

PROVISIONAL LICENSE SUPERVISION PLAN

• GENERAL INFORMATION AND INSTRUCTIONS •					
<input checked="" type="checkbox"/> Submit a separate Supervision Plan form for each social work position. Please use one form to document supervision from multiple supervisors for the same social work position. A current Supervision Plan form must be on file with the Board.					
<input checked="" type="checkbox"/> Complete the entire form, provide all applicable signatures. <ul style="list-style-type: none"> ▪ DATA CLASSIFICATION: Information which you and your supervisor(s) provide on this form is classified as <u>public data</u>. As public data, the information will be available to any person upon request. 					
<input type="checkbox"/> INITIAL PLAN	<input type="checkbox"/> REVISED PLAN: <i>(check change)</i>	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Employment	<input type="checkbox"/> Scope of Position	<input type="checkbox"/> Type/Amount of Supervision
EMPLOYMENT START DATE:	SUPERVISION START DATE:	AVERAGE NUMBER OF HOURS WORKED PER WEEK:			

• SUPERVISEE / LICENSEE INFORMATION •					
LICENSE NUMBER:		LICENSE HELD <i>(Check)</i> <input type="checkbox"/> LSW <input type="checkbox"/> LGSW <input type="checkbox"/> LISW <input type="checkbox"/> LICSW			
LAST NAME:		FIRST NAME:		MIDDLE NAME:	
PROFESSIONAL NAME LAST NAME: <i>(If different from legal name)</i>		FIRST NAME:		MIDDLE NAME:	
MAILING ADDRESS: <i>(NEW? Check one)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO			DAYTIME PUBLIC TELEPHONE:		
CITY:	COUNTY:	STATE:	ZIP CODE:		
AGENCY/EMPLOYER: (no acronyms)			POSITION TITLE:		
AGENCY ADDRESS:			LICENSEE E-MAIL:		
CITY:	COUNTY:	STATE:	ZIP CODE:		

• CERTIFICATION BY LICENSEE •			
<ul style="list-style-type: none"> • All licensees must check the 1) following four boxes and 2) appropriate box below based on license and scope of practice. 			
<input type="checkbox"/> I have reviewed and agree to comply with the provisional license supervised practice and documentation requirements as specified in the Board's Statute, Chapter 148D.061 – 148D.063.			
<input type="checkbox"/> I affirm that this Supervision Plan will be carried out as described in the Board's Statute. I further understand that a revised Supervision Plan form must be submitted within 30 days of changes outlined in the Board's Statute, Chapter 148D.063.			
<input type="checkbox"/> I understand that my supervisor and I must submit a Provisional License Evaluation form 1) every six months while practicing under a provisional license, and 2) at completion of 2000 hours of supervised practice outlined in the Board's Statute, Chapter 148D.063.			
<input type="checkbox"/> Failure to comply with any requirements specified in the Board's Statute, Chapter 148D.061 – 148D.063 may result in revocation of a provisional license.			
<input type="checkbox"/> I understand that the supervision I receive while holding a provisional license will not apply toward the supervised practice requirements of a permanent license.			
<input type="checkbox"/> LSW submitting supervision plan.	<input type="checkbox"/> LGSW <u>not</u> engaged in clinical social work practice.	<input type="checkbox"/> LGSW <u>engaged in</u> clinical social work practice; submitting a Detailed Description of Clinical Practice.	<input type="checkbox"/> LISW <u>engaged</u> in clinical social work practice; submitting a Detailed Description of Clinical Practice
LICENSEE/SUPERVISEE SIGNATURE:			DATE:

• SUPERVISOR #1 INFORMATION • (Supervisor must complete this section.)						
LAST NAME:		FIRST NAME:		MIDDLE NAME:		
PRESENT EMPLOYER:		E-MAIL ADDRESS:		DAYTIME PUBLIC PHONE:		
EMPLOYER ADDRESS:						
CITY:			STATE:	ZIP CODE:		
LICENSE NUMBER: <i>(Identify if other than Minnesota)</i>		EFFECTIVE DATE OF LICENSE:		CATEGORY OF LICENSE:		
HIGHEST DEGREE:	MAJOR:		DATE DEGREE CONFERRED:	COLLEGE OR UNIVERSITY:		
TITLE AT TIME OF SUPERVISION:			OTHER BOARD LICENSURE:			
• SUPERVISION TO BE PROVIDED BY SUPERVISOR #1 • (Supervisor must complete this section.)						
Average number of supervision hours provided per month			Start date of supervision:			
• In-person one-on-one supervision: _____ In-person group supervision: _____ Number of members in group: _____						
NOTE: All provisional individual and group supervision must be in-person supervision. At least 25 hours must be one-on-one in-person individual supervision. No more than 12.5 hours may be in-person group supervision. Group supervision may not exceed 7 members, including licensed social work supervisor. A minimum of 3 hours of supervision must be obtained during every 160 hours of practice.						
Do you affirm that the content of the supervision will include:						
YES	NO	1) clinical practice, if applicable <i>(Not authorized for LSW)</i>		YES	NO	4) authorized scope of practice
YES	NO	2) development of professional social work knowledge, skills, and values		YES	NO	5) ensuring continuing competence
YES	NO	3) practice methods		YES	NO	6) ethical standards of practice

• CERTIFICATION BY SUPERVISOR #1 • (Supervisor must complete this section.)		
I understand that I must meet the supervisor requirements specified in the Board's Statute 148D.062, subdivision 4, and attest that I have completed either: (please select one)		
YES	NO	1) 5000 hours of authorized social work practice, OR
YES	NO	2) 30 hours of training in supervision
YES	NO	I affirm that this Supervision Plan will be carried out as described in the Board's Statute. I further understand that a <i>revised Supervision Plan</i> form must be submitted within 30 days of changes outlined in the Board's Statute, Chapter 148D.063.
YES	NO	I understand that I am required to submit a Provisional License Evaluation form every six months while providing supervision for practice under a provisional license, demonstrating that the supervisee has met or has made progress on meeting the applicable supervised practice requirements as outlined in the Board's Statute, Chapter 148D.063.
YES	NO	I understand that I am required to submit a Provisional License Final Evaluation form after completion of the 2,000 hours of supervised practice, attesting to the applicant's ability to practice safely and competently. I further understand that the licensee may be granted a permanent license if the supervisor attests to the applicant's competence.
SUPERVISOR #1 SIGNATURE & DATE:		
<input type="checkbox"/> Attached Detailed Description is accurate. (Check box ONLY if providing supervision for LGSW or LISW clinical practice.)		
Signature: _____ Date: _____		

LICENSEE/APPLICANT NAME & LICENSE NUMBER: _____

• SUPERVISOR #2 INFORMATION • (Supervisor must complete this section.)

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
PRESENT EMPLOYER:		E-MAIL ADDRESS:		DAYTIME PUBLIC PHONE:	
EMPLOYER ADDRESS:					
CITY:			STATE:		ZIP CODE:
LICENSE NUMBER: <i>(Identify if other than Minnesota)</i>			EFFECTIVE DATE OF LICENSE:		CATEGORY OF LICENSE:
HIGHEST DEGREE:		MAJOR:		DATE DEGREE CONFERRED:	
TITLE AT TIME OF SUPERVISION:			OTHER BOARD LICENSURE:		

• SUPERVISION TO BE PROVIDED BY SUPERVISOR #2 • (Supervisor must complete this section.)

Average number of supervision hours provided per month		Start date of supervision:	
• In-person one-on-one supervision: _____ In-person group supervision: _____ Number of members in group: _____			
NOTE: All provisional individual and group supervision must be in-person supervision. At least 25 hours must be one-on-one in-person individual supervision. No more than 12.5 hours may be in-person group supervision. Group supervision may not exceed 7 members, including licensed social work supervisor. A minimum of 3 hours of supervision must be obtained during every 160 hours of practice.			

Do you affirm that the content of the supervision will include:

YES	NO	1) clinical practice, if applicable <i>(Not authorized for LSW)</i>	YES	NO	4) authorized scope of practice
YES	NO	2) development of professional social work knowledge, skills, and values	YES	NO	5) ensuring continuing competence
YES	NO	3) practice methods	YES	NO	6) ethical standards of practice

• CERTIFICATION BY SUPERVISOR #2 • (Supervisor must complete this section.)

I understand that I must meet the supervisor requirements specified in the Board's Statute 148D.062, subdivision 4, and attest that I have completed either: **(please select one)**

YES	NO	1) 5000 hours of authorized social work practice, OR
YES	NO	2) 30 hours of training in supervision
YES	NO	I affirm that this Supervision Plan will be carried out as described in the Board's Statute. I further understand that a revised Supervision Plan form must be submitted within 30 days of changes outlined in the Board's Statute, Chapter 148D.063.
YES	NO	I understand that I am required to submit a Provisional License Evaluation form every six months while providing supervision for practice under a provisional license, demonstrating that the supervisee has met or has made progress on meeting the applicable supervised practice requirements as outlined in the Board's Statute, Chapter 148D.063.
YES	NO	I understand that I am required to submit a Provisional License Final Evaluation form after completion of the 2,000 hours of supervised practice, attesting to the applicant's ability to practice safely and competently. I further understand that the licensee may be granted a permanent license if the supervisor attests to the applicant's competence.

SUPERVISOR #2 SIGNATURE & DATE:
 Attached Detailed Description is accurate. (Check box **ONLY** if providing supervision for LGSW or LISW clinical practice.)

Signature: _____ Date: _____

LICENSEE/APPLICANT NAME & LICENSE NUMBER: _____

Board Use Only:	Date:	Reviewer:	Determination:
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**PROVISIONAL LICENSE
SUPERVISION PLAN ADDENDUM
INSTRUCTIONS FOR DETAILED DESCRIPTION OF CLINICAL SOCIAL WORK PRACTICE**

- **ONLY FOR LGSW AND LISW LICENSEES PRACTICING CLINICAL SOCIAL WORK** •
- **GENERAL INFORMATION AND INSTRUCTIONS** •

- If you are licensed as an LGSW or LISW and are practicing within a clinical scope as defined in Minnesota Statutes, Chapter 148E.010, subdivision 6 (as noted below), you will be required to submit a **Detailed Description of Clinical Social Work Practice**.
- In addition, when you apply for the LICSW level of licensure, your supervisor(s) must complete a **Supervision Verification** form which includes an attestation that you have “demonstrated skill through practice experience in the diagnosis, treatment, and prevention of mental and emotional disorders.”

- **SUPERVISOR REPORT OF CLINICAL SOCIAL WORK PRACTICE** •
(Only supervisors reporting *Clinical Social Work Practice* for LGSW or LISW licensees refer to this section.)
- **INSTRUCTIONS FOR DETAILED DESCRIPTION OF *CLINICAL* SOCIAL WORK PRACTICE ATTACHMENT** •

Minnesota Statutes, Chapter 148E.010, subdivision 6: "Clinical practice" means applying professional social work knowledge, skills, and values in the differential diagnosis and treatment of psychosocial function, disability, or impairment, including addictions and emotional, mental, and behavioral disorders. Treatment includes a plan based on a differential diagnosis. Treatment may include, but is not limited to, the provision of psychotherapy to individuals, couples, families, and groups across the life span. Clinical social workers may also provide the services described in subdivision 11.

The licensee must submit a **Detailed Description of Clinical Social Work Practice** signed by the supervisor(s). Please note that it is important to be as specific and thorough as possible. A reference to the attached position description will not be sufficient.

Please attach a typewritten narrative which describes each of the following elements:

1. Client population and the range of presenting issues/diagnoses
2. Clinical modalities commonly utilized
3. Diagnostic process, including:
 - a) process utilized for determining clinical diagnoses,
 - b) diagnostic instruments used, and
 - c) role of the licensee/applicant in the diagnostic process.