

**FOR MASTER SOCIAL WORKER
POST-MASTER'S SUPERVISED EXPERIENCE
VERIFICATION**

Supervisors must complete this Attachment. Each supervisor **MUST** sign and date this form to attest to the experience earned. **These hours MUST be earned after receipt of an approved masters' degree and under the supervision of a Certified Master Social Worker.**

WHITE OUT IS NOT ACCEPTABLE:

Changes to information entered onto this form are not acceptable unless the supervisor initials the changed information.

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)

- Total number of clock hours of social work activities under my supervision: _____
(total clock hours)
- Dates the above hours were completed under my supervision (**provide FULL dates**): from _____ to _____
(month/day/year) (month/day/year)

MSW Activities include:

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

(Print/type) SUPERVISOR Name and Title

Date Signed : _____

Signature

AGENCY/INSTITUTION

STREET ADDRESS

CITY

STATE

ZIP