MARYLAND Department of Health
Board of Social Work Examiners
4201 Patterson Ave, Baltimore, MD 21215
410-764-4788 Toll Free: 1-877-526-2541
MD Board of Social Work Website

Summary Sheet Instructions

1. The summary sheet is a tool to make sure that an applicant meets all of Maryland's requirements for the Licensed Certified Social Worker-Clinical (LCSW-C). **THIS SHOULD BE COMPLETED BY THE APPLICANT.**

2. Include all supervision verification forms in the summary sheet.
    - Calculate total hours by multiplying weeks by hours worked weekly (e.g., 52 weeks x 40 hours = 2,080 total).
    - Record the actual total supervision hours met with your supervisor.
    - Estimate face-to-face client contact time.
        - This estimate must be less than total hours worked to account for administrative tasks like note-taking.

3. If the time period overlaps, the number of weeks of social work experience cannot be counted twice.
    - Example 1 - If you were employed at ABC Mental Health Clinic for a two-year period (104 weeks) and received both individual and group supervision from different supervisors concurrently, this duration is counted only once.
        - While you may record the supervision hours from each supervisor, the total weeks of social work experience and client contact hours must not be duplicated.

    - Example 2 - ABC Mental Health Clinic (01/01/2023) to (12/31/2025) = 104 weeks, General Hospital (06/01/2024) to (12/01/2024) = 26 weeks. This does not equal 130 weeks due to overlap, the total would be 104 weeks.

        - You can count the number of hours of social work experience, the number of hours of supervision with each supervisor, and the number of client contact hours at each job.

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

SUMMARY SHEET FOR LCSW-C

Applicant's Name _____ License Number _____ Application ID _____

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

PLEASE NOTE: If you worked more than one job at the same time, you may only count each calendar week once toward your total weeks of practice. Overlapping weeks cannot be counted more than once.

(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		=	0.00			
				x		=	0.00			
				x		=	0.00			
				x		=	0.00			
				x		=	0.00			
				x		=	0.00			
				x		=	0.00			
				x		=	0.00			
				x		=	0.00			
				x		=	0.00			
				x		=	0.00			
				x		=	0.00			
				x		=	0.00			
				x		=	0.00			
***Indicates minimum requirements in that column**		Total	0.00	Not less than *104 weeks		Total	0.00	Not less than *3000 hrs	0.00	0.00

Total of Supervision
Not less than *100 hours

Total of Client Hrs
Not less than * 1,500 hours (for LCSW-C level)

Reset Form