



MARYLAND Department of Health

MARYLAND BOARD OF SOCIAL WORK EXAMINERS

4201 Patterson Avenue,
Baltimore, Maryland 21215

Website: <http://www.health.maryland.gov/bswe>

Phone Number: 410-764-4788

Toll Free: 1-877-526-2541

Fax: 410-358-2469

OPEN SESSION

January 10, 2024

10:30AM

VIRTUAL

Meeting ID

meet.google.com/urc-vwfd-ygu

Phone Numbers

(US)

+1 219-281-4452

PIN: 843 350 657#

CALL TO ORDER

Leslie Iampieri, Secretary/Treasurer

ADJUSTMENTS AND ADDITIONS TO THE AGENDA?

APPROVAL OF MINUTES

December 13, 2024

Susan Coppage, Board Chair

BOARD CHAIR REPORT

Susan Coppage, Board Chair

- Welcome
- Completing percentages on the Supervision Verification Form – *see attached blank form*

EXECUTIVE DIRECTOR REPORT

Karen Richards, Executive Director

- Hiring Updates
 - Welcome to Johnta Gray, Health Occupations Investigator III
 - Actively recruiting for Administrative Officer for CE unit and a Health Occupations Investigator II
- January digital newsletter

LEGISLATIVE UPDATE

Lillian Reese, Legislative Liaison

- Session started January 8th

COMMITTEE REPORTS

- Statutes and Regulations Committee
Kevin Meenan, Committee Member
- Continuing Education Committee
Adrienne Ekas, Committee Chair

Agenda, January 10, 2025

QUESTIONS or COMMENTS

ADJOURNMENT



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SVF - SUPERVISION VERIFICATION FORM:

MUST BE COMPLETED BY A BOARD APPROVED SOCIAL WORK SUPERVISOR

If you as the supervisor provided supervision to a LMSW working in Maryland and were not Board Approved the Board will not accept the applicant's hours of social work experience and supervision which you provided to the supervisee / applicant.

► Only a Board Approved LCSW-C supervisor can provide supervision for the LCSW-C

As the **Board approved supervisor** completing the **SVF** for an applicant for the clinical license the experience and supervision provided must have been **".....in the assessment, formulation of a diagnostic impression, and treatment of mental disorders and other conditions and the provision of psychotherapy under the terms and conditions that the Board determines by regulation."** § 19-302(e)(3) and in COMAR 10.42.01.02(5) **"Clinical social work experience" means: (a) Completing assessments; (b) Formulating diagnostic impressions; (c) Treating mental disorders and other conditions; and (d) Providing psychotherapy.**

Certified Social Worker (LCSW) applicant shall have:

- 1) an active LMSW license;
- 2) obtained two years, consisting of not less than 104 weeks, of at least 3,000 hours of supervised social work experience;
- 3) 100 hours of periodic face-to-face supervision in the practice of social work which is obtained under a *written contract for supervision; and
- 4) social work supervision provided by a qualified, registered and Board approved supervisor who is licensed at the Licensed Certified Social Worker level or the Licensed Certified Social Worker-Clinical level.

Certified Social Worker-Clinical (LCSW-C) applicant shall have:

- 1) an active LMSW license;
- 2) documentation of twelve academic credit hours clinical course work from a social work program accredited by the Council on Social Work Education (6 of the 12 academic credit hours may be obtained from a BSW program);
- 3) two years, consisting of not less than 104 weeks, of at least 3,000 hours of supervised clinical social work experience in direct service to clients. Half (1,500) of the required hours shall consist of face-to-face client contact;
- 4) 100 hours of periodic direct face-to-face supervision while obtaining clinical social work experience which is obtained under a *written contract for supervision;

- 5) supervision in the assessment, formulation of a diagnostic impression, and treatment of mental disorders and other conditions and the provision of psychotherapy; and
- 6) social work supervision provided by a qualified, registered and Board approved supervisor who is licensed at the Licensed Certified Social Worker-Clinical level.

Experience Obtained Out-of-State: All social work experience obtained out-of-state must be obtained post MSW and post “licensure”, **if** the applicant was required to be licensed, certified or registered. All supervision required for licensure at the LCSW or LCSW-C level must have been provided by a licensed social worker whose credentials are comparable to the Maryland LCSW or LCSW-C. Supervision provided by psychiatrists, clinical psychologists, licensed counselors, any non-social work licensed professional, cannot be accepted by the Board.

Experience Obtained In Maryland: The social work experience obtained for the LCSW or LCSW-C must be obtained post LMSW, *under a written contract for supervision, (using the Board’s form) and while under the supervision of a qualified, registered and Board approved supervisor. The Contractual Agreement form For Supervision must be signed by all parties before supervision is initiated

CONTRACTUAL AGREEMENT FORM:

Effective July 1, 2004, per COMAR 10.42.08, all social work supervisors are required to be qualified, registered and Board approved and initiate a written contract for supervision with the LMSW, using the Board’s form, before supervision and experience for advanced licensure is obtained in Maryland.

A “Contractual Agreement-Supervision for LCSW and LCSW-C Licensure” form needs to be attached to each corresponding Supervision Verification Form(s) which documents social work supervision obtained in Maryland since July 1, 2004.

Applicants must submit supervision verification form(s) which document the required hours of social work experience obtained under social work supervision.

For the LCSW-C applicant the experience must be clinical social work experience and the supervision must have been provided by a Board approved Licensed Certified Social Worker-Clinical.

As the **Board approved supervisor** completing the Supervision Verification Form for an applicant for the clinical license the experience and supervision provided must have been **“.....in the assessment, formulation of a diagnostic impression, and treatment of mental disorders and other conditions and the provision of psychotherapy under the terms and conditions that the Board determines by regulation.”** § 19-302(e)(3) and in COMAR 10.42.01.02(5)

(5) "Clinical social work experience" means: (a) Completing assessments; (b) Formulating diagnostic impressions; (c) Treating mental disorders and other conditions; and (d) Providing psychotherapy.



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SUPERVISION VERIFICATION FORM

Name of Supervisee Application ID
Name of Supervisor Date Board Approved

► If you as the supervisor are not Board approved the Board will not be able to accept the applicant's hours of social work experience and the hours of supervision you provided to the supervisee / applicant.

All Information Shall Be Provided By The Social Work Supervisor.

Name and address of the **supervisee's/applicant's social work practice site** where supervisee worked:

Name of Agency (1) Address Line 1

Address Line 2 City State Zip Code

Dates of supervision: From (2) to (3) = Total number of weeks (4)

(For hours obtained in MD, the date supervision began cannot pre-date the issuance date of the applicant's LGSW)

Supervisee number of hours worked per week (5) X weeks worked = Total Hours (6)

Supervision hours provided: Individual Group (Group size cannot exceed 6 supervisee) = Total Hours (7)

ONLY FOR LCSW-C DIRECT FACE-TO-FACE CLIENT CONTACT X = Total (8)
Average number of hours Week

Each area of clinical social work experience must have a **percentage of time** spent in this area while working directly with clients. The percentage total cannot exceed 100%.

".....in the assessment, formulation of a diagnostic impression, and treatment of mental disorders and other conditions and the provision of psychotherapy under the terms and conditions that the Board determines by regulation." § 19-302(e)(3) and in COMAR 10.42.01.02(5) **"Clinical social work experience" means: (a) Completing assessments; (b) Formulating diagnostic impressions; (c) Treating mental disorders and other conditions; and (d) Providing psychotherapy.**

% Assessment % Formulation of Diagnostic Impression
 % Treatment of Mental Disorder & Other Conditions % Providing Psychotherapy

MD Social Work Lic # Date of Lic Issued: Date Board Approved
Out of State SW Lic # State Issued On Lic Title

AFFIDAVIT

I do solemnly declare and affirm, under the penalties of perjury, that the information contained on this Supervision Verification Form is true and correct.

Signature _____ Date

PLEASE SIGN IN BLUE INK