

**PROVISIONAL LICENSE SUPERVISION PLAN**

**▪ GENERAL INFORMATION AND INSTRUCTIONS ▪**

- 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.**
- Complete the entire form, provide all applicable signatures, and **attach your position description for the employment listed below before submitting the form to the Board office.** **NOTE: Plans submitted without a position description will be returned.**
- **DATA CLASSIFICATION:** Information which you and your supervisor(s) provide on this form is classified as public data. As public data, the information will be available to any person upon request.

<input type="checkbox"/> INITIAL PLAN	<input type="checkbox"/> REVISED PLAN ( <i>circle change</i> ):	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Employment	<input type="checkbox"/> Scope of Position	<input type="checkbox"/> Type/Amount of Supervision
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EMPLOYMENT START DATE:	SUPERVISION START DATE:	AVERAGE NUMBER OF HOURS WORKED PER WEEK:
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**▪ SUPERVISEE / LICENSEE INFORMATION ▪**

LICENSE NUMBER:	LICENSE HELD ( <i>circle</i> ):	LSW	LGSW	LISW	LICSW
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LAST NAME:	FIRST NAME:	MIDDLE NAME:
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PROFESSIONAL NAME: LAST NAME (If different from legal name)	FIRST NAME:	MIDDLE NAME:
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MAILING ADDRESS: (NEW? circle: YES NO)	DAYTIME PUBLIC TELEPHONE:
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CITY:	COUNTY:	STATE:	ZIP CODE:
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AGENCY/EMPLOYER: ( <b>no acronyms</b> )	POSITION TITLE:
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AGENCY ADDRESS:	LICENSEE E-MAIL:
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CITY:	COUNTY:	STATE:	ZIP CODE:
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**▪ CERTIFICATION BY LICENSEE ▪**

- **All licensees must check the 1) following four boxes and 2) appropriate box below based on license and scope of practice.**
- 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.
- 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.
- 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.
- 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.
- 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 in</u> clinical social work practice; submitting a Detailed Description of Clinical Practice.
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LICENSEE/SUPERVISEE SIGNATURE:	DATE:
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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: (Identify if other than Minnesota)		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: _____		▪ Electronic supervision: _____		
<b>NOTE:</b> At least ½ of the supervision must be in-person one-on-one supervision. In-person group supervision may not exceed more than 1/2 of the required hours. Electronic supervision may not exceed more than 1/3 of the required hours. Group supervision may not exceed 7 members including licensed social work supervisor.						
Yes	No	<b>Do you affirm that the content of the supervision will include:</b> 1) clinical practice, if applicable (Not authorized for LSW) 2) development of professional social work knowledge, skills, and values 3) practice methods		Yes	No	4) authorized scope of practice 5) ensuring continuing competence 6) ethical standards of practice
Yes	No			Yes	No	
Yes	No			Yes	No	

▪ CERTIFICATION BY SUPERVISOR #1 ▪ (Supervisor must complete this section.)		
Yes	No	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: <b>(please circle one)</b>
Yes	No	1) 5000 hours of authorized social work practice, <b>OR</b>
Yes	No	2) 30 hours of training in supervision
Yes	No	I affirm that this <b>Supervision Plan</b> 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 <b>Provisional License Evaluation</b> 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 <b>Provisional License Final Evaluation form</b> 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.

<b>SUPERVISOR #1 SIGNATURE &amp; DATE:</b>  <input type="checkbox"/> Attached Detailed Description is accurate. (Check box <u>ONLY</u> if providing supervision for LGSW or LISW clinical practice.)  Signature: _____ Date: _____	
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LICENSEE/APPLICANT NAME & LICENSE NUMBER: \_\_\_\_\_

**▪ SUPERVISOR #2 INFORMATION (Complete only if have second supervisor) ▪ (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: (identify if other than Minnesota)		EFFECTIVE DATE OF LICENSE:		LEVEL OF LICENSURE:	
HIGHEST DEGREE:		MAJOR:		DATE DEGREE CONFERRED:	COLLEGE OR UNIVERSITY:
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: _____	▪ Electronic supervision: _____

**NOTE:** At least 1/2 of the supervision must be in-person one-on-one supervision. In-person group supervision may not exceed more than 1/2 of the required hours. Electronic supervision may not exceed more than 1/3 of the required hours. Group supervision may not exceed 7 members including licensed social work supervisor.

		<b>Do you affirm that the content of the supervision will include:</b>			
Yes	No	1) clinical practice, if applicable		Yes	No
Yes	No	2) development of professional social work knowledge, skills, and values		Yes	No
Yes	No	3) practice methods		Yes	No
					4) authorized scope of practice
					5) ensuring continuing competence
					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: <b>(please circle one)</b>			
Yes	No	1) 5000 hours of authorized social work practice, <b>OR</b>			
Yes	No	2) 30 hours of training in supervision			
Yes	No	I hereby affirm that this <b>Supervision Plan</b> will be carried out as described in the Board's Statute. I further understand that a <b>revised Supervision Plan</b> 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 <b>Provisional License Evaluation</b> 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 <b>Provisional License Final Evaluation form</b> 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 148D.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 148D.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.

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.