

BOARD OF SOCIAL WORK EXAMINERS SUPERVISION VERIFICATION FORM

In order to receive a license, it is required by Board statute and rule that an applicant complete not less than two years of post-graduate direct clinical social work experience under appropriate supervision. The supervision must be documented and include: 90 hours of supervision (70 of which must be through direct supervision); at least 1 hour of supervision every 40 hours worked; no more than 20 hours may be obtained through group supervision; and no more than 30 hours may be obtained through interdisciplinary supervision.

THE SUPERVISOR MUST COMPLETE THE FILLABLE FORM BELOW AND THEN PERSONALLY EMAIL IT DIRECTLY TO BOARD STAFF AT socialworkboard@state.nm.us

All licensing information provided herein is public, pursuant to the New Mexico Inspection of Public Records Act

'All licensing injorm		iea nerein is p	oublic, pursua	ini io ine New	Mexico II	ispection of Fu	buc Kecc	oras Aci · ·	
Applicant Information	:								
Last Name			First Name				MI		
22254	DIDED O	FFORM	DO DE GO		D DECE	TE CLIBER	WGOD		
		F FORM	LO RE CO	MPLETE	D BY TI	HE SUPER	VISOR		
Supervisor Information	n:								
Last Name			First Name					MI	
Mailing Address	City								
Waning Address					City				
State Zip Code		e	Email Address		Phone				
Supervisor Details:	1,			TP.					
Supervisor's Professional Tit	le: (During	period of Sup	ervision)						
1. Were you a licensed and practicing Social Worker during the time you sup If you answer "Yes", please complete the following:					supervised the applicant? Yes		No O		
Type of License		License #		State		Original Issue Date		Expiration Date	
		-							
2. Please document length	of Social W	ork Supervisi	on – Please u	se specific dat	tes (Do no	t use "to prese	nt", "curr	ent", etc.)	
From: (Month/Day/Year)			T	o: (Month/D	ay/Year)		Length of Supervision:		
								Months	
3. Please document total nun	nber of hours	' applicant wor	ked while unde	er your supervis	sion.			77	
(i.e., 3600 or 2500 total hours, DO NOT estimate or approximate)							Hours		
4. Please document total number of hours' applicant received direct supervision .							Hours		
Total hours of Direct Supervision per week:					Total hours of Group Supervision per week:				
The state of the s					10000		P		
Supervisors Signature:					Date Completed:				
					1				