

CHANGE IN OR ADDITIONAL SUPERVISOR

**Provisional License in Mental Health Practice
 or Provisional Certification as a Master Social Worker**

Must be earning post-master's experience in Nebraska

Reissue FEE: \$10 (if you want a new wallet card printed)

SECTION A – PERSONAL INFORMATION				
1	You must provide your Legal Name below			
	First:	Middle:	Maiden Name:	Last Name:
	List any other names you are or have been known as (AKA):			
2	Mailing Address:	Street/PO/Route:		
		City:	State or Country:	Zip:
3	Phone #: (optional)		Additional Phone #: (optional)	
4	E-Mail Address: (Preferred method of correspondence, but optional)			

SECTION B - SUPERVISOR'S PERSONAL INFORMATION				
(ONLY IDENTIFY NEW OR ADDITIONAL SUPERVISOR INFORMATION BELOW) – Supervisor(s) must be in Nebraska.				
1.	Supervisor's Name:	First:	Middle:	Last:
	Business Address:	Name of Facility:		
		PO/Street/Route:		
		City:	State:	Zip Code:
	License Number:	Type:	OPTIONAL: Business Telephone #:	
	Supervisor for:	<input type="checkbox"/> Provisional License in Mental Health Practice		<input type="checkbox"/> Provisional Certificate in Master Social Work
2.	Supervisor's Name:	First:	Middle:	Last:
	Business Address:	Name of Facility:		
		PO/Street/Route:		
		City:	State:	Zip Code:
	License Number:	Type:	OPTIONAL: Business Telephone #:	
	Supervisor for:	<input type="checkbox"/> Provisional License in Mental Health Practice		<input type="checkbox"/> Provisional Certificate in Master Social Work

If the primary supervisor is a psychologist, s/he can only supervise up to a total of 4 provisional licensed mental health practitioners and provisional licensed psychologists.

SECTION C - APPLICATION CATEGORY

Your Provisional License/Certificate Number is: _____

Change in Supervisor requested

Name of Previous Supervisor: _____

Should we remove this supervisor as a current supervisor? yes no

Additional Supervisor requested

This is in addition to the supervisors already on file

SECTION D – APPLICANT’S ATTESTATION

Application Attestation: I attest that:

1. I have read the application or have had the application read to me; and
2. All statements on this application are true and complete.

Print Name: _____

Signature: _____ Date: _____

Your New Supervisor(s) must complete page 3 of this application

SECTION E - PLAN OF SUPERVISION Check *all* that apply.

These hours must be earned after receipt of an approved master's degree and within the 5 years immediately prior to the date an application for a full license is submitted.

Mental Health Practice Supervision:

Activities: treatment, assessment, psychotherapy, counseling, or equivalent activities to individuals, couples, families, or groups for behavioral, cognitive, social, mental, or emotional disorders, including interpersonal or personal situations.

Supervision Plan (complete the following question):

1. Yes, the supervision WILL include face-to-face contact for a minimum of one hour per week.

Master Social Worker Supervision (requires supervisor to hold a CMSW):

Activities:

- Information, resource identification and development, and referral services
- Preparation and evaluation of psychosocial assessments and 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

SIGNATURES:

Supervisor Must Complete the following:

I, _____,
(Name of Supervisor)

am the supervisor referred to in this application and that the statements herein are true and complete.

I agree to assume professional responsibility for the work of

(Name of Provisional Applicant)

and agree that I am competent to provide all services identified in this form.

(Legal Signature of Supervisor)

(Date)

Supervisor's Credentials (check all that apply):

- Certified Master Social Worker
- Licensed Mental Health Practitioner
- Licensed Independent Mental Health Practitioner
- Licensed Psychologist
- Qualified Physician (must submit vitae showing specialized training in mental health or a copy of documentation showing the physician is a board certified psychiatrist)

Second Supervisor Must Complete the following:

I, _____,
(Name of Supervisor)

am the supervisor referred to in this application and that the statements herein are true and complete.

I agree to assume professional responsibility for the work of

(Name of Provisional Applicant)

and agree that I am competent to provide all services identified in this form.

(Legal Signature of Supervisor)

(Date)

Supervisor's Credentials (check all that apply):

- Certified Master Social Worker
- Licensed Mental Health Practitioner
- Licensed Independent Mental Health Practitioner
- Licensed Psychologist
- Qualified Physician (must submit vitae showing specialized training in mental health or a copy of documentation showing the physician is a board certified psychiatrist)