



SUPERVISION PLAN

▪ GENERAL INFORMATION AND INSTRUCTIONS ▪

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK AND KEEP ALL PAGES OF THIS FORM TOGETHER.

Submit a separate Supervision Plan form for each social work position. Please use one form to document supervision from multiple supervisors for the same social work position. **A current Supervision Plan form must be on file with the Board.**

Complete the entire form, provide all applicable signatures, and **attach your position description for the employment listed below before submitting the form to the Board office.**

DATA CLASSIFICATION: Information which you and your supervisor(s) provide on this form is classified as public data. As public data, information will be available to any person upon request.

<input type="checkbox"/> INITIAL PLAN	<input type="checkbox"/> REVISED PLAN (<i>circle change</i>):	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Employment	<input type="checkbox"/> Scope of Position	<input type="checkbox"/> Type/Amount of Supervision
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EMPLOYMENT START DATE:	SUPERVISION START DATE:	AVERAGE NUMBER OF HOURS WORKED PER WEEK:
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▪ SUPERVISEE / LICENSEE INFORMATION ▪

LICENSE NUMBER:	LICENSE HELD (<i>circle</i>):	LSW	LGSW	LISW
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LAST NAME:	FIRST NAME:	MIDDLE NAME:
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PROFESSIONAL NAME: LAST NAME <small>(If designating a name different from legal name in this box, you will be contacted by the Board to comply with name change requirements.)</small>	FIRST NAME:	MIDDLE NAME:
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MAILING ADDRESS: (NEW? circle: YES NO)	DAYTIME PUBLIC TELEPHONE:
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CITY:	COUNTY:	STATE:	ZIP CODE:
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AGENCY/EMPLOYER: (no acronyms)	POSITION TITLE:
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AGENCY ADDRESS:	LICENSEE E-MAIL:
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CITY:	COUNTY:	STATE:	ZIP CODE:
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▪ CERTIFICATION BY LICENSEE AND SUPERVISOR(S) ▪

▪ All licensees must check the 1) following two boxes and 2) appropriate box below based on license and scope of practice.

I have read and understand the supervision requirements for licensure and hereby affirm that this plan will be carried out as described. I further understand that a *revised Supervision Plan* form must be submitted within 90 days of changes outlined in the Board's Statute, Chapter 148D.125.

I understand that I am required to submit a **Supervision Verification** form at license renewal. Failure to submit the supervision plan within 90 days after beginning a social work practice position will result in licensee paying the supervision plan late fee specified in section 148D.180 when the licensee applies for license renewal.

<input type="checkbox"/> LSW	<input type="checkbox"/> LGSW <u>not</u> engaged in clinical social work practice	<input type="checkbox"/> LGSW <u>engaged in</u> clinical social work practice, submitting a Detailed Description of Clinical Practice	<input type="checkbox"/> LISW <u>engaged in</u> clinical social work practice, submitting a Detailed Description of Clinical Practice
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LICENSEE/SUPERVISEE SIGNATURE:	DATE:
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SUPERVISOR #1 SIGNATURE: (check box if applicable) <input type="checkbox"/> Attached Detailed Description is accurate.	DATE:
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SUPERVISOR #2 SIGNATURE (check box if applicable) <input type="checkbox"/> Attached Detailed Description is accurate.	DATE:
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▪ SUPERVISOR #1 INFORMATION ▪ (Supervisor must complete this section.)					
LAST NAME:		FIRST NAME:		MIDDLE NAME:	
PRESENT EMPLOYER:		SUPERVISOR E-MAIL:		DAYTIME PUBLIC TELEPHONE:	
EMPLOYER ADDRESS:					
CITY:			STATE:		ZIP CODE:
LICENSE NUMBER: (Identify if other than Minnesota)		EFFECTIVE DATE OF LICENSE:		LICENSE HELD:	
HIGHEST DEGREE:		MAJOR:		DATE DEGREE CONFERRED:	COLLEGE OR UNIVERSITY:
TITLE AT TIME OF SUPERVISION:			OTHER BOARD LICENSURE:		
▪ SUPERVISION TO BE PROVIDED BY SUPERVISOR #1 ▪					
Average number of hours of supervision provided per month:			Start date of supervision:		
<input type="checkbox"/> In-person one-on-one supervision: _____		<input type="checkbox"/> In-person group supervision: _____		<input type="checkbox"/> Electronic supervision: _____	
		<input type="checkbox"/> Number of members in group: _____			
NOTE: At least ½ of the supervision must be in-person one-on-one supervision. In-person group supervision may not exceed more than ½ of the required hours. Electronic supervision may not exceed more than 1/3 of the required hours. Group supervision may not exceed 7 members, including licensed social work supervisor.					
Yes	No	Do you affirm that the content of the supervision will include: 1) clinical practice, if applicable (authorized only for LGSW and LISW)		Yes	No
Yes	No	2) development of professional social work knowledge, skills, and values		Yes	No
Yes	No	3) practice methods		Yes	No
					4) authorized scope of practice
					5) ensuring continuing competence
					6) ethical standards of practice

▪ SUPERVISOR #2 INFORMATION (if applicable) ▪ (Supervisor must complete this section.)					
LAST NAME:		FIRST NAME:		MIDDLE NAME:	
PRESENT EMPLOYER:		E-MAIL ADDRESS:		DAYTIME PUBLIC PHONE:	
EMPLOYER ADDRESS:					
CITY:			STATE:		ZIP CODE:
LICENSE NUMBER: (Identify if other than Minnesota)		EFFECTIVE DATE OF LICENSE:		LEVEL OF LICENSURE:	
HIGHEST DEGREE:		MAJOR:		DATE DEGREE CONFERRED:	COLLEGE OR UNIVERSITY:
TITLE AT TIME OF SUPERVISION:			OTHER BOARD LICENSURE:		
▪ SUPERVISION TO BE PROVIDED BY SUPERVISOR #2 ▪					
Average number of hours of supervision provided per month:			Start date of supervision:		
<input type="checkbox"/> In-person one-on-one supervision: _____		<input type="checkbox"/> In-person group supervision: _____		<input type="checkbox"/> Electronic supervision: _____	
		<input type="checkbox"/> Number of members in group: _____			
NOTE: At least ½ of the supervision must be in-person one-on-one supervision. In-person group supervision may not exceed more than ½ of the required hours. Electronic supervision may not exceed more than 1/3 of the required hours. Group supervision may not exceed, 7 members including licensed social work supervisor.					
Yes	No	Do you affirm that the content of the supervision will include: 1) clinical practice, if applicable (authorized only for LGSW and LISW)		Yes	No
Yes	No	2) development of professional social work knowledge, skills, and values		Yes	No
Yes	No	3) practice methods		Yes	No
					4) authorized scope of practice
					5) ensuring continuing competence
					6) ethical standards of practice

LICENSEE/APPLICANT NAME & LICENSE NUMBER: _____



SUPERVISION PLAN ADDENDUM INSTRUCTIONS FOR DETAILED DESCRIPTION OF CLINICAL SOCIAL WORK PRACTICE

▪ ONLY FOR LGSW AND LISW LICENSEES PRACTICING CLINICAL SOCIAL WORK ▪

▪ GENERAL INFORMATION AND INSTRUCTIONS ▪

- If you are licensed as an LGSW or LISW and are practicing within a clinical scope as defined in Minnesota Statutes, Chapter 148D.010, subdivision 6 (as noted below), you will be required to submit a **Detailed Description of Clinical Social Work Practice**.
- In addition, when you renew your license or when you apply for the LICSW license, your supervisor(s) must complete a **Supervision Verification** form which includes an attestation that you have “demonstrated skill through practice experience in the diagnosis, treatment, and prevention of mental and emotional disorders.”

▪ SUPERVISOR REPORT OF CLINICAL SOCIAL WORK PRACTICE ▪ (Only supervisors reporting *Clinical Social Work Practice* for LGSW or LISW licensees refer to this section.)

▪ INSTRUCTIONS FOR DETAILED DESCRIPTION OF *CLINICAL* SOCIAL WORK PRACTICE ATTACHMENT ▪

Minnesota Statutes, Chapter 148D.010, subdivision 6: "Clinical practice" means applying professional social work knowledge, skills, and values in the differential diagnosis and treatment of psychosocial function, disability, or impairment, including addictions and emotional, mental, and behavioral disorders. Treatment includes a plan based on a differential diagnosis. Treatment may include, but is not limited to, the provision of psychotherapy to individuals, couples, families, and groups.

The licensee must submit a **Detailed Description of Clinical Social Work Practice** signed by the supervisor(s). Please note that it is important to be as specific and thorough as possible. A reference to the attached position description will not be sufficient.

Please attach a typewritten narrative signed by your supervisor which describes each of the following elements:

1. Client population and the range of presenting issues/diagnoses
2. Clinical modalities commonly utilized
3. Diagnostic process, including:
 - a) process utilized for determining clinical diagnoses,
 - b) diagnostic instruments used, and
 - c) role of the licensee/applicant in the diagnostic process.