



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

The **SUPERVISION REGISTRATION** form is to be submitted by any licensed social worker seeking to become a Board approved supervisor. 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 or by clicking [HERE](#)

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 someone about supervision registration.

INSTRUCTIONS FOR THE SUPERVISION REGISTRATION FORM

EXCEPT FOR SIGNATURES PLEASE PRINT ALL INFORMATION

FEE

Please submit the \$20 fee by credit card, check, or money order 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.

EDUCATION

List the year the MSW or BSW degree was conferred, name of the University, City, and State.

LICENSES HELD

List **ALL OTHER** licenses held (active, inactive, or non-renewed) in ANY state **including Maryland.**

TRAINING

Attach a copy of the MSW official transcript which documents a three credit academic course in social work supervision **OR** attach copies of 12 credit hours in social work supervision continuing education certificates.

Please email the transcript or CEU certificates along with your application and credit card confirmation receipt to Kellie.Peay@maryland.gov and Jacqueline.Monroe-Moore2@maryland.gov with Subject Line: Supervision Status Request.

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www.health.maryland.gov/bswe/**FOR BOARD USE ONLY****SUPERVISOR REGISTRATION FORM****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.)****First Name / Middle Name / Initial****Maiden Name****PLEASE NOTE: YOUR ADDRESS; PHONE NUMBERS; & EMAIL ADDRESS WILL BE RECORDED AS LISTED BELOW****Address Line One****Address Line Two (Apt#)****City****State****Zip Code****Home Phone****Work Phone****Cell Phone****Email Address****EDUCATION**

MSW or BSW Graduation Yr.

College / University

City

State

LICENSES HELDList **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 License

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Phone #: 410-764-4788 Toll Free #: 1-800-526-2541 www.health.maryland.gov/bswe/**SUPERVISOR REGISTRATION FORM****Attached:**

MSW or BSW Official Transcript

or

12 CEU's in Social Work Supervision

CLICK HERE TO LEARN ABOUT Continuing Education Regulations COMAR 10.42.06**Employment History:** List most recent employment first

<u>Agency</u>	<u>Title</u>	<u>Start Date</u>	<u>End Date</u>

LICENSEE'S AFFIDAVIT

I have reviewed COMAR 10.42.08 supervision 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:

Instructions for credit card payment:

1. Save copy of completed form as pdf file *Tip: Save as pdf or print as pdf
2. To pay the non-refundable \$20 fee, [click > PayNow](#).  *Tip: Right-click on the receipt & print as pdf.
3. Email a copy of the completed form, the transcript or CEU certificates, & confirmation receipt to Kellie.Peay@maryland.gov & Jacqueline.Monroe-Moore2@maryland.gov with Subjectline: "Supervision Status Request"
4. Requests will not be processed without the completed/signed application, the transcript or CEU certificates, and a copy of confirmation receipt.

To submit by mail, please print application and mail it and a check or money order for \$20 to:

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