



# MARYLAND

## Department of Health

### MARYLAND BOARD OF SOCIAL WORK EXAMINERS

4201 Patterson Avenue, Baltimore, Maryland 21215 – 2299 [www.health.maryland.gov/bswe/](http://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](mailto:Kellie.Peay@maryland.gov) and [Jacqueline.Monroe-Moore2@maryland.gov](mailto:Jacqueline.Monroe-Moore2@maryland.gov) with Subject Line: Supervision Status Request.

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Phone #: 410-764-4788 Fax Number: 410-358-2469 Toll Free #: 1-800-526-2541  
www.health.maryland.gov/bswe/**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

***FOR BOARD USE ONLY***

Date Application Received:

Fee Received

Check / MO #

Date Reviewed

Date Disapproved

Date Approved

Approved By

Date Added to DB

Added By

***EDUCATION***

MSW or BSW Graduation Yr.

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 License



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### 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](mailto:Kellie.Peay@maryland.gov) & [Jacqueline.Monroe-Moore2@maryland.gov](mailto:Jacqueline.Monroe-Moore2@maryland.gov) with **Subjectline:** **"SupervisionStatusRequest"**
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:**

Maryland Board of Social Work Examiners  
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**Print**

**Save as PDF**

**Reset Form**