### PART I - SUPERVISOR INFORMATION:

Name of Supervisor: ___________________________ CMSW #: ___________________________

Name of Applicant: ___________________________

If hours are earned in another state, identify the credential you hold:

Name of Credential: ___________________________

License/Certificate No: ___________________________

### PART II – MASTER SOCIAL WORK EXPERIENCE:

**SUPERVISORS:** List only the hours that you personally supervised (when reporting partial hours, use .25 increments)

1. **Total number of clock hours of social work activities under my supervision:** ______________ (total clock hours)

2. Dates the above hours were completed under my supervision (**provide FULL dates**: from _______________ to _______________, (month/day/year) (month/day/year)

**MSW Activities include:**

1. Information, resource identification and development, and referral services
2. Preparation & evaluation of psychosocial assessments & development of social work service plans
3. Case management, coordination, and monitoring of social work service plans in the areas of personal, social, or economic resources, conditions, or problems
4. Development, implementation, and evaluation of social work programs and policies
5. Supportive contacts to assist individuals and groups with personal adjustment to crisis, transition, economic change, or a personal or family member's health condition
6. Social casework for and prevention of psychosocial dysfunction, disability, or impairment
7. Social work research, consultation, and education

**Supervisor’s Signature**

I state that I am the person completing this form and the statements on this form are true and complete

AND

I have supervised the hours reported above.

Date Signed: ___________________________

(Print/type) SUPERVISOR Name and Title

Signature

AGENCY/INSTITUTION

STREET ADDRESS

CITY STATE ZIP