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 (LGSW) 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 America, 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 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
This section does not apply if you are currently in a solo practice, unemployed or in between social work positions,

* AFFIDAVIT OF AGENCY ADMINISTRATOR OR PERSONNEL OFFICER
This section must be completed by an agency administrator or designee and should NOT be completed by the LCSW or LCSW-C supervisor.

5. LICENSEE’S AFFIDAVIT
Signatures should be original and in BLUE ink.
PERSONAL INFORMATION

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 Extentions

Work Phone - - Extensions

Cell Phone - -

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

Social Security Number - - 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 State

LICENSES HELD

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

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<thead>
<tr>
<th>State</th>
<th>License Number</th>
<th>License Type</th>
<th>Issuance Date</th>
<th>Expiration Date</th>
<th>History of Discipline</th>
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**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) & (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

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<tr>
<th>From (mm/dd/yy)</th>
<th>To (mm/dd/yy)</th>
<th>Position Title</th>
<th>Agency Name</th>
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**CURRENT EMPLOYMENT:**

INDEPENDENT/ SOLO  [ ] Yes  [ ] No  IF NO THIS SECTION MUST BE COMPLETED.

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<th>Employer</th>
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AFFIDAVIT OF AGENCY ADMINISTRATOR OR PERSONNEL OFFICER:

I do hereby affirm that I have reviewed this registration form and the documentation provided by the registrant which verifies the information contained herein.

Name (Please Print): _______________________________ Position/Title: _______________________________

Administrator / Personnel Officer

Signature _______________________________ Date: _______________________________

**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.

Maryland Board of Social Work Examiners
4201 Patterson Avenue,
Baltimore MD 21215-2299