

## **SOCIAL WORK LICENSURE INFORMATION: GUIDELINES REGARDING SUPERVISION CONTRACTS**

You are required to have a license as a certified social worker (CSW) before you may apply for a supervision contract to practice clinical social work. The certified social worker must be an employee of an agency, institution, private practice, or organization (201 KAR 23.070, Section 4). The supervision contract you submit will be reviewed by the board. You must receive a letter indicating the board has approved your supervision contract before you may begin clinical practice.

Please use the following guidelines when completing this supervision contract:

Review and comply with the instructions on the first page. You must include your current job description signed by your executive director, human resources director, or your agency supervisor.

Check the correct contract approval you are seeking, 201 KAR 23:070, Section 8, which states, "The period of supervised experience required by KRS 335.100(1)(b) shall be evaluated by the Board according to one (1) of the following methods":

\_\_\_\_ Clinical practice contract - This contract category applies to the Certified Social Worker (CSW) who seeks to establish a supervisory relationship for the purpose of providing clinical social work services. Under this category, the CSW does not obtain pre-approval of his/her supervisory experience for purposes of qualifying for LCSW examination and licensure. Additionally, this category applies to CSW'S whose experience does not qualify as supervised experience pursuant to KRS 335.100 (1) (b).

\_\_\_\_ Pre-approval evaluation - This contract category provides for the supervised plan of clinical social work activities that qualify the candidate to take the LCSW exam. The candidate has not acquired any previous experience from a qualified LCSW. Once the board approves this contract, the candidate must complete the supervision in accordance with the Pre-Approval Contract before the candidate will be eligible to take the LCSW exam. The candidate will still need to complete the licensure application to document completed hours and the comments by supervisor(s).

\_\_\_\_ Out of State experience -This contract category allows for some clinical experience already obtained from a qualified supervisor (i.e., moving in from another state, previously worked in an exempt agency, etc.) and for future supervision experience. When the Board approves a Transition Contract, it is stating that if the candidate completes the supervision in accordance with the contract as approved, the candidate will be eligible to take the LCSW exam. The candidate will still need to complete the licensure application to document completed hours and the comments by supervisor(s).

Complete the Current Clinical Social Work Setting.

The Supervisor of Record and "Additional Supervisors" must be a licensed clinical social worker (LCSW) in the state of Kentucky with three years of post LCSW practice and the required three hour supervision training course. The supervisor cannot have an unresolved CITATION filed against him/her by the Board; a suspended or probated license or have an existing or previous personal relationship with the supervisee. (201 KAR 23:070, Section 3)

If supervision will be provided by an LCSW who is not employed by the same agency as the supervisee, the Shared Responsibility for Supervision Received Outside of the Employment Setting section must be completed.

Complete the Plan of Clinical Social Work Activities as thoroughly as possible. Please reference 201 KAR 23:070, Sections 1 and 2, which describe the practice of clinical social work and 201 KAR 23:070, Section 6 and 7, which require the supervision experience to provide for broad exposure and opportunity for skill development with a variety of dysfunction, diagnoses, acuity levels and population groups. In completing hours per week spent in direct client-professional relationship, please reference 201 KAR 23:070, Section 6, which states "at least sixty (60) percent of the required experience to be in a direct client-professional relationship". Also, please reference KRS 335.100 Section 1(b) which states "Has had a minimum of two (2) years of full-time post-master's experience, consisting of at least thirty (30) hours per week, or three (3) years of part-time, consisting of at least twenty (20) hours per week, post-master's experience acceptable to the board in the use of specialty methods and measures to be employed in clinical social work practice, the experience having been acquired under appropriate supervision as established by the board by promulgation of an administrative regulation."

Please note: You must remain under supervision until you have taken and passed the exam for the LCSW and are duly licensed as such.

The Affidavit must be signed and dated by the Supervisor of Record, applicant and agency supervisor.

Once the supervision contract is approved, KAR 23:070, Section 5 requires the social worker in a supervision contract to inform the client in a written format of the (1) name, office address, telephone number and license number of the supervisor of record; and (2) a statement that the employee is licensed by the board.

Requests for additional supervisors not made at the time of initial application shall consist of an original letter of written request to add the additional supervisor along with a copy of their supervisory training certificate and shall be signed by all parties involved.

**It is the responsibility of the supervisee to contact the board with any changes in supervision or employment. Please note that unauthorized changes may result in extra time spent in supervision.**

**Commonwealth of Kentucky**  
**Kentucky Board of Social Work**  
**44 Fountain Place**  
**Frankfort, KY 40601**  
<http://finance.ky.gov/bsw>

**CONTRACT FOR CLINICAL SOCIAL WORK SUPERVISION**

**Instructions:**

1. Read the application and instructions carefully before filling out application. Answer all questions. If the answer is 'no' or 'none', please indicate. If non-applicable, indicate N/A. If additional space is needed, attach separate sheets.
2. Please type or print legibly.
3. If experience is from multiple work settings or supervision from more than one supervisor is planned, complete the following information for each.
4. **YOU SHALL INCLUDE A CURRENT OFFICIAL AGENCY JOB DESCRIPTION SIGNED BY THE EXECUTIVE DIRECTOR, HUMAN RESOURCES DIRECTOR, OR AGENCY SUPERVISOR.**

APPLICANT'S NAME: \_\_\_\_\_ CSW LICENSE #. \_\_\_\_\_ ISSUE DATE: \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_  
Street City State Zip

EMAIL ADDRESS: \_\_\_\_\_

**PLEASE SELECT THE CATEGORY OF APPROVAL WHICH YOU ARE SEEKING:**

\_\_\_\_ **Clinical practice contract** - a CSW who desires to practice clinical social work only which does not qualify as supervised experience shall submit a supervision contract pursuant to KRS 335.080(3) and 201 KAR 23:070 Section 8(c)(2). This contract does not allow hours to accumulate towards licensure as a Licensed Clinical Social Worker.

\_\_\_\_ **Pre-approved evaluation** – candidates not otherwise exempted under KRS 335.101(3), (4), or (5) shall submit a contract for the experience which will be taking place over the required time period and have the contract approved by the board **prior to beginning supervision**. This contract shall be evaluated by the board and shall be approved or disapproved within ninety (90) days of its submission. Any job changes or supervisory changes shall be reported to the Board; otherwise it could result in additional time spent in supervision.

\_\_\_\_ If you have previous supervision hours you wish to submit (*from an agency exempt from Kentucky law or from employment held out of state*) please check and submit the "**Supervised Experience Documentation Form for Licensed Clinical Social Worker**" (**Part I, II, III**) along with this completed supervision contract form.

**CURRENT CLINICAL SOCIAL WORK SETTING**

Facility Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Facility Owner: \_\_\_\_\_

Facility Address: \_\_\_\_\_  
Street or PO Box # City State Zip Code

Does the agency subcontract the mental health component? \_\_\_\_ Yes \_\_\_\_ No

If yes to what entity?: \_\_\_\_\_

**SUPERVISOR OF RECORD**

A. Name: \_\_\_\_\_ Kentucky LCSW license # \_\_\_\_\_ Original Issue Date: \_\_\_\_\_

B. Address: \_\_\_\_\_  
Street City State Zip  
Email Address: \_\_\_\_\_

C. Telephone: Home: ( ) \_\_\_\_\_ Office: ( ) \_\_\_\_\_

D. Date of Supervisory Training (**attach copy of certificate**): \_\_\_\_\_

**ADDITIONAL SUPERVISOR(S)** (If you will be receiving supervision from any other supervisor, please list each one)

1A. Name: \_\_\_\_\_ Kentucky LCSW license # \_\_\_\_\_ Original Issue Date: \_\_\_\_\_

1B. Address: \_\_\_\_\_  
Street City State Zip Code  
Email Address: \_\_\_\_\_

1C. Telephone: Home: ( ) \_\_\_\_\_ Office: ( ) \_\_\_\_\_

1D. Date of Supervision Training (**attach copy of certificate**): \_\_\_\_\_

**Additional Supervisor**

2A. Name: \_\_\_\_\_ Kentucky LCSW license # \_\_\_\_\_ Original Issue Date: \_\_\_\_\_

2B. Address: \_\_\_\_\_  
Street City State Zip Code

Email Address: \_\_\_\_\_

2C. Telephone: Home: ( ) \_\_\_\_\_ Office: ( ) \_\_\_\_\_

2D. Date of Supervision Training (**attach copy of certificate**): \_\_\_\_\_

**SHARED RESPONSIBILITY FOR SUPERVISION RECEIVED OUTSIDE OF EMPLOYMENT SETTING**

If the supervision for the activities listed in this application is to be received outside the applicant's place of employment, the section below shall be completed and signed by the supervisor of record, the applicant, and an authorized person representing the agency.

We the undersigned, do hereby acknowledge the sharing of professional responsibility between \_\_\_\_\_

**(Name of Agency)**

and \_\_\_\_\_ for the clinical social work service provided to clients of the above named

**Supervisor of record**

agency by \_\_\_\_\_ and are jointly to be held accountable for the quality of the service provided.

**Applicant**

We further acknowledge that since the supervision outlined previously will take place outside the agency of employment and that agency cases will be used in this supervisory relationship, complete and total confidentiality of patient records will be maintained by all parties throughout the period.

\_\_\_\_\_  
**Signature of Supervisor of Record** Certificate No. Date

\_\_\_\_\_  
**Signature of Additional Supervisor (if applicable)** Certificate No. Date

\_\_\_\_\_  
**Signature of Applicant** Certificate No. Date

\_\_\_\_\_  
**Signature of Agency Representative** Date



- D. Hours per week spent in direct client-professional relationship. \_\_\_\_\_ (include clinical diagnosis and treatment only).  
This requires eighteen (18) hours for full-time and twelve (12) hours for part-time.

**AFFIDAVIT**

I, the supervisor of record for the above named candidate for licensure as a licensed clinical social worker, have devised and discussed this plan with the applicant and accept responsibility for its implementation. Further, I understand that upon completion of the plan of supervised activities for clinical social work experience and application for examination, I will be asked to comment on the ethical behavior and therapeutic competency acquired by the applicant. If, for any reason, the conditions of this plan are changed, or this supervisory relationship is terminated or changes, I will immediately notify the board. Further, I do hereby certify that my Kentucky license is current, and will be maintained throughout this period.

**Signature of Clinical Supervisor** \_\_\_\_\_ **Date** \_\_\_\_\_

I, the applicant in the above plan, understand that I will be expected to comply with the provisions of this plan in its entirety and shall notify the Board of any modifications of this plan once it has been approved by them. Failure to do so may result in voiding of the approval given by the Board and loss of supervision hours gained.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**AGENCY SUPERVISOR**

If the supervision listed in the Plan of Clinical Social Work Activities in this application is provided by someone other than the applicant's agency supervisor, the agency supervisor shall review the proposed plan and sign the statement below:

As agency supervisor of the above named candidate, I affirm the agency will support the proposed practice experience as described in A of this page.

**Signature of Agency Supervisor** \_\_\_\_\_ **Date** \_\_\_\_\_

**NOTE: KRS 335.080 states "no certified social worker shall enter into the practice of clinical social work until this contract has been approved by the Board".**