



MARYLAND

Department of Health

MARYLAND BOARD OF SOCIAL WORK EXAMINERS

4201 Patterson Avenue, Baltimore, Maryland 21215 – 2299 www.health.maryland.gov/bswe/
Phone Number: 410-764-4788 Fax Number: 410-358-2469 Toll Free: 1-877-526-2541

SUPERVISION REGISTRATION

September 2018

Dear Licensee:

Attached is the **SUPERVISION REGISTRATION** form which is to be submitted by a Licensed Certified Social Worker (LCSW) and a Licensed Certified Social Worker-Clinical (LCSW-C) to become a Board approved supervisor for Licensed Graduate Social Workers (LMSW) seeking advanced licensure. Be certain you understand the requirements as the **\$20 registration fee is non-refundable.**

Please be sure to review the entire regulation **COMAR 10.42.08 Supervision** which can be found on the Board's website under the "supervision tab." Below are two excerpts from COMAR 10.42.08 Supervision:

COMAR 10.42.08.02B(6) Supervision Training.

(a) "Supervision training" means a course or program designed to provide information regarding the supervision process utilized by social workers in a variety of settings. (b) "Supervision training" content areas may include, but are not limited to: (i) The role and responsibilities of the social work supervisor; (ii) The needs of the supervisee, supervisor, and the agency setting while maintaining a clear ethical perspective; (iii) The role of the social work supervisor as gatekeeper to the profession; (iv) Methods for building effective and appropriate relationships with clients; (v) Methods for group supervision; and (vi) Models and modalities for practice intervention. (c) "Supervision training" may be obtained in: (i) Category I; or (ii) Category II.

COMAR 10.42.08.04 Qualifications, Education, and Responsibilities of a Supervisor.

A. Qualifications. (1) License. (a) For social workers licensed by the Maryland Board of Social Work Examiners a supervisor shall hold an active license as a: (i) Certified Social Worker (LCSW); or (ii) Certified Social Worker-Clinical (LCSW-C). (b) For social workers licensed by an out-of-State licensing board, a Supervisor shall hold an active license comparable to the: (i) Certified Social Worker (LCSW); or (ii) Certified Social Worker-clinical (LCSW-C).

(2) ***Education.*** (a) Social workers licensed by the Maryland Board of Social Work shall have:

(i) One social work graduate course in supervision from a master's degree program accredited by the Council on Social Work Education; or (ii) 12 hours of agency-sponsored supervision training; or (iii) 12 credit hours of continuing education in social work supervision by a Board-authorized sponsor. (b) Social workers licensed as social workers by an out-of-State licensing Board at a level comparable to the LCSW or LCSW-C shall: (i) Have the same qualifications under §A(2)(a) of this regulation; or (ii) Complete the education requirement within 12 months of obtaining an LCSW or LCSW-C. (c) Supervision training required in §A(2)(a) of this regulation may be obtained in Category I or Category II and may include, but is not limited to: (i) The role and responsibilities of the social work supervisor; (ii) The needs of the supervisee, supervisor, and the agency setting while maintaining a clear ethical perspective; (iii) The role of the social work supervisor as gatekeeper to the profession; (iv) Methods for building effective and appropriate relationships with clients; (v) Methods for group supervision; and (vi) Models and modalities for practice intervention.

(3) ***Experience.*** A supervisor shall have completed: (a) 18 months of active social work experience after obtaining an LCSW or LCSW-C; (b) 18 months of active social work experience as a social worker licensed by an out-of-State licensing board at a level comparable to the LCSW or LCSW-C; (c) 60 months of social work experience as a licensed graduate social worker or its equivalent before obtaining an the LCSW or LCSW-C license; or (d) 96 months of social work experience as a licensed social work associate or its equivalent before obtaining the LCSW or LCSW-C license.

If you have any questions, please contact the Board office at 410-764-4788 or toll free at 1-877-526-2541 and ask to speak to the staff person assigned to supervision regulations.

INSTRUCTIONS FOR THE SUPERVISION REGISTRATION FORM

EXCEPT FOR SIGNATURES PLEASE **PRINT** ALL INFORMATION

FEE

Please submit a check or money order for \$20, payable to the Maryland Board of Social Work, along with the supervisor registration form.

NAME CHANGE

PLEASE NOTE: If your name is different from what is on file with the Board it will **NOT** be changed. Please include a copy of the legal documentation of a change in name. You can check your name on the Board's website by selecting the "License Verification" tab.

POSTAL ADDRESS – PHONE NUMBERS – EMAIL ADDRESS

PLEASE NOTE: If different from what is on file with the Board, your postal address, phone number(s), and email address will be changed to what is on the registration form.

RACE / ETHNIC IDENTIFICATION

Check all that apply.

American Indian or Alaska Native (A person having origins in any of the original peoples of North or South American, including Central America and who maintain tribal affiliations or community attachments)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asian, or the Indian subcontinent including, for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)

Black or African American (A person having origins in any of the black racial groups of Africa.)

Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

Answer the question with a yes or a no.

Are you of Hispanic or Latino origin? (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

EDUCATION

List the year the MSW degree was conferred, name of the University, city and State.

LICENSES HELD

List the Maryland social work license first and list all other licenses held (active, inactive or non-renewed) in ANY state.

TRAINING

Attach a copy of the MSW transcript which documents an academic course in social work supervision: and /or attach a copy or copies of continuing education certificates which document the completion of 12 credit hours in social work supervision.

EXPERIENCE

ONLY list the employment experience which meets the qualifications as listed under COMAR 10.42.08.04A3.

CURRENT EMPLOYMENT

Please indicate employer's name or name of solo practice, starting date, current position and address.

5. LICENSEE'S AFFIDAVIT

Signatures should be original and in BLUE ink.



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SUPERVISOR REGISTRATION FORM

FOR BOARD USE ONLY

PERSONAL INFORMATION

SUPERVISOR REGISTRATION FEE \$20.00

Your NAME must be your LEGAL NAME and it will appear on all documents as listed below.

Last Name And Generational Indicator (JR., III etc.)

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First Name / Middle Name / Initial

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Maiden Name

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PLEASE NOTE: YOUR ADDRESS; PHONE NUMBERS; & EMAIL ADDRESS WILL BE RECORDED AS LISTED BELOW

Address Line One

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Address Line Two (Apt #)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

--	--	--

Zip Code

--	--	--	--	--	--

--	--	--	--	--	--

Home Phone

--	--	--	--	--	--	--	--	--	--

Work Phone

--	--	--	--	--	--	--	--	--	--	--

Cell Phone

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Extensions

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Email Address

(E-mail address is used by the Board to send notices & newsletter)

Social Security Number

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Date of Birth

Month		Day		Year					

Race Are you of Hispanic or Latin origin?

Yes No

Sex

Male Female

American Indian/Alaska Native

Asian

Black/African American

Native Hawaiian/ Pacific Islander

White

Other

EDUCATION

MSW Graduation Year _____

College / University _____

City _____

State _____

LICENSES HELD

List all Social Work Licenses (Active, Inactive or Non-Renewed) HELD in ANY state including Maryland.

State	License Number	License Type	Issuance Date	Expiration Date	History of Discipline	FOR BOARD USE ONLY
MD*					YES NO	
					YES NO	
					YES NO	
					YES NO	
					YES NO	
					YES NO	

* Must have an active MD LCSW or LCSW-C



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SUPERVISOR REGISTRATION FORM

TRAINING: #1 REVIEW COMAR 10.42.08.02B.(6) FOR **CONTENT AREAS** FOR SOCIAL WORK SUPERVISION TRAINING
 #2 REVIEW COMAR 10.42.08.04A (2) (a) & (c) FOR DOCUMENTATION REQUIREMENTS
ATTACH A COPY : MSW TRANSCRIPT FOR SUPERVISION COURSE OR CERTIFICATES FROM SOCIAL WORK SUPERVISION TRAINING

DATE	SPONSOR OR MSW PROGRAM	TITLE	HOURS
Total Number of Hours			

SOCIAL WORKERS WHO HELD A LICENSE IN ANOTHER JURISDICTION, COMPARABLE TO THE LCSW OR LCSW-C, AND RECENTLY OBTAINED A MARYLAND LCSW OR LCSW-C: If you do not have the required training hours, you are eligible to obtain the hours within 12 months after obtaining an LCSW or LCSW-C in Maryland. COMAR 10.42.08.04 A (2) (b)(i)(ii)

EXPERIENCE: COMAR 10.42.08.04 A (1) & (3)
DATES OF SOCIAL WORK EMPLOYMENT SINCE **ADVANCED** LICENSURE IN MARYLAND OR ANOTHER JURISDICTION

From (mm/dd/yy)	To (mm/dd/yy)	Position Title	Agency Name	State

CURRENT EMPLOYMENT: INDEPENDENT/SOLO Yes No

Employer _____ Starting Date _____ Current Position _____

Address _____ City _____ State _____ Zip Code _____

LICENSEE'S AFFIDAVIT

I do hereby affirm that all statements made herewith are true and correct to the best of my knowledge and belief. Furthermore, I voluntarily consent to a thorough review of my present and past employment and other activities for the purpose of verifying my qualifications.

Licensee's Signature _____ Date: _____

PLEASE **MAIL** (Do not FAX & Do not EMAIL) the following to the address below:
 1) Completed, signed and dated Supervision Registration Form
 2) Copy of official transcript for course or certificates for hours of Supervision training
 3) **Supervision Registration Fee: \$20.00 check or money order payable to the Maryland Board of Social Work Examiners.**
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