documents items listed under QUALIFYING EXPERIENCE requirements. A B C
Check all that apply

--- THIS SECTION FOR BOARD USE ONLY ---

- Processing Fee Received License Number Verified Two Reference Letters Attached
 Licensure Levels _____ BAS Training Completed-Date _____
 5 years FT Work Experience Verified 3 Of 5 Years Were Practiced In Appropriate Specialty (Administration or Clinical)

Comments: _____

BOARD MEETING USE ONLY

Approve Deny Table for: _____

Board Member
Signature _____ Date _____

**OKLAHOMA STATE BOARD OF LICENSED SOCIAL WORKERS
4545 N. LINCOLN BOULEVARD, SUITE 162
OKLAHOMA CITY, OK 73105**

BOARD APPROVED SUPERVISOR REFERENCE

Name of Applicant:

You have been asked to provide a reference for the above named individual who is applying to become a Board Approved Supervisor for Social Work licensure. Please address the applicant's capabilities in each of the following categories:

Supervisory skills/abilities:

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Type of professional experience(s) of the applicant:

Length of experience:

Demonstration of Social Work knowledge base:

Adherence to ethical principles:

Reference Signature and Credentials

Date

Printed Reference Name:

Reference Address: