**\*\*Be sure to complete all sections of form.\*\***

**I. Supervisee’s Information**

|  |  |  |
| --- | --- | --- |
| Supervisee Name (Last, First) | | License Number |
|  | |  |
| Email address: |  | |

##### II. Supervisor’s Information (completed by supervisor)

|  |  |  |
| --- | --- | --- |
| Supervisor Name (Last, First) | | License Number |
|  | |  |
| Email address: |  | |

**III. Supervision Verification (completed by supervisor)**

**\*\*Supervision hours and months must be in whole numbers.\*\***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Dates of supervision: | From | (MM/DD/YYYY) | To | (MM/DD/YYYY) | Total Months |  |
| Total number of supervision hours for time period listed above (to be applied to the 100 hour requirement): | | | | | Total Hours |  |
| Total hours of supervised professional clinical experience worked during this verification period (to be applied to the 3,000 hour requirement): | | | | | Total Hours |  |

##### IV. Supervisor’s Recommendation

|  |
| --- |
| As supervisor of the applicant's clinical experience, do you have any reservations about the applicant being granted a license as a licensed clinical social worker?  Yes \_\_ No \_\_(**If yes, please include a letter outlining your concerns)** |

### V. Affidavit of Understanding and Signatures

The following statements must be initialed by the supervisor and supervisee:

\_\_\_\_\_ \_\_\_\_\_ I hereby certify that I have reviewed the regulations pertaining to supervision for specialty recognition in the state of Texas. I understand that I must observe and comply with the supervision guidelines set forth in the rules.

\_\_\_\_\_ \_\_\_\_\_ Under penalties of perjury, I declare and affirm that the statements made above, including accompanying statements, are true, complete and correct. I understand that any false or misleading information in, or in connection with the supervision plan may be cause for denial or loss supervision time received and/or loss of licensure.

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisee Signature |  | Date |  |
| Supervisee Name Printed |  | | |
|  | | | |
| Supervisor Signature |  | Date |  |
| Supervisor Name Printed |  | | |

Mail To:

**TBHEC, Ste. 7.300, 1801 Congress, Austin, TX 78701**