



Texas State Board of Social Worker Examiners **LCSW/LMSW-AP** **Supervision Forms Packet**

Enclosed are the following:

1. **List of Board-Approved Supervisor Training Courses**
2. **Application to be a Supervisor** – This form is to be completed by ACPs or APs wishing to supervise LMSWs who are working toward advanced recognition. If you do not meet any of the first three requirements to be a supervisor, you must successfully complete a board-approved supervisor training course.
3. **Supervision Plan** – Must be completed and mailed within 30 days of starting supervision for advanced recognition. Official job descriptions must now be attached to the supervision plan for review.
4. **Supervision Verification** – This form is for verifying supervision that has been completed. Do not fill out this form if you are just beginning supervision.
5. **Supervision Checklist and Rules** – Gives the specifics of the board rules governing supervision for advanced recognition.

All forms should be returned to the following address:

Texas State Board of Social Worker Examiners
1100 W. 49th St
Austin, TX 78756-3183

If you have any questions, you can call us at 800-232-3162 or 512-719-3521.



Texas State Board of Social Worker Examiners Approved Supervisor Training Courses

Catherine Clancy
2114 Westgate
Houston, TX 77019
713 523 8330

John E. Davis, LMSW-ACP
13208 Copenhill
Dallas, Texas 75240
(972) 233 2030

Nadene Peterson, Ed.D., LMSW-ACP, LPC, LMFT
Nadene Peterson & Associates
5430 Fredericksburg Road, Suite 618
San Antonio, TX 78229
Telephone: 210/524-9402
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Kay Schiller, LMSW-ACP
5311 Kirby Drive, Suite 112
Houston, Texas 77005
(713) 520 7956

Tom Wynne, LMSW-ACP, LMFT
3000 N. Garfield Street, Suite 272
Midland, Texas 79705
(915) 570-0096

Texas State University
School of Social Work
601 University
San Marcos TX 78666
512-245-2592

University of Texas at Arlington
School of Social Work
817 272 3952
fax 817 273 2046

University of Texas at Austin
School of Social Work
1925 San Jacinto Blvd.
Austin, Texas 78712-1203
512 471 5457
fax: 512-232-9700
ssw-profes@lists.cc.utexas.edu <mailto:ssw-profes@lists.cc.utexas.edu>
<http://www.utexas.edu/ssw/ceu>

Revised 8/2/05.



Texas State Board of Social Worker Examiners

Application to be a Supervisor

I. Applicant Information

Name: _____ License Category and Number: _____
 Business/Employment Name/Address: _____ Business Telephone: _____
 Setting: Private Practice Independent Practice (contract work) Employment setting

II. Proposed Supervision Setting

Note: By board rules, Licensees who are in approved supervisory status are qualified in the following supervisory settings: Please indicate your level of licensure, noting the range of supervision roles that you will qualified to provide, if approved:

Check one	License level/specialty recognition	Qualified Supervisory Roles
<input type="checkbox"/>	LCSW	Clinical Supervision for LCSW Non-clinical supervision toward Advanced Practice, Independent Practice Recognition, Supervision of Probationary Initial or Continued Licensure, Board Ordered Supervision for Probated Suspension, AMEC program
<input type="checkbox"/>	LMSW-AP	Non-clinical supervision toward Advanced Practice, Independent Practice Recognition, AMEC program
<input type="checkbox"/>	LMSW (IPR)	Non-clinical supervision toward Independent Practice Recognition, AMEC program
<input type="checkbox"/>	LBSW (IPR)	LBSWs only: Non-clinical supervision toward Independent Practice Recognition, AMEC program
<input type="checkbox"/>	LMSW	AMEC participants
<input type="checkbox"/>	LBSW	LBSWs only: AMEC participants

III. Qualifications to be a Supervisor (You must meet all qualifications.)

- Be a LBSW, LMSW, LCSW or LMSW-AP in good standing or hold the equivalent license in another state.
- Take professional responsibility for the social work services provided within the supervisory plan.
- Have completed a supervisory course acceptable to the board.
- Currently be engaged in the practice of social work and self-identified as a social worker.

IV. Documentation Attached

- Proof of completion of Supervisory Training Course acceptable to the board (See list of approved providers).
- Up to date Social Work Employment History on TSBSWE form

V. Signature

I certify that the information I have provided on this form is true and correct to the best of my knowledge and belief. I understand that it is my responsibility to be aware of current rules regarding supervision.

Signature _____ Date _____

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Austin, TX 78756-3183



Texas State Board of Social Worker Examiners
Supervision Plan

I. Supervisee Information

Name: _____ License Category and Number: _____
Business Name: _____
Business Address: _____
Business Phone: _____ Is supervision related to the clients from this business? Yes No
Work schedule: Full time (30hrs/wk) Part time (Hours per week _____)

II. Board-approved Supervisor Information

Name: _____ License Category and Number: _____
Business Name: _____
Business Address: _____
Business Phone: _____ Are you a board-approved supervisor? Yes No

III. Supervision Schedule

Supervision Type: Licensed Clinical Social Worker (LCSW) **or** Licensed Master Social Worker-Advanced Practitioner (LMSW-AP)
Beginning Date of Supervision: _____
Supervision Format: Individual Group Combination
Supervision Sessions per Month: _____ Hours Individual + _____ Hours Group = _____ Total Hours/Month

IV. Supervision Process

Describe the supervisee's work setting(s):

Describe the clients served:

Describe the supervisee's duties and responsibilities including treatment methods utilized:

Formulate six goals for the supervision:

1. _____
2. _____
3. _____

-
4. _____
 5. _____
 6. _____

Methods of supervision to be used:

V. Attachments to Include with Supervision Plan

- Job Description
- If supervision of agency-based clients is done outside the agency setting, a letter from the agency supervisor or administrator approving the supervision must be attached.

VI. Comments

VII. Affidavit of Understanding and Signatures

I hereby certify that I have received and reviewed a copy of regulations pertaining to supervision for specialty recognition in the state of Texas. I understand that I must observe and comply with the supervision guidelines set forth in the rules.

Under penalties of perjury, I declare and affirm that the statements made in the supervision plan, including accompanying statements, are true, complete and correct. I understand that any false or misleading information in, or in connection with my supervision plan may be cause for denial or loss supervision time received and/or loss of licensure.

Supervisee Signature _____ Date _____

Supervisee Name Printed _____

Supervisor Signature _____ Date _____

Supervisor Name Printed _____

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Revised 5/15/2006



PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.tdh.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004) Revised August 2005 by the Texas State Board of Social Worker Examiners, Texas Department of Health, Austin, Texas. TDH Publication Number EF77-11659.



Texas State Board of Social Worker Examiners
Supervision Verification for LCSW/LMSW-AP

I. Supervisee's Information

Name: _____ License Category and Number: _____

Supervision Type: Licensed Clinical Social Worker (LCSW) or Licensed Master Social Worker-Advanced Practitioner (LMSW-AP)

II. Supervisor's Qualifications (completed by supervisor)

Name: _____ License Category and Number: _____

Business Address and Telephone: _____

Are you a board-approved supervisor? Yes No Has a plan been filed with the board? Yes No

If not licensed in Texas:

Do you have a masters degree in social work? Yes No

What are your social work credentials? _____

State issued: _____ Date issued: _____

III. Supervision Verification (completed by supervisor)

Dates of supervision: From _____ To _____

Supervisee's work schedule: Full time (30 hours/week) Part time (____Hours/week)

Total number of supervision hours for time period listed above: ____ Individual ____ Group

Supervisee's specific duties:

Assessment of the supervisee's social work practice knowledge, skills and abilities:

Supervisee's therapeutic strengths:

Areas identified as needing improvement:

IV. Recommendation

Recommend for recognition: Yes No Level recommended: ACP AP

If no, please explain:

Supervisor Signature _____ Date _____

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Revised 5/15/2006



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Revised August 2005 by the Texas State Board of Social Worker Examiners, Texas Department of Health, Austin, Texas. TDH Publication Number EF77-11659.



Texas State Board of Social Worker Examiners Checklist for LCSW/LMSW-AP Process

1. Masters Degree in Social Work from CSWE accredited program in accordance with §781.301 of the board rules.
2. Licensed as an LMSW or its equivalent if licensed in another state accredited program in accordance with §781.301 of the board rules.
3. Employed in clinical or non-clinical position as defined in §781.102 of the board rules.
4. Supervision plan with board approved supervisor in accordance with §781.302 (a)(1) of the board rules must be submitted within 30 days of initiating supervision. A letter from the agency director granting approval for seeking the outside supervision must accompany supervision received from a supervisor not designated by your employer. The supervisee's official job description must accompany supervision plan for determination of clinical/non-clinical nature (effective 6/1/03).
5. Received letter from TSBSWE granting approval of supervision plan.
6. Completed minimum of 24 months and 100 hours of supervision of full-time (30 hours or more a week) position in accordance with plan unless a change of supervisors is necessary.
 - A. If necessary, filed a plan for change modification of supervision (to a new supervisor or to modify your current plan) must be filed with board in accordance with §781.302 (3) of the board rules.
 - B. Received letter of approval of the new or modified supervision plan.
7. Filed verification of supervision with board in accordance with §781.302 (a)(2) of the board rules.
8. Completed a minimum of 36 months full-time (30 hours or more a week) clinical or non-clinical social work experience as defined in §781.102 of the board rules.
9. Submitted social work employment history for board consideration.
10. Submitted application for upgrade of licensure with appropriate fee and remaining documentation.
11. Received letter of approval from TSBSWE to apply for examination date from the Association of Social Work Boards (ASWB) with application packet.
12. Made (either by mail or telephone) appropriate application and paid examination fee to ASWB for approval.
13. Received approval for examination and contact information for testing location.
14. Contacted testing location and set date for examination. (*minimum of 14 days after receiving approval from ASWB*).
15. Completed Examination. Score report issued at testing center.
 - A. **If passing score (70 or above):**
 1. Board will receive examination score from ASWB within 2 weeks of the date of examination.
 2. Board will enter examination information into database and print and mail new license with in 7 days.
 - B. **If failing score (69 or below):**
 1. Must wait 90-days to apply to retake the exam.
 2. Contact board office near the end of the 90-day waiting period for process on retaking the examination. *You must petition the board in writing to retake the examination.*
 3. Repeat steps eleven (11) thru fifteen (15):
 - You may take the exam up to four (4) times. If you **fail** the exam on the **4th attempt** you **must wait one year and then reapply** for licensure or the upgrade of a license in accordance with §781.310 (c) of the board rules.
 - There are no provisions for temporary licensure (§781.309) or the alternative method of competency (§781.311) at the ACP or AP levels of licensure.
16. Received your new license from the board.
17. Display your new license in place of employment or practice.
18. Update all materials utilizing professional uses of your name with new credentials including business cards, letterhead, computer databases and computerized signatures.
19. *Congratulations on your achievement!* (Revised 4/30/03.)



Texas State Board of Social Worker Examiners Supervision Rules

Subchapter C. Licenses and Licensing Process.

§781.301. Qualifications for Licensure.

(a) The following education and experience is required for the specified licenses and specialty recognitions:

(1) Licensed Clinical Social Worker (LCSW).

(A) Must be licensed as an LMSW.

(B) Obtain 3000 hours of Board approved supervised professional full-time clinical employment experience over a minimum two-year period, but within a maximum four-year period or its equivalent if the experience was completed in another state.

(C) Complete a minimum of 100 hours of face-to-face supervision, over the course of the 3000 hours of full-time experience, with a board-approved supervisor. Supervised experience must have occurred within the five previous calendar years occurring from the date of application.

(D) Passing score on the clinical exam administered nationally by ASWB.

(2) Licensed Master Social Worker (LMSW).

(A) A doctoral or master's degree in social work from a CSWE accredited social work program.

(B) Passing score on the intermediate or master's exam administered nationally by ASWB.

(3) Licensed Master Social Worker-Advanced Practitioner (LMSW-AP).

(A) Must be licensed as an LMSW.

(B) Obtain 3000 hours of Board approved supervised professional full-time non-clinical employment experience over a minimum two-year period, but within a maximum four-year period or its equivalent if the experience was completed in another state.

(C) Complete a minimum of 100 hours of face-to-face supervision, over the course of the 3000 hours of full-time experience, with a board-approved supervisor. Supervised experience must have occurred within the five previous calendar years occurring from the date of application.

(D) Passing score on the advanced or advanced generalist examination administered nationally by ASWB.

(4) Licensed Baccalaureate Social Worker (LBSW).

(A) A baccalaureate degree in social work from a CSWE accredited social work program.

(B) Passing score on the basic exam administered nationally by ASWB.

(b) Only a person who is licensed and has been recognized by the board for independent practice is qualified for the independent practice of social work.

(1) A LCSW may provide any clinical or non-clinical social work services in either an employment or independent practice setting.

(2) An LMSW-AP, LBSW or LMSW recognized for independent practice must restrict his or her independent practice to the provision of non-clinical social work services.

(3) A licensee must not engage in any independent practice that falls within the definition of social work practice (relating to definitions) without being licensed and recognized by the board unless the person is licensed in another profession and acting solely within the scope of that license. The person may not use the titles "licensed clinical social worker," "licensed master social worker," "licensed social worker," "licensed baccalaureate social worker," or "social work associate" or any other

title or initials that states or implies licensure or certification in social work unless one holds the appropriate license or recognition.

(4) A licensee who is not recognized for independent practice may not provide direct social work services to clients from a location that she or he owns or leases and that is not owned or leased by an employer or other legal entity with responsibility for the client. This does not preclude in home services such as in home health care or the use of telephones or other electronic media to provide services in an emergency.

§781.302. Supervision for LCSW or LMSW-AP. A LMSW who plans to apply for the LCSW or LMSW-AP must:

(1) submit a supervisory plan to the board for approval by the appropriate committee of the board or executive director within 30 days of initiating supervision. If the LMSW fails to submit a supervisory plan, then the LMSW will need to submit documentation regarding dates, times and summary of all supervisory sessions at the time the LMSW makes application for the LCSW or LMSW-AP;

(2) submit a current job description from the agency in which the social worker is employed with a verification of authenticity from the agency director or their designee on agency letterhead;

(3) submit a supervision verification form to the board within 30 days of the end of each supervisory plan with each supervisor. If the supervisor does not recommend the supervisee for recognition as an AP or LCSW, the supervisor must provide specific reasons for not recommending the supervisee. The board may consider the supervisor's reservations in its evaluation of qualifications of the supervisee; and

(4) submit a new supervisory plan within 30 days of changing supervisors.

(5) A person who has obtained only the temporary license may not begin the supervision process until the issuance of the regular license.

§781.303. Independent Practice Recognition. A LBSW or LMSW who seeks to obtain board approval for the recognition of independent practice shall meet requirements and parameters set by the board.

(1) To qualify for the recognition of independent practice, as a LBSW, an individual, after licensure, shall obtain 3000 hours of Board approved supervised full-time experience over a minimum two-year period, but within a maximum four-year period or its equivalent if the experience was completed in another state. Supervised experience must have occurred within the five previous calendar years occurring from the date of application.

(2) To qualify for the recognition of independent practice, as a LMSW, an individual, after licensure, shall obtain 3000 hours of Board approved supervised full-time experience over a minimum two-year period, but within a maximum four-year period or its equivalent if the experience was completed in another state. Supervised experience must have occurred within the five previous calendar years occurring from the date of application.

(3) To qualify for independent practice the licensee must complete a minimum of 100 hours of face-to-face supervision, over the course of the 3000 hours of full-time experience, with a board approved supervisor. A licensee who plans to apply for independent practice recognition shall:

(A) submit a supervisory plan to the board for approval by the appropriate committee of the board or executive director within 30 days of initiating supervision. If the licensee fails to submit a supervisory plan, then the licensee will need to submit documentation regarding dates, times and summary of all supervisory sessions at the time the licensee makes application for the upgrade.

(B) submit a current job description from the agency the social worker is employed in with a verification of authenticity from the agency director or their designee on agency letterhead.

(C) submit a supervision verification form to the board within 30 days of the end of each supervisory plan with each supervisor. If the supervisor does not recommend the supervisee for recognition as an independent practice, the supervisor must provide specific reasons for not

recommending the supervisee. The board may consider the supervisor's reservations in its evaluation of qualifications of the supervisee.

(D) submit a new supervisory plan within 30 days of changing supervisors.

(E) An individual providing supervision to a LBSW shall be a LBSW, LMSW, LMSW-AP or LCSW. An individual providing supervision to a LMSW shall be a LMSW, LMSW-AP or LCSW. In addition to the required licensure, the supervisor shall be board-approved and have attained the recognition of independent practice.

(4) A person who has obtained only the temporary license may not begin the supervision process until the issuance of the regular license.

(5) The board may use the twenty common law factors developed by the Internal Revenue Service (IRS) as part of their determination process regarding whether a worker is an independent contractor or an employee.

(A) No instructions to accomplish a job.

(B) No training by the hiring company.

(C) Others can be hired by the independent contractor (sub-contracting).

(D) Independent contractor's work is not essential to the company's success or continuation.

(E) No time clock.

(F) No permanent relationship between the contractor and company.

(G) Independent contractors control their own workers.

(H) Independent contractor should have enough time available to pursue other jobs.

(I) Independent contractor determines location of work.

(J) Independent contractor determines order of work.

(K) No interim reports.

(L) No hourly pay.

(M) Independent contractor often works for multiple firms.

(N) Independent contractor is often responsible for own business expenses.

(O) Own tools.

(P) Significant investment.

(Q) Services available to the public by having an office and assistants; having business signs; having a business license; listing their services in a business directory; or advertising their services.

(R) Profit or loss possibilities.

(S) Can't be fired.

(T) No compensation if the job isn't done.

§781.304. Recognition as an approved supervisor and supervision process. A person who wishes to be an approved supervisor must file a request with the board.

(1) A supervisor must:

(A) be a LBSW, LMSW, LCSW or LMSW-AP in good standing or hold the equivalent social work license or certification in another state;

(B) take professional responsibility for the social work services provided within the supervisory plan;

(C) have completed a supervisor's training program acceptable to the board;

(D) currently be engaged in the practice of social work and self-identified as a social worker;

(E) submit the required documentation and fee to the board for approval; and

(F) pay the annual Approved Supervisor fee as listed in §781.217 of this title (relating to Fees).

(2) On receipt of the request and verification of qualifications, the board will issue a letter of approval to a qualified supervisor.

(3) A supervisor must maintain the qualifications described in subsection (a) of this section while he or she is providing supervision.

(4) Supervisory sessions may be in one-on-one sessions or in a combination of individual and group sessions.

(A) There can be no more than six individuals in a supervision group.

(B) Supervision shall be spread out over the experience of the supervisee.

(C) Supervision shall be accomplished in one or two hour blocks not exceeding 10 hours per month.

(D) Supervision must be face-to-face meetings between the supervisor and supervisee unless the executive director of the board or a committee of the board has granted an exception allowing an alternate form of supervision due to geographical difficulties or physical disabilities. If an alternate form of supervision is approved, limits may be set on the amount of alternate supervision to assure sufficient interaction between the supervisor and supervisee.

(5) Supervision must extend over a full 3000 hours. Supervision must average one hour per 30-40 hours of social work services over the full period. Individuals who work less than 30 hours per week will be credited for experience and supervision in proportion to the average hours worked per week.

(6) A social worker may contract for supervision with written approval of the employing agency. A copy of the approval must accompany the supervisory plan submitted to the board.

(7) A board-approved supervisor may not charge or collect a fee or anything of value from his or her employee or contract employee for the supervision services provided to the employee or contract employee.

(8) The supervisor must be responsible for establishing all conditions of exchange with the clients served by her or his supervisee.

(9) Supervision completed before the effective date of this chapter will be evaluated on the basis of the rules in effect at the time the supervision plan or verification is submitted to the board.

(10) A supervisor may not be "employed by" or "under the employment supervision of" the person whom he or she is supervising.

(11) A supervisor may not be related within the second degree by affinity (marriage) or within the third degree by consanguinity (blood or adoption) to the person whom he or she is supervising.

(12) During the period of supervised experience, a supervisee may be employed on a salary basis or volunteer within an established supervisory setting. The established settings must be structured with clearly defined job descriptions and areas of responsibility. The board may require that the applicant provide documentation of all work experience.

(13) All supervision submitted in fulfillment of the board's requirements must have been on a formal basis arranged prior to the period of supervision. Supervisory arrangements must include all specific conditions agreed to by the supervisor and supervisee.

(14) No payment for services will be made directly by a client to the supervisee.

(15) Client records are the responsibility of the agency and shall remain the property of the agency and not the property of the supervisee.

(16) A supervisor shall submit billing reflective of the services provided and the provider of that service. All billing documents for services provided by the supervisee shall reflect the license held by the supervisee and that the licensee is under supervision.-AP Supervision packet



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