

**MARYLAND BOARD OF SOCIAL WORK EXAMINERS
INSTRUCTIONS FOR THE SUPERVISION CONTRACT FOR INDEPENDENT
PRACTICE OR LCSW-C LICENSURE**

Before You Begin Supervision:

- Is your supervisor a Board Approved Supervisor (BAS)? [Look up Approved Supervisor](#)
- Have you reviewed COMAR 10.42.08.07 Responsibilities of a Supervisor and COMAR 10.42.08.08 Responsibilities of a Supervisee? **It is very important that you understand COMAR as you are held accountable to these regulations.**
- Have you determined a schedule for supervision? All Supervisees must receive a “minimum of 3 hours of face-to-face supervision per month or 1 hour of face-to-face supervision for every 40 hours worked.”
- Is your agency/practice aware of your supervision?

Completing the Contract:

Social work practice and social work supervision cannot pre-date a LBSW or LMSW license. All parties must sign the contract for supervision prior to supervision commencing.

- Did you sign the form manually? If a digital signature is used, please provide a certificate of authority or a time stamp audit.
- Did the Supervisor and Supervisee sign on the same date? The Agency Administrator’s signature should be the same date or within 5 business days. If the Supervisee and the Supervisor work at the same agency, the Administrator does **not** need to sign the contract.
- Do not use white out or scratch out any information as the document is a contract.

Once completed:

- Did you save a copy for your records? All records should be kept for at least 5 years per COMAR 10.42.08.07C(4).
- Does your Supervisor and Agency Administrator have a copy?
- The contract must be sent to the Board along with your application for Independent Practice status or the LCSW-C application when you apply.
- **Remember you may not practice social work as an LBSW or LMSW without a Board Approved Supervisor who is licensed in Maryland unless you have independent practice status.**



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MARYLAND BOARD OF SOCIAL WORK EXAMINERS
CONTRACT FOR SUPERVISION

This contract is made by and between (print supervisee name) _____
(hereinafter referred to as the Supervisee) and (print supervisor name) _____
(hereinafter referred to as the Board Approved Supervisor or 'BAS'); **and acknowledged by the Agency Administrator, if the BAS is an Independent (not an employee of the agency/practice) Supervisor.**

The BAS agrees to provide supervision in compliance with the regulations outlined in the Annotated Code of Maryland (COMAR 10.42.08 - Supervision). The parties mutually agree to the following:

1. FREQUENCY AND DURATION

- For the **Licensed Certified Social Worker-Clinical (LCSW-C)**, the supervision requirement is a minimum of 100 hours and supervision must be maintained until the LCSW-C is issued.
- For **Independent Practice** status, the supervision requirement is a minimum of 150 hours and must be maintained until the Independent Practice status is granted.
- Supervision sessions shall be a minimum of 3 hours of face-to-face supervision per month or 1 hour of face-to-face supervision for every 40 hours worked.
- Group supervision shall include no more than 6 supervisees and only half of the required hours (50 hours) may be obtained from group supervision.

_____(Supervisee initials)

_____(BAS initials)

2. SUPERVISION

A. The supervisor shall:

- 1) For the LCSW-C, qualify as a Board approved LCSW-C in Maryland and maintain this designation for the duration of the supervision.
- 2) For Independent Practice status, qualify as a Board approved Licensed Master (LMSW) or Bachelor Social Worker (LBSW).
- 3) Provide or ensure that the supervisee receives the required minimum hours of supervision.
- 4) Conduct supervision according to the standards outlined in Maryland Health Occ. Code Ann. ("H.O.") §19-302 of the Social Work Practice Act (H.O. §§ 19-101 et seq.) and Regulations governing the Practice of Social Work COMAR 10.42.01 through 10.42.08.
- 5) Maintain documentation of supervisory sessions for at least 5 years, including dates, duration, and focus of supervisory sessions.
- 6) Provide a written evaluation of the supervisee's progress to the supervisee every 6 months.

_____(Supervisee initials)

_____(BAS initials)

B. The supervisee shall:

- 1) For the LCSW-C, be licensed in the State of Maryland as a LMSW and maintain that designation for the duration of supervision.
- 2) For Independent Practice status, be licensed in the State of Maryland as a LBSW or LMSW and maintain that designation for the duration of supervision.
- 3) Receive the minimum hours of supervision from a BAS as long as they are practicing social work in Maryland.

- 4) Become knowledgeable about Maryland Health Occ. Code Ann. ("H.O.") §19-302 of the Social Work Practice Act (H.O. §§ 19-101 et seq.) and Regulations governing the Practice of Social Work COMAR 10.42.01 to 10.42.08.
- 5) If supervision with the BAS ends, obtain supervision from another BAS, **under a written contract**, on or before the end of that supervisory relationship.

_____(Supervisee initials)

_____(BAS initials)

3. DURATION AND TERMINATION

- This contract is effective as of the date all parties sign; will remain in effect until either party ends the supervisory relationship; and may be terminated immediately if the BAS does not maintain their Board approved status.
- All signatories to this contract should sign within 5 business days of each other.
- Digital signatures are allowed, provided that the certificate of authority or timestamp audit is provided with the signed contract.

_____(Supervisee initials)

_____(BAS initials)

4. AGENCY ACKNOWLEDGMENT (only required for Independent [not an employee of the agency/practice] Supervisors)

- Social work supervision is accountable to the supervisee's employer.
- The Agency Administrator must be aware if the BAS is an independent supervisor engaged by the supervisee.
- The Agency Administrator must sign the contract on or before the date supervision begins.
- The Agency Administrator should verify that the supervisor is a Board Approved Supervisor.
- The Agency Administrator should verify that the supervisee is licensed by the Board to practice social work in Maryland.

_____(Supervisee initials)

_____(BAS initials)

5. SIGNATURES

Supervisee Signature _____ **Date** _____

Print Name & Job Title _____

Supervisee License Number _____

BAS Signature _____ **Date** _____

Print Name & Job Title _____

BAS License Number _____

Agency Administrator Signature _____ **Date** _____

Print Name & Job Title _____