

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

TERMINATION OF SUPERVISION

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 YOU ARE CURRENTLY UNDER SUPERVISION :

Licensed Social Worker (LSW) Two years full time or equivalent part time qualifying supervision based on MSW.

Licensed Soc. Wkr. - Adm (LSW-ADM) Two years full time or equivalent part time qualifying supervision based on LSW-ADM.

Licensed Clinical Social Worker (LCSW) Two years full time or equivalent part time qualifying supervision based on LCSW.

SUPERVISOR INFORMATION:

Supervisor Name: Supervisor License Number:

Supervisor employed by same agency Board Approved Supervisor

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 With This Supervisor:

Ending Date of Supervision With This Supervisor:

Reason for Termination: (Check as many as are applicable)

- Two year full-time or equivalent part-time requirements completed
- Did not pass LMSW exam during provisional year
- Supervisor relocated - Explain Below
- Supervisee relocated - Explain Below
- Poor performance of supervisee - Explain Below
- Other: Explain Below

"Explanation"

Supervisor's Signature: _____ Date: _____

Supervisee's Signature: _____ Date: _____