### For Supervised Clinical Experience to be Acceptable: Each practice location must encompass the role of social work. At least one practice location must provide the Supervisee a minimum of four hours per week of direct clinical practice, gaining competency using specialized clinical knowledge and advanced skills to assess, diagnose, and treat mental, emotional, and behavioral disorders, conditions, and addictions. Treatment methods must include individual, marital, couple, family, or group psychotherapy.

**Supervisee Information (LMSW)**

Name: License Number:

Email Address: Phone:

## Supervisor Information (LCSW-S)

Name: License Number:

Email Address: Phone:

## Supervisor and Supervisee Must Maintain the Following Records

* If LMSW contracts with an LCSW-S who is not employed by LMSW’s employing agency, written approval of the supervisory relationship from the employing agency, including a confidentiality agreement and authorization for the LMSW to discuss cases with the supervisor, on the agency’s letterhead, dated and signed by an agency representative.
* List of practice locations where LMSW provides supervised services with start and end dates for each location.
* LMSW’s clearly defined job description and responsibilities for each practice location. If clinical aspects of supervisee's work are not clearly reflected in job description, then supervisee in concert with work supervisor, can include an addendum which clearly describes those clinical practice tasks and work they perform in their position.
* Ongoing log of clinical experience and supervision hours earned by the LMSW.
* Legible, supervision notes, including the content, duration, and date of each supervision session, signed by the supervisor.
* If LCSW-S determines that LMSW lacks professional skills and competence, LCSW-S shall develop and implement an individualized written remediation plan that addresses the identified concerns in a timely manner.

## Acknowledgment of Understanding and Signatures

The undersigned hereby acknowledge, attest, or affirm the following:

* The information contained in this document is true and correct and that any misrepresentation may constitute a criminal violation under Section 37.10 of the Penal Code or a violation of Title 22 of the Texas Administrative Code (22 TAC) §882.34.
* We have read, understand, and agree to abide by the laws and rules governing the practice of social work and supervised experience, and understand the duty to comply with any future changes to those laws. In particular, we understand that a supervisor has a duty to ensure the supervisee knows and adheres to 22 TAC Subchapter B, Rules of Practice.
* We understand the supervisor and the supervisee bear responsibility for the supervisee's professional activities and the supervisor is responsible for the social work services provided under this supervision plan.
* The supervisor has been made aware of all conditions of exchange, as that term is defined in 22 TAC 781.102(11), utilized by the supervisee (or his or her employing agency) when delivering services to clients, prior to executing this supervisory plan.
* Supervisors may not provide supervision for services outside of their competency or scope of practice or allow supervisees to practice outside the authorized scope of their license.
* Supervisors and supervisees may not have a relationship with each other that impairs the objective, professional judgment and prudent, ethical behavior of either.
* Supervisor and supervisee are jointly responsible for developing well-conceptualized supervised experience and training, and for updating the agreed upon goals under this plan as needed, including whenever there is a change in agency of employment, job function, or method by which supervision is provided.

Supervisee (LMSW) Signature: Date:

Supervisor (LCSW-S) Signature: Date:

**One completed form per supervisor must be submitted at the time of LCSW application.**