



**MARYLAND BOARD OF SOCIAL WORK EXAMINERS**

4201 Patterson Avenue, Baltimore, Maryland 21215

Phone #: 410-764-4788 Toll Free #: 1-877-526-2541

<https://health.maryland.gov/bswe/>

**SUMMARY SHEET**  
**LCSW & LCSW-C**

Applicant's Name

License Number

Application ID

**LIST ONLY THE WORK EXPERIENCE AND SUPERVISION DOCUMENTED ON THE SUPERVISION VERIFICATION FORM(S)**

If dates of supervision "overlap" remember that the weeks and hours worked per week cannot be counted twice. The example below shows a two year period of social work experience and social work supervision at two employment sites and three supervisors:

(1) AGENCY / EMPLOYMENT SITES	(2) DATES FROM	(3) DATES TO	(4) WEEKS	(5) HOURS	(6) TOTAL	SUPERVISORS	(7) HOURS SUPERVISION	(8) HOURS OF CLIENT CONTACT
Mem Hsp	01/01/2010	12/31/2012	104	40	4160	Smith	104	
Mem Hsp	05/01/2010	08/31/2010				Henry	27	
Family Ctr	09/01/2012	12/31/2012	16	5	80	Brooks	24	
		Total	104	Total	4260		155	

NOTE: Column (8) documents the number of face-to-face client contacts hours required for clinical, LCSW-C, license.

**THE NUMBER OF HOURS IN COLUMNS #5 AND #7 CANNOT BE THE SAME NUMBER OF HOURS**

**PLEASE NOTE: THE WEEKS CANNOT BE DUPLICATED AS INSTRUCTED ON PAGE 3 IN THE INSTRUCTIONS**

(1) AGENCY / EMPLOYMENT SITES	(2) DATES FROM	(3) DATES TO	(4) WEEKS	(5) HOURS	(6) TOTAL	SUPERVISORS	(7) HOURS SUPERVISION	(8) HOURS OF CLIENT CONTACT
			x		=			
			x		=			
			x		=			
			x		=			
			x		=			
			x		=			

\*Indicates minimum requirements in that column

Total

Not less than  
\*104 weeks

Total

Not less than  
\*3000 hrs

Total of Supervision

Not less than \*100 hours

Total of Client Hrs

Not less than \* 1,500 hours (for LCSW-C level)

I do solemnly declare and affirm, under the penalties of perjury, that the above information is true and correct.

Signature \_\_\_\_\_

Date

Blue Ink Preferred But Not Required