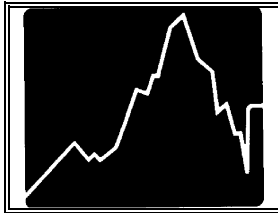


**COMMONWEALTH OF VIRGINIA**  
**VIRGINIA BOARD OF SOCIAL WORK**



Department of Health Professions  
 9960 Mayland Drive, Suite 300  
 Henrico, Virginia 23233-1463  
 (804) 367-4441  
 Website - <http://www.dhp.virginia.gov/social>

**VERIFICATION OF CLINICAL SUPERVISION**

I. GENERAL INFORMATION	PLEASE TYPE OR PRINT CLEARLY	USE BLUE OR BLACK INK
Name of Applicant (Last, First)	Applicants Email Address	
<b>II. SUPERVISOR'S EVALUATION: ANSWERS SHOULD BE PROVIDED BASED ON THE SUPERVISION OBTAINED UNDER THE INSTRUCTION OF THE SUPERVISOR COMPLETING THE FORM.</b>		
Supervisor's Name (Last, First)	Supervisor's Telephone Number	
Business Name and Address of Supervision Work Site (ONE LOCATION ONLY)		
Dates of supervision: From: _____ to _____		
Did the applicant receive a minimum of one (1) hour and a maximum of four (4) hours of face-to-face supervision per 40 hours of work experience for a total of at least 100 hours with no more than 50 of the 100 hours obtained in group supervision?	Yes      No If not, how many? _____	
Did applicant complete a minimum of 3,000 hours of supervised post-master's degree experience in the delivery of "clinical social work services" and in ancillary services that support such delivery?	Yes      No If not, how many? _____	
Did the applicant obtain throughout their hours of supervision a minimum of 1,380 hours of supervised experience in face-to-face client contact in the delivery of "clinical social work services" while under your direct supervision?	Yes      No If not, how many? _____	
Did the applicant demonstrate minimum competencies of <b>identified theory base</b> ?	Yes      No	
Did the applicant demonstrate minimum competencies of <b>application of a differential diagnosis</b> ?	Yes      No	
Did the applicant demonstrate minimum competencies of <b>establishing and monitoring a treatment plan</b> ?	Yes      No	
Did the applicant demonstrate minimum competencies of <b>development and appropriate use of the professional relationship</b> ?	Yes      No	
Did the applicant demonstrate minimum competencies of <b>assessing the client for risk of imminent danger</b> ?	Yes      No	
Did the applicant demonstrate minimum competencies of <b>implementing a professional and ethical relationship with clients</b> ?	Yes      No	
Did the applicant demonstrate minimum competencies of <b>understanding the requirements of law for reporting any harm or risk of harm to self or others</b> ?	Yes      No	
In your opinion has the applicant demonstrated competency sufficient for licensing and the independent practice as a clinical social worker?	Yes      No	
I declare that, to the best of my knowledge, the foregoing is true and correct.		
_____	_____	
Supervisor's Signature	Date	