



THE  
ALABAMA  
STATE  
BOARD OF  
SOCIAL  
WORK  
EXAMINERS

**CONTRACT FOR SUPERVISION**  
**LICENSED MASTERS OR APPROVED MASTERS**  
**CANDIDATE**

The **original** must be submitted to: ABSWE, PO Box 301620, Montgomery, AL 36130-1620.  
Supervision is defined as guidance in the professional application of social work practice defined by law. This relationship is designed to promote responsibility, competency, and accountability, which teaches the skills and techniques associated with social work practice. **You must have received two years or more of postgraduate continuing supervision provided by an LICSW prior to application for the LICSW exam.** You may visit our website, [www.socialwork.alabama.gov](http://www.socialwork.alabama.gov), for additional information regarding Supervision.

Supervisee: \_\_\_\_\_ License Number: \_\_\_\_\_  
Last First Middle/Maiden or  
Approved Candidate: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Employment Address: \_\_\_\_\_  
Mailing Address City State Zip

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ License Number: \_\_\_\_\_  
Last First Middle/Maiden

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Employment Address: \_\_\_\_\_  
Mailing Address City State Zip

E-mail Address: \_\_\_\_\_

Is this Supervision within the same Agency? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, PIP # \_\_\_\_\_

Dates of Supervision: From \_\_\_\_\_ to \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

A minimum of four (4) hours per month of supervision is required for 24 months within a 36 month period for Social Work Licensure. Supervision must be through live real-time visual contact.

Method of supervision: Group: \_\_\_\_ Individual: \_\_\_\_ Combination: \_\_\_\_

Practice supervised: Clinical: \_\_\_\_ Casework: \_\_\_\_ Administration: \_\_\_\_ Community Org.: \_\_\_\_ Research: \_\_\_\_

The supervisor agrees to adhere to the confidentiality policies of the Supervisee's employing agency. If supervision is terminated by either party, the supervisor is responsible for completing the termination form within 30 days and forwarding to the Board. The total number of supervised hours at termination **MUST** be certified by the supervisor.

Supervisee's Signature \_\_\_\_\_ Date \_\_\_\_\_ Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**ALABAMA STATE BOARD OF SOCIAL WORK EXAMINERS USE ONLY:**

\_\_\_\_\_ Approved only as long as both parties remain employed within the same agency (ALA ADMIN r. 850-X-3-.01)

\_\_\_\_\_ Approved based on Supervisor licensure at PIP level (ALA ADMIN r. 850-X-3-.01)

\_\_\_\_\_ Denied

Board Representative: \_\_\_\_\_ Date: \_\_\_\_\_