



## APPLICATION TO BE A BOARD-APPROVED SUPERVISOR

**Important Notice:**

A fee is not required for this application process. You must complete the application in full, which includes submitting the required documentation at the same time you submit your application. This makes your application complete. Staff only reviews full and complete applications packets within the required timeline. The process is much easier, faster, and efficient if you submit a complete application at the outset. To remain on the registry, you must maintain an active, unrestricted LCSW license with the Board and your training must be current (within the last five years).

This application allows the Board to review and approve your credentials to provide supervision. Supervision may not begin until the Board approves your supervisee to begin supervision.

**This form and your continuing education certificate(s) in supervision training should be emailed to the Board at [swdocs@dhp.virginia.gov](mailto:swdocs@dhp.virginia.gov).**

CURRENT INFORMATION			
Last Name:	First Name:	Middle/Maiden Name:	Suffix:
Date of Birth: (MM/DD/YYYY) ____ / ____ / ____		Last 4 digits of Social Security Number: XXX-XX- ____	
Email Address:			
Social Work License Number: _____			

Please answer the below questions:		
I hold an active, unrestricted license as a Virginia LCSW and have at least two years of post-licensure clinical social work experience.	Yes	No
I have included evidence that I have completed the required professional training in <b>supervision</b> , consisting of a 3 credit-hour graduate course in supervision, or at least 14 hours of continuing education in supervision offered by an approved provider listed in 18VAC140-20-105.	Yes	No
I acknowledge that the professional training in supervision must be completed 5 years immediately prior to the applicant submitting their application for registration of supervision.	Yes	No
I authorize the Board to publish my public information on the Social Work Supervisory Registry.	Yes	No

**My signature acknowledges that I understand the qualifications and responsibilities of a Board approved supervisor as listed in 18VAC140-20-50B and C and attest that the information contained within the application is true and accurate to the best of my knowledge and belief.**

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date