



## VERIFICATION OF EDUCATION & FIELD PLACEMENT/PRACTICUM HOURS

**IMPORTANT NOTICE:**

Pursuant to 18VAC140-20-49(B) of the [Regulations Governing the Practice of Social Work](#), this form should be used and completed by the graduate school program official or administration office to verify the applicant's clinical course of study and field placement/practicum. The completed form should be returned to the applicant for inclusion in their application packet that must be sent to the Virginia Board of Social Work.

**TO BE COMPLETED BY APPLICANT:** Complete the top portion of this form only.

Last Name:	First Name:	Middle/Maiden Name:	Suffix:
Date of Birth: (MM/DD/YYYY) ____ / ____ / ____		Last 4 digits of Social Security Number: XXX-XX-____	
Applicant's Student ID Number:		Email Address:	

**TO BE COMPLETED BY GRADUATE SCHOOL PROGRAM OFFICIAL OR ADMINISTRATIVE OFFICE:** Please provide official verification of information requested below. The completed form containing **original or electronic** signature should be returned to the applicant for inclusion in their application packet being mailed to the Virginia Board of Social Work.

**Part I:**

Did the above applicant complete a minimum of **600 hours** of **advanced** clinical practicum that focused on diagnostic, prevention, and treatment services?  
 Yes  No **(If not, how many hours? \_\_\_\_\_)**

Did the above applicant's field placement/practicum supervisor hold a licensed clinical social worker (LCSW) license **or** hold a master's or doctorate degree in social work with a minimum of three years of experience in clinical social work services after earning a graduate degree set forth in Regulation 18VAC140-20-49 of the Virginia Regulations?  
 Yes  No **(If not, explain on separate page)**

**Part II:** Please verify if the following **advanced** coursework was **successfully** completed by the applicant as part of a "clinical course of study?" **(Check all that apply)**

<input type="checkbox"/> Human Behavior and the Social Environment	<input type="checkbox"/> Social Justice and Policy
<input type="checkbox"/> Psychopathology	<input type="checkbox"/> Diversity Issues
<input type="checkbox"/> Research	<input type="checkbox"/> Clinical Practice with Individuals, Families and Groups

Printed Name of School \_\_\_\_\_

Printed Name of Program Official \_\_\_\_\_

Title of Program Official \_\_\_\_\_

Signature of Program Official \_\_\_\_\_ Date \_\_\_\_\_

**ORIGINAL, ELECTRONIC OR E-SIGNATURE REQUIRED**