

Board of Licensed Social Workers State of Oklahoma

Post Office Box 18817
Oklahoma City, OK 73154
(405) 521-3712



3700 Classen Blvd., Suite 162
Oklahoma City, OK 73118
(405) 521-3715

Application for Board Approved Supervisor: **Processing fee of \$150 MUST be submitted with application**

Last Name:	<input type="text"/>	First Name:	<input type="text"/>	MI:	<input type="text"/>	Suffix:	<input type="text"/>	License No.:	<input type="text"/>
Employing Agency Name:	<input type="text"/>								
Agency Position/Title	<input type="text"/>								
Agency Address: (Street, City, State, Zip)	<input type="text"/>								
Work Phone:	<input type="text"/>	E-Mail:	<input type="text"/>						

Licensure Level(s) in which Board Approved Supervisor Status is Required

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)
- Licensed Social Worker (LSW)

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 *CLINICAL SUPERVISORY WORK EXPERIENCE* for those supervising LCSW Candidates.

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
5. Adherence to ethical principles

Professional Experience

Under "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" supervisor experience. Include additional pages as necessary using a blank document from Microsoft Word.

1. Name of Business/ Institution:

Business Address:

Job Title: From MM/YY: To MM/YY:

Description of Duties Performed:

This position documents items listed under QUALIFYING EXPERIENCE requirements:

A

B

C

1. Name of Business/ Institution:

Business Address:

Job Title: From MM/YY: To MM/YY:

Description of Duties Performed:

This position documents items listed under QUALIFYING EXPERIENCE requirements:

A

B

C

1. Name of Business/ Institution:

Business Address:

Job Title: From MM/YY: To MM/YY:

Description of Duties Performed:

This position documents items listed under QUALIFYING EXPERIENCE requirements:

A

B

C

--- This Section for Board Use Only ---

Processing Fee Received

Full-Time

Two Reference Letters Attached

Licensure Levels _____

BAS Training Completed _____

5 years FT Work Experience Verified

3 of 5 Years Were Practiced In Appropriate Specialty (Admin or Clinical)

Comments: _____

--- Board Meeting Use Only ---

Name of Applicant: _____

Approve

Deny

Table for: _____

Board Member Signature

Date

**OKALHOMA STATE BOARD OF LICENSED SOCIAL WORKERS
3700 N. Classen Blvd., SUITE 162
OKLAHOMA CITY, OK 73118**

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:

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