

# Board of Licensed Social Workers State of Oklahoma

Phone: (405) 521-3712  
Phone: (405) 521-3715

3700 Classen Blvd. STE 162  
Oklahoma City, OK 73118

OR: P.O. Box 18817 OKC, OK 73154

## **Supervisor/Supervisee Contract - Form 201: DO NOT FAX THIS FORM**

Supervisee Name:

Other name (s) under which evaluations have been submitted:

Supervisee Home Address (Street, City, State, Zip):

Supervisee Home Email:  Supervisee Home Phone:

### **Supervisee Employment Information:**

Agency Name:  Name of Job Position:

Agency Address (Street, City, State, Zip):

Agency Email Address:  Agency Phone:

Position is full-time/hrs per week:   Position is part-time/hrs per week:

### **LICENSURE LEVEL FOR WHICH SUPERVISION IS BEING REQUESTED:**

- Licensed Social Worker (LSW) Two years full time or equivalent part time qualifying supervision based on MSW. **(Attach Job Description)**
- Licensed Soc. Wkr. - Adm (LSW-ADM) Two years full time or equivalent part time qualifying supervision based on LSW-ADM. **(Attach Job Description)**
- Licensed Clinical Social Worker (LCSW) Two years full time or equivalent part time qualifying supervision based on LCSW. **(Attach Job Description)**

### **SUPERVISOR INFORMATION:**

Supervisor Name:  Supervisor License Number:

Supervisor employed by same agency  Board Approved Supervisor

Due Date for Next Board Approved Supervisor Training

Supervisor's Employing Agency:  Supervisor's Job Title:

Supervisor's Agency Address: (Street, City, State, Zip):

Supervisor Work Phone:  Supervisor Cell Phone:  Supervisor Email:

Beginning Date of Supervision (BOARD STAFF WILL DETERMINE)

Focus of Supervision:

Total hours per month you plan to meet with your supervisor (face to face/one on one):

Total hours per month you plan to meet with your supervisor (group supervision):  
**Maximum of four supervisees per group and group supervision is limited to 50% of total supervision.**

Total hours of practice per week (how many hours a week will you be working at your job?):

Total # of clinical hours per week (how many hours of your total work time do you expect to be working on direct client activities, e.g., face to face time with clients, progress notes, case consults, etc.):

**PREVIOUS SUPERVISION (ATTACH ADDITIONAL PAGES IF NEEDED)**

Supervisor:

Dates of Supervision (from beginning date to end date):

Total hours of educational supervision confirmed by the Board Office (both individual and group combined):

Total hours of practice confirmed by the Board Office:

Total # of clinical hours confirmed by the Board Office:

This contract must be submitted **PRIOR** to the beginning of supervision, along with a current job description and a copy of the W-4 you signed when you became employed with your agency. If you have not begun employment at the time your contract is approved, you **ARE** required to submit the W-4 within two weeks of your hire date. It is understood that the supervisor will provide written evaluations that detail the skill level of the supervisee. Copies of the evaluations shall be made available to the supervisee. **IT IS THE RESPONSIBILITY OF THE SUPERVISEE TO ASSURE THESE EVALUATIONS ARE RECEIVED BY THE BOARD OFFICE IN A TIMELY MANNER. THE SUPERVISEE ALSO UNDERSTANDS IT IS THEIR RESPONSIBILITY TO MAINTAIN COPIES OF ALL RECORDS SUBMITTED TO THE BOARD.** These evaluations will become part of the supervisee's official file maintained by the Board Office and will be used by the Board of Directors to determine the approval of an application for licensure. 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.

Supervisor's Signature:

Date:

Supervisee's Signature:

Date:

Staff/Board Office Use Section

Reviewed By:

Effective Date Supervision May Begin

Approved

Yes

No