FOR OFFICE USE ONLY
Social Worker Checklist
☐ Endorsement ☐ Examination
☐ App. & Fee
☐ Date:_____ Check_____
☐ Birth Certificate/Legal Entry
☐ Photo
☐ Transcript
☐ Exam Results from ASWB
☐ Lic. Verification from other States
☐ 2 Professional Reference Forms
☐ Supervised Practice Forms (LICSW)

FOR OFFICE USE ONLY
Application Approved:
License Number:
Issue Date:
Approved for ASWB
Signature of Board Administrator
Board Member Signatures
ID#:
Receipt #:

Rhode Island
Board of Social Work Examiners

Room 104
3 Capitol Hill
Providence, RI 02908-5097

Instructions and Application For
License As A

☐ Licensed Clinical Social Worker (LCSW)

☐ Licensed Independent Clinical Social Worker (LICSW)

☐ **Endorsement**

☐ **Examination**

Applicant - Print Name (First/MI/Last)

Phone: (401) 222-2828 **TTY/TDD: (800) 745-5555** **Fax: (401) 222-1272**

Revised 07/09/2013 jcp

GENERAL INFORMATION

Enclosures

The following materials and information should be enclosed within this application packet:

Application Process Overview.....3

Instructions for Completing Application.....4

Application Materials

Application.....5-8
Application Checklist.....9
Professional Reference Form(s).....10-11
Endorsement Information Form/Interstate Verification Form - Other State License(s)....12
Supervised Practice Forms (LICSW ONLY).....13

Licensure Requirements

- Completed, notarized application.
- Fee of **$70.00** for either LCSW or LICSW.
- Recent passport type photograph.
- Birth Certificate (***original or a copy notarized as being a true copy of the original)***, or if born outside the United States, proof of citizenship or lawful alien status, ***(original or a copy notarized as being a true copy of the original).***
- Official Advanced Degree Transcripts from an accredited School of Social Work.
- Association of Social Work Boards (ASWB) examination results. (NOTE: Successful completion of the ASWB examination IS required to obtain a license to practice social work in the state of Rhode Island. If you are applying for approval to take the examination, then you are not required to submit the examination results until AFTER you have taken the exam.)
- 2 Professional Reference Forms (pages 10 & 11). Presented in sealed envelope(s).
- Supervised Practice Form(s) (page 13) (**LICSW ONLY**).

Endorsement

- In addition to the above listed requirements, **ALL** applicants who hold or have held a Social Worker license in any state ("Endorsement candidates") must provide a completed Interstate Verification Form (page 12) from each of those states.

- The "Interstate Verification Form - Other State License(s)" (page 12) is provided for this purpose. The Verfification Form from the State of original licensure must include test scores obtained on the appropriate level of the ASWB examination (or test scores may be sent directly from ASWB). If test scores are provided, you do not need to contact the ASWB to request the test scores. In addition to test scores, if the Supervised Practice Prerequisite is provided by the Endorsement State(s) (Refer to Rules & Regulations below), then you are not required to submit the Supervised Practice Forms.

Rules and Regulations/Laws

To obtain the Rules and Regulations for your profession visit the A-Z list on the Topics & Programs page at the following web site. From the list click on the letter for your profession.

http://www.health.ri.gov/atoz/

Title 5, Chapter 39.1, entitled: License Procedure for Social Workers can be downloaded at the following website:

http://www.rilin.state.ri.us/statutes/title5/5-39.1/index.htm

APPLICATION PROCESS OVERVIEW

The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professionals Regulation, and the Rhode Island Board of Social Work Examiners (Board).

Application Process

In addition to the application, you must submit additional information directly to the Board. All items listed on the "checklist" (page 9) must be submitted for an application to be considered complete. All applications are considered valid for 1 year from the day they are received at HEALTH. If you do not complete the application process within 1 year, a new application must be submitted. If you are approved to take the examination, the examination approval process does not expire within one year.

Professional Reference Forms (Pages 10 & 11) must be presented in sealed envelopes, either by mail directly from the reference, or submitted by the applicant in an envelope sealed with the reference's signature. Supervised Practice Form (page 13 - **LICSW ONLY**) must be presented in a sealed envelope, either by mail directy from the supervisor(s), or submitted by the applicant in an envelope sealed with the supervisor's signature across the back flap.

All material must be received 30 days prior to a scheduled Board Meeting in order to be considered for endorsement of licensure from another jurisdiction or to be reviewed for approval to sit for the ASWB Examination.

For more information on the ASWB Examination, or for a copy of the ASWB Candidate Handbook, please visit:

http://www.aswb.org/

http://www.aswb.org/handbook_04.pdf

Please allow a minimum of 4-6 weeks for the entire licensure process to be completed. If you have malpractice criminal or disciplinary history, in Rhode Island or another state, it can take an additional 2 or 3 months for all pertinent documentation to be received, and a decision to be made regarding issuance of your license.

Licenses will be issued within 7-10 working days following approval of the license. Wallet-sized license cards are mailed within 3 weeks from the date of issuance, and are mailed to the address furnished in the application. You are responsible for notifying the Board office, in writing, if your address changes in the interim. Visit the following website to obtain a change of address form.

http://www.health.ri.gov/forms/changeofaddress/professions.pdf

To obtain your license number prior to receiving your license card, please refer to the HEALTH Licensee Lookup web site:

https://healthri.mylicense.com/Verification/

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed, and you will be contacted in writing.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the application. If you have any questions about this application process, or would like to check on the status of your application, please contact the board staff at (401) 222-2828.

INSTRUCTIONS FOR COMPLETING THE LICENSE APPLICATION

Read the following instructions and those throughout the application packet carefully before completing the application. **Only complete applications with the appropriate fee will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays.

General Instructions

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type your information or print in blue or black ball-point pen. HEALTH staff will not make assumptions about illegible information.
3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to HEALTH.
5. It is your responsibility to check on the status of your application.

Completing your Application

1. Complete the application (pages 5-8). You must respond to all components of the application as instructed. If you attach separate pages in continuation of the application, such pages **MUST** clearly indicate the section for which such information is being reported.

2. Make check or money order (in U.S. funds only) for the application fee of **$70.00** payable to **Rhode Island General Treasurer** and staple it to the upper left-hand corner of the first (Top) page of the application. This application fee is NON-REFUNDABLE .

3. **For those born in US**: An original or notarized copy of birth certificate. **For those born outside US**: An original or notarized copy of citizenship or lawful alien status.

4. Affix a recent **2 X 2 photo** of yourself in the space provided (page 8).

5. A completed official transcript **sent directly** from the accredited school of **Social Work** to the Board of Social Work Examiners. No student copies will be accepted.

6. Examination scores, **sent directly** from the **ASWB** **(Telephone 1-888-579-3926)** to the Board of Social Work Examiners (see address below).

7. **(Endorsement Candidates):** Please send the license verification form on page 12 to all states in which **applicant** holds or has held a license. Be sure to sign and complete the identifying information on the form. HEALTH must receive these verifications **directly** from the licensing authority in each state.

8. Mail the application and documentation to:

Rhode Island Department of Health
Board of Social Work Examiners, Room 104
3 Capitol Hill
Providence, RI 02908-5097

State of Rhode Island and Providence Plantations
Board of Social Work Examiners

Application for License as a Licensed Clinical Social Worker or Licensed Independent Clinical Social Worker

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

1. Name(s)

This is the name that will be printed on your License/Permit/ Certificate and reported to those who inquire about your License/ Permit/ Certificate. Do not use nicknames, etc.

NOTE:
It is your responsibility to notify the Department of Health Board of any name changes.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden Name, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

2. Social Security Number

U.S. Social Security Number

"Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Divison of Taxation to verify that no taxes are owed to the State."

3. Gender

☐ Male ☐ Female

4. Date of Birth

Month Day Year 19

5. Home Address

It is your responsibility to notify the board of all address changes.

No professional licensee's address (residence or business/ employment) will be posted on the Department's Web site.

1st Line Address (Apartment/Suite/Room Number, etc.)

2nd Line Address (Number and Street)

City State Zip Code

Country, If ____ Postal Code. If NOT U.S.

Home Phone Home Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

6. Business Address (ONLY if it is RELATED to your license.)

It is your responsibility to notify the board of all address changes.

This address will appear on the Department of Health web site.

Name of Business/Work Location

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City State Zip Code

Country, If NOT U.S. Postal Code, If NOT U.S.

Business Phone Extension Business Fax

7. Preferred Mailing Address

Please check ONE

☐ Please use my **Home Address** as my preferred mailing address

☐ Please use my **Business Address** as my preferred mailing address

NOTE: The preferred mailing address that you indicate is the address that will be released for all requests for that information.

8. Qualifying Education

Please list the name and information about the school that you attended that qualifies you for this license.

Type of School (University, College, Technical School, etc.)

Name of School

Date Graduated Month Year

Degree Received: ☐ Master's Degree in Social Work ☐ Doctorate in Social Work

Is School Accredited by the Council of S.W. Education? ☐ Yes ☐ No

9. Other State License(s)

Please answer the question and list state(s), if applicable

Have you ever held, or do you currently hold, a license in another state? ☐ Yes ☐ No

If the answer to this question is ***"yes"***, enter all other state licenses in Question 10 (below):

10. Licensure

List all states or countries in which you are now, or ever have been licensed to practice your profession*.

IMPORTANT

You must also indicate the Type and Level of Licensure in each of the states that you are licensed.

State/Country:			License Type:	Level/Name of Examination Taken:	
	☐ Active	☐ Inactive		☐ Clinical	☐ Intermediate/Masters
	☐ Active	☐ Inactive		☐ Clinical	☐ Intermediate/Masters
	☐ Active	☐ Inactive		☐ Clinical	☐ Intermediate/Masters
	☐ Active	☐ Inactive		☐ Clinical	☐ Intermediate/Masters
	☐ Active	☐ Inactive		☐ Clinical	☐ Intermediate/Masters
	☐ Active	☐ Inactive		☐ Clinical	☐ Intermediate/Masters
	☐ Active	☐ Inactive		☐ Clinical	☐ Intermediate/Masters
	☐ Active	☐ Inactive		☐ Clinical	☐ Intermediate/Masters
	☐ Active	☐ Inactive		☐ Clinical	☐ Intermediate/Masters

(**You must also request a License Verification (page 12) from all states that are listed above*)

11. Criminal Convictions

Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.

If necessary, you may continue on a separate 8½ x 11 sheet of paper.

Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending? ☐ Yes ☐ No

Abbreviation of State and Conviction[1] (e.g. CA - Illegal Possession of a Controlled Substance):

	Month	Year

12. Disciplinary Questions

Check either Yes or No for each question.

1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are any formal charges pending? ☐ Yes ☐ No

2. Have you ever been denied a license, certificate, registration or permit in any state? ☐ Yes ☐ No

Note: If you answer "Yes" to any question, you are **required** to furnish complete details, including date, place, reason and disposition of the matter. You may use the space below or, if needed, on a separate sheet of paper.

13. Affidavit of Applicant

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Licensed Clinical Social Worker/Licensed Independent Clinical Social Worker in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Social Work Examiners of any change in the answers to these questions after this application and this affidavit is signed.

_____ Signature of Applicant

_____ Date of Signature (MM/DD/YY)

The foregoing instrument was acknowledged before me this _____ day of

_____, 20_____, by _____,

who is personally known to me or has produced _____

as documentation and did / did not take an oath.

_____ Name of Notary (Print, Type or Stamp)

_____ Signature of Notary

Notary Seal

_____ Notary No/Commission No.

_____ Commission Expiration Date (MM/DD/YY)

14. Recent Photograph

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.

Affix Photo Here

Write your name on the back of the photograph, and provide the date that the photograph was taken.

_____ Date of Photograph

APPLICATION CHECKLIST

Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

Board Application

- ☐ I have read and understand the "Instructions for Completing the Application".
- ☐ I have completed the application as instructed (pages 5-8).
- ☐ I have attached the cover page of the application.
- ☐ I have completed Section 13, **"Affidavit of Applicant"**, and had the form notarized by a notary public.
- ☐ I have attached a photograph to Section 14, **"Recent Photograph"** as instructed. I have verified that it meets the photograph requirements as stated in the application.
- ☐ I have attached a birth certificate (***original or a copy notarized as being a true copy of the original)***, or if born outside the United States, proof of citizenship or lawful alien status, ***(original or a copy notarized as being a true copy of the original)***, and understand that submitted documents will not be returned.
- ☐ I have a **check** or **money order** (preferred), made payable (in U.S. funds only) to the: ***"Rhode Island General Treasurer"*** in the amount of **$70.00** and attached it to the upper left-hand corner of the cover page (top page) of the application.
- ☐ I have arranged my Application materials in the following order.

  1. Fee (attached as instructed).
  2. Board Application (including cover page) and pages 5-8.
  3. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the Board application] MUST indicate the section for which the information is being reported.]

- ☐ I have mailed the above application materials directly to the Rhode Island Board of Social Work Examiners.
- ☐ I have reviewed the Rules and Regulations pertaining to the Licensing of Clinical Social Workers and Independent Clinical Social Workers.

Required Forms

- ☐ I have completed and mailed the following forms as instructed.

  1. Two (2) Professional Reference Forms
  2. Endorsement Form/Interstate Verification Form(s) - Other State License(s) (**Endorsement Candidates Only**).
  3. Supervised Practice Form(s) (**LICSW ONLY**)

Other Documents

- ☐ I have requested an official school transcript and my examination scores from the ASWB as instructed.

*Substitute forms are not acceptable, **2 Professional Reference Forms** are required per application, copy this form as needed.*

Rhode Island Board of Social Work Examiners

Room 104, 3 Capitol Hill
Providence, RI 02908-5097
(401) 222-2828

PROFESSIONAL REFERENCE FORM - (NOTE: 2 Forms Required per Application)

I am applying for a license to practice as a Licensed Clinical Social Worker/Licensed Independent Clinical Social Worker in the State of Rhode Island. The Rhode Island Board of Social Work Examiners requires that the following form be completed by "2 Professional References". The purpose is to provide the Rhode Island Board of Social Work Examiners with all information of any kind which the professional reference may, at his or her absolute discretion, deem relevant to my qualifications as an applicant. By signing this form, I hereby release and discharge the professional reference (below) from all claims arising out of the provision of such information

Print/Type Full Name _____ Signature _____ Date _____

Previous Names Used _____ Social Security Number _____ Date of Birth 19

THIS SECTION TO BE COMPLETED BY THE PROFESSIONAL REFERENCE*

***Special Instructions to the person providing the reference**: Insert your completed reference in an envelope and seal, signing your name across the seal. Return to the Applicant who has been instructed to include your sealed reference in his/her application packet, or return directly to the Board at the above address. *The Board assumes that you, in recommending this candidate, will be willing to interpret or to substantiate to the Board your recommendation, should the Board desire to contact you at a later date*.

Name of Professional Reference:	Relation to Applicant (e.g. Supervisor, teacher, etc):	Length of Tme applicant known by Professional Reference (From Month & Year to Month and Year)

Questions:

1. What is the extent of knowledge by professional reference of applicant's professional and ethical behavior ☐ Limited ☐ Moderate ☐ Thorough
2. What is the amount of time spent by the applicant in social work; if part-time, indicate hours/weeks or percentages based on a 40 hour week: _____
3. What is the title of Applicant's position and the name of the organization? _____
4. Please provide a short description of the Applicant's duties and responsibilities: _____
5. What is the area of the applicant's specialties?: _____
6. Please provide the extent and degree of supervison exercised by the applicant in his/her position: _____
7. Do you certify that the applicant is an individual of Good Moral Character? ☐ Yes ☐ No (If No, Please Explain): _____

Quality and Extent of Endorsement :

☐ Without Reservation ☐ Some Reservation (explain) ☐ No Recommendation (explain)

_____

Signature _____ Date _____

Type or Print Name _____ Title _____

Name and Address of Organization _____

Are you a registered, licensed or certified Social Worker?
☐ Yes ☐ No
If Yes, Please Indicate State and Registration/Certification License Number: State _____
License Number _____

*Substitute forms are not acceptable, **2 Professional Reference Forms** are required per application, copy this form as needed.*

Rhode Island Board of Social Work Examiners

Room 104, 3 Capitol Hill
Providence, RI 02908-5097
(401) 222-2828

PROFESSIONAL REFERENCE FORM - (NOTE: 2 Forms Required per Application)

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Print/Type Full Name _____ Signature _____ Date _____

Previous Names Used _____ Social Security Number _____ Date of Birth 19

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***Special Instructions to the person providing the reference**: Insert your completed reference in an envelope and seal, signing your name across the seal. Return to the Applicant who has been instructed to include your sealed reference in his/her application packet, or return directly to the Board at the above address. *The Board assumes that you, in recommending this candidate, will be willing to interpret or to substantiate to the Board your recommendation, should the Board desire to contact you at a later date*.

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Questions:

1. What is the extent of knowledge by professional reference of applicant's professional and ethical behavior ☐ Limited ☐ Moderate ☐ Thorough
2. What is the amount of time spent by the applicant in social work; if part-time, indicate hours/weeks or percentages based on a 40 hour week: _____
3. What is the title of Applicant's position and the name of the organization? _____
4. Please provide a short description of the Applicant's duties and responsibilities: _____
5. What is the area of the applicant's specialties?: _____
6. Please provide the extent and degree of supervison exercised by the applicant in his/her position: _____
7. Do you certify that the applicant is an individual of Good Moral Character? ☐ Yes ☐ No (If No, Please Explain): _____

Quality and Extent of Endorsement : ☐ Without Reservation ☐ Some Reservation (explain) ☐ No Recommendation (explain)

_____

Signature _____ Date _____

Type or Print Name _____ Title _____

Name and Address of Organization _____

Are you a registered, licensed or certified Social Worker?
☐ Yes ☐ No
If Yes, Please Indicate State and Registration/Certification License Number: State _____
License Number _____

Substitute forms are not acceptable, One (1) form is required for each state in which you hold, or have held a license. Copy this form as needed.

Rhode Island Board of Social Work Examiners

Room 104, 3 Capitol Hill
Providence, RI 02908-5097
(401) 222-2828

INTERSTATE VERIFICATION FORM - OTHER STATE LICENSE(S) (One form for each state)

I am applying for a license to practice as a Licensed Clinical Social Worker/Licensed Independent Clinical Social Worker in the State of Rhode Island. The Rhode Island Board of Social Work Examiners requires that the following form be completed by the jurisdiction(s) in which I hold or have held a license. This constitutes authority for you to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Social Work Examiners at the above address.

Print/Type Full Name

Signature _____ Date _____

Previous Names Used

Social Security Number

Date of Birth 19

License Number _____ Date Issued _____

THIS SECTION TO BE COMPLETED BY THE SOCIAL WORK BOARD

Directions for State Board: Please complete and return this form to the address above **with copies of any verification of supervision received*** after the applicant received their MSW. *Please verify requirements met in your state:*

MSW from CSWE Accredited School? ☐ Yes ☐ No

Licensed by Examination? ☐ Yes ☐ No

If not by examination, how was license obtained? Endorsement _____ (State) Other _____ (Explain)

Applicant has completed and passed the National Certification Exam: ☐ Yes ☐ No Score_____ Level of Exam:_____

License Status: ☐ Active ☐ Inactive ☐ Lapsed

Original Date Issued:

Expiration Date:

*Two years post-MSW supervised experience? ☐ Yes ☐ No If YES, please indicate the total number of required post-MSW supervised hours:_____

Questions:

1. Has this licensee ever been investigated by your Board? ☐ Yes ☐ No
2. Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? ☐ Yes ☐ No
3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? ☐ Yes ☐ No
4. Do you know of any information that may discredit this person? ☐ Yes ☐ No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

_____

_____

_____

Certification:

Signature _____ Date _____

Type or Print Name

Title

Full Name of Licensing Board

Please Affix Board Seal Here

Please return directly to the Board at the above address. Thank you for your prompt cooperation.

Substitute forms are not acceptable, Copy this form as needed.

Rhode Island Board of Social Work Examiners

Room 104, 3 Capitol Hill
Providence, RI 02908-5097
(401) 222-2828

SECTION I - SUPERVISED PRACTICE FORM - CERTIFICATION OF EXPERIENCE

The individual named below is applying for certification as a Licensed Independent Social Worker in the State of Rhode Island. Prior to certifying the applicant, it is necessary to verify his/her past clinical supervision and/or clinical experience while supervised by you. The applicant has completed Section I and is requesting that you complete Section II. By signing below, the applicant attests that the information is correct to the best of his/her knowledge.

Print/Type Full Name _____ Signature _____ Date _____

Previous Names Used _____ Social Security Number _____ Date of Birth 19

Dates of Clinical Experience under supervision of the practitioner completing Section II. FROM: _____ (Month Day Year) TO: _____ (Month Day Year) _____ Number of Hours Worked per Week _____ Number of Direct Client Contact Hours per Week

Description of Applicant's Primary Responsibilities and position:

INSTRUCTIONS TO APPLICANT: If you have had more than one supervisor, and evidence is needed from two or more supervisors to document the minimum level of supervised clinical experience required for Licensure, the applicant must complete Section I on each form forwarded to the individual supervisors. It is the responsibility of the applicant to gather all forms completed by supervisors in sealed envelopes with supervisor's signature across the back flap (seal) and mail in one packet to the Rhode Island Board of Social Work Examiners.

EXPERIENCE REQUIREMENTS FOR LICSW: Chapter 5-39.1 of the General Laws of the State of Rhode Island establishes experience requirements which must be met prior to application for the Independent Clinical Social Work License. These requirements became effective on July 1, 1994. Experience is defined as three thousand (3,000) hours of post-master's practice of clinical social work during a twenty-four (24) to seventy-two (72) month period of time immediately preceding the date of application for LICSW. One thousand five hundred (1,500) hours must consist of providing clinical social work services directly to clients. Clinical social work practice is defined as the professional application of social work theories, methods, and values in the diagnosis, assessment, and treatment of cognitive, affective and behavioral disorders arising from physical, environmental, or emotional conditions. Clinical social work services also include psychotherapy and counseling for individuals, couples, families , and groups; client-centered advocacy; consultation and supervision. NOTE: The experience must occur DURING A 24-72 MONTH PERIOD of time immediately preceding the date of the application for licensure (2 YEAR MINIMUM, 6 YEAR MAXIMUM).

Supervison is defined as face-to-face contact with a licensed independent social worker (LICSW) for the purpose of apprising the supervisor of the diagnosis, assessment, and treatment of each client; receiving oversight and guidance from the supervisor in the delivery of clinical social work services to each client; and being evaluated by the supervisor.

1.) A minimum of two (2) hours of supervision every two (2) weeks.
2.) A minimum of one (1) hour of supervision per twenty (20) hours of direct contact with clients.
3.) One-to-one (Individual Supervision) contact with the supervisor at least seventy-five percent (75%) of the time.
4.) Supervision by an individual other than the applicant's parents; spouse; former spouse; siblings; children; employees; or anyone sharing the same household or any romantic, domestic or familial relationship.

SECTION II - THIS SECTION TO BE COMPLETED BY SUPERVISOR

Instructions to supervisor: Please complete Section II of this form and return to the applicant. The Rhode Island Board of Social Work Examiners requests that the supervisor carefully review the applicant's statements under Section I prior to responding to Items in Section II. Insert completed form in an envelope and seal signing your name across the seal. Return to applicant. Applicant has been instructed to include your sealed envelope in his/her application packet.

Supervisor's Professional Degree, Discipline and License Information:

Degree: _____

Discipline: _____

License Level: _____

License #: _____

License State: _____

Agency and State in which Supervision Occurred: _____ (Agency) _____ (State)

Describe the nature of the Supervision: _____

Length and frequency of Supervision: _____

Certification: I hereby attest the above information in Section II is correct, to the best of my knowledge.

Signature _____ Date _____

Type or Print Name _____ Title _____

Supervisor's Address:

Please return this form to the applicant. Thank you for your cooperation.