New Jersey Office of the Attorney General
Division of Consumer Affairs
State Board of Social Work Examiners
124 Halsey Street, 6th Floor, P.O. Box 45033
Newark, New Jersey 07101
(973) 504-6495
Website: http://www.njconsumeraffairs.gov/social/

Frequently Asked Questions

» **What constitutes clinical supervision?**
A supervised clinical experience could be employment or volunteer, that took place subsequent to earning the M.S.W. degree and prior to being licensed at the clinical level in any state.

» **What if I cannot reach my supervisor from years ago?**
The following three (3) items must be provided in lieu of the supervision form:

1. A notarized letter from the applicant indicating this fact.
2. Your supervision must be verified by the other state, by releasing your supervision documents **directly** to the offices of the State Board of Social Work Examiners located at 124 Halsey Street, 6th Fl., Newark, N.J. 07102.
3. Official verification of your supervisor's license must also be provided by the other state. Online verification will **not** be accepted.

» **What is needed to be sent with the supervision form?**
If supervision was in New Jersey, your supervisor must provide you with a copy of his/her Certificate of Completion of one of the Board-approved 20-hour supervision courses listed at www.njconsumeraffairs.gov/social/socialce.pdf titled "Attention Clinical Supervisors." If supervision was outside of New Jersey, your supervisor must provide his/her curriculum vitae.

» **Who's responsible for having the supervision form notarized?**
The applicant is responsible.

» **Do I have to list the required 12 semester hours in clinical social work on the application?**
Yes, courses must be identified by the applicant on the required page of the application, even if a transcript is provided.

» **Does my transcript need to be in a sealed envelope?**
No, but it has to be an original transcript forwarded **directly** to the State Board of Social Work Examiners.

» **Would a criminal history background process that I completed for my work be accepted toward this application?**
No. You would have to go through another criminal history background check for the Division of Consumer Affairs.

» **How would I make sure that I completed the required Association of Social Work Boards (A.S.W.B.) "clinical" exam?**
Please contact the A.S.W.B. at 1 (800) 225-6880.

» **What constitutes an official verification of my social work license?**
An official letter from the other state(s) is required to verify your social work license. Online verification or the actual license will **not** be accepted.

» **If I completed the A.S.W.B. clinical exam in New Jersey, what do I do to verify it?**
Please provide your examination date on the designated part of the application and/or provide a copy of the un-official passing report. Board staff can then access the official report accordingly.

Attach a clear, full-face passport-style photograph (2″x 2″) of your head and shoulders, taken within the past six months.

A photo is required with each application.

Do not use a paper clip to attach the photo.

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For Office Use Only

Application for Licensure as a Licensed Clinical Social Worker Pursuant to N.J.S.A. 45:15BB-6 / N.J.A.C. 13:44G-4.1

Date: _____

A nonrefundable application filing fee of $75, in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fee is paid.)

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

Date of birth: _____
Month Day Year

1. Name ☐ Mr. ☐ Mrs. ☐ Ms. _____ (_____)
Last name First name Middle initial Maiden name

2. Address

☐ Home: _____
Street or P.O. Box City State ZIP code County

_____ _____
Telephone number (include area code) E-mail address

☐ Business: _____
Name of company Telephone number (include area code) and extension

_____
Street City State ZIP code County

☐ Mailing: _____
Street or P.O. Box City State ZIP code County

3. Social Security Number

You **must** provide your Social Security number to the Board or Committee. Failure to do so will result in denial/nonrenewal of licensure or certification.

*Social Security Number: _____ -_____ - _____

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7,60.8 and 60.9, the Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;

b. the Probation Division or any other agency responsible for child support enforcement, upon request; and

c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- ☐ U.S. citizen
- ☐ Alien lawfully admitted for permanent residence in U.S.
- ☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)? ☐ Yes ☐ No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual repayment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning the plan for repayment of your student loan.

6. Child Support

Please certify, under penalty of perjury, the following:

a. Do you currently have a child-support obligation? ☐ Yes ☐ No

(1) If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No

(2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No

b. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No

c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No

d. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

_____	_____	_____
Applicant's name (please print)	Applicant's signature	Date

7. Medical Conditions Questions

Questions a through f pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure or certification will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice as a social worker" is to be construed to include all of the following:

a. The cognitive capacity to exercise reasonable social work judgments and to learn and keep abreast of professional developments; and

b. The ability to communicate those judgments and related information to clients and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and

c. The physical capability to perform the duties of a social worker, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

"Chemical substance" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or within the previous two years.

"Illegal use of controlled dangerous substance" means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

a. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No

b. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program**? ☐ Yes ☐ No ☐ Not applicable

c. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice? ☐ Yes ☐ No ☐ Not applicable

d. Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No ☐ Not applicable

e. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? ☐ Yes ☐ No

f. Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that "currently" is defined as "within the last two years.") ☐ Yes ☐ No

If you answered "Yes" to question f, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? ☐ Yes ☐ No

** If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or certificate should be issued, whether conditions should be imposed or whether you are not eligible for licensure or certification.

_____ Applicant's signature

_____ Date

8. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) ☐ Yes ☐ No

9. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. ☐ Yes ☐ No

   If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

10. Do you currently hold, or have you ever held, a professional license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

    If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name. _____
    Last name First name Middle initial

Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired

Note: If you are licensed or certified as a social worker in any other state, the District of Columbia or in any other jurisdiction, it is your responsibility to contact the licensing board in that jurisdiction to request that verification of your licensure or certification be sent directly to the New Jersey State Board of Social Work Examiners.

11. Have you ever been disciplined or denied a social work license or certificate or any other professional license or certificate in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

12. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

13. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

14. Have you ever been named as a defendant in any litigation related to the practice of social work or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

15. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

16. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

17. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of social work or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

    If the answer to any of the above questions, numbers 11 through 17, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Current Employment

Please have your direct **supervisor** provide detailed information about your current New Jersey social work employment. (If you are ☐ currently unemployed, ☐ not employed in New Jersey or, ☐ employed in a setting which is clearly unrelated to the field of social work, please do not complete this page.)

Name of institution, company, agency or private practice | Street address

City | State | ZIP code | Telephone number (include area code) and extension

Name of supervisor | Supervisor's title | Supervisor's license or certificate number

Date that you were hired: _____ Month/Day/Year | _____ Job title | _____ Profit status of institution, company, agency or private practice

A detailed description of the applicant's job functions and responsibilities (Please refer to N.J.A.C. 13:44G-1.2 for the definitions of "clinical social work services" and "social work services."):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ Supervisor's signature

_____ Date

Education - Pursuant to N.J.A.C. 13:44G-4.1, **a master's degree in social work (MSW)** from a college or university offering an educational program accredited, or in candidacy for accreditation, by the Council on Social Work Education is required for eligibility to obtain licensure as a licensed clinical social worker. In addition, the candidate must have completed 12 semester hours of graduate level course work in methods of clinical social work practice, exclusive of field placement, from an educational program accredited, or in candidacy for accredation, by the Council on Social Work Education. Please read the regulation cited above for more details about the required course work.

1. What is the name and address of the colleges or universities you have attended?

_____
Name and complete address of college or university

_____
Dates attended month/year to month/year Degree Date granted

_____
Name and complete address of college or university

_____
Dates attended month/year to month/year Degree Date granted

_____
Name and complete address of college or university

_____
Dates attended month/year to month/year Degree Date granted

2. An official transcript sent by the educational institution granting the qualifying MSW degree must become a part of this application.

☐ Transcript requested from: ☐ Transcript enclosed

_____
Name of college or university

No action will be taken on your application until the MSW transcript has been received.

3. "Clinical" level National Association of Social Work Boards (A.S.W.B.) examination required pursuant to N.J.A.C. 13:44G-4.1(b)5.

☐ A.S.W.B. exam score report enclosed.

☐ Exam will be/has been scheduled (Date scheduled: _____).

☐ Exam score report included on the out-of-state license verification form requested/enclosed
(circle one)

from _____ social work licensing board.
Country, state or jurisdiction

For Board Use
Date Received

_____

4. Clinical Courses - 12 credits (The State Board of Social Work Examiners has established minimum course requirements to qualify for an LCSW. You must demonstrate satisfactory completion of 12 semester hours of clinical social work courses, exclusive of field work, from your MSW program. See N.J.A.C. 13:44G-4.1 (b) for qualifying areas of study.)

Institution	Course title	Credits	Date completed

If you require additional space, please attach to this application separate sheets of paper on which you have provided the information requested above.

5. Clinical Experience (You must verify 1,920 hours of face-to-face client contact in clinical services within any consecutive three-year period subsequent to earning a master's degree in social work under direct supervision pursuant to the standards set forth in N.J.A.C. 13:44G-4.1, N.J.A.C. 13:44G-8.1 and N.J.S.A. 45:15BB-6.a(2). Please note: The **applicant** should complete this page.

a.

Employer's name | Street address

City | State | ZIP code | Telephone number (include area code)

Name of supervisor and credentials | Title(s)

Total calculated hours of direct clinical services | Date supervision commenced (month/day/year) | Date supervision concluded (month/day/year)

Description of job functions and responsibilities:

b.

Employer's name | Street address

City | State | ZIP code | Telephone number (include area code)

Name of supervisor and credentials | Title(s)

Total calculated hours of direct clinical services | Date supervision commenced (month/day/year) | Date supervision concluded (month/day/year)

Description of job functions and responsibilities:

c.

Employer's name | Street address

City | State | ZIP code | Telephone number (include area code)

Name of supervisor and credentials | Title(s)

Total calculated hours of direct clinical services | Date supervision commenced (month/day/year) | Date supervision concluded (month/day/year)

Description of job functions and responsibilities:

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____

County of: _____ } ss.

I, _____ , in making this application to the State Board of Social Work Examiners for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the State Board of Social Work Examiners, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:15BB-1 et seq., together with the Rules and Regulations of the State Board of Social Work Examiners, N.J.A.C. 13:44G-1.1 et seq., and fully understand that in receiving licensure or certification from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

_____
Applicant's signature

Sworn and subscribed to before me this _____

day of _____ , _____
Month Year

_____
Name of Notary Public (please print)

_____
Signature of Notary Public

Affix Seal Here

Official Use Only
☐ Dual License
License Type 1
_____
Applicant's Number
_____
License Type 2
_____
Applicant's Number
_____

New Jersey Office of the Attorney General
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P.O. Box 45033
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(973) 504-6495

Official Use Only
☐ Resubmit
_____
Board or Committee
_____

Certification and Authorization Form For a Criminal History Background Check

Directions: Answer all of the questions on this form.

1. Name ☐ Mr. ☐ Mrs. ☐ Ms. _____ (_____)
   Last First Middle Maiden Name

2. Address _____
   Street or P.O. Box City State ZIP code

3. Date of birth __ __ /__ __ /__ __ Sex: ☐ Male ☐ Female
   Month Day Year

4. Social Security number _____/ _____ / _____

5. Have you completed the fingerprinting process for any **Board or Committee of the New Jersey Division of Consumer Affairs** since November 2003? ☐ Yes ☐ No
   If "No," you will receive a separate mailing from the Board or Committee regarding the criminal history record background check process. No payment is necessary as of now.
   If "Yes," please provide the following information and follow the instructions outlined below:

   _____ _____
   Board or committee requiring the fingerprinting Month and year you were fingerprinted

   If you were fingerprinted after November 2003 as part of the criminal history background process for licensure or certification by any other **Board or Committee of the New Jersey Division of Consumer Affairs** (a background check conducted for the Department of Education, another state agency or another state does not apply) you will not be required to be fingerprinted a second time. However, the Division must perform a criminal history background check each time you apply for licensure or certification. **The fee for this service is $20.25.** Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

6. Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.) ☐ Yes ☐ No

   Every such conviction on record must be disclosed. A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in the denial of an initial application.**

   Note: Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

   Your continuing responsibility to disclose convictions of crimes or offenses: You **must** notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

Continuation on the reverse side ➨

Certification

I, _____, in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

_____ Signature of applicant

_____ Date

Chris Christie
Governor

Kim Guadagno
Lt. Governor

New Jersey Office of the Attorney General
Division of Consumer Affairs
State Board of Social Work Examiners
124 Halsey Street, 6th Floor,
Newark, New Jersey 07101

Paula T. Dow
Acting
Attorney General

Sharon M. Joyce
Acting Director

Mailing Address:
P.O. Box 45033
Newark, NJ 07101
(973) 504-6495

Notice to all New Jersey LCSW clinical supervisors: revised as of August 2007

When completing New Jersey's form to Document the Supervised Clinical Experience for a Licensed Clinical Social Work Candidate, you **must attach** proof of your compliance with the revised supervisors' criteria, pursuant to N.J.A.C. 13:44G-8.1 (a) 4-(available at the Board's website: http://www.njconsumeraffairs.gov/social/sw_rules.htm).

Failure to attach either a copy of your Board-issued notice of compliance or, proof of compliance documented by one of the Board-approved sponsors or, the offical proof of your recent completion of the 20 CE credits in clinical supervision coursework will temporarily delay the clinical license application review for the applicant.

Please make certain your name and license number are clearly indicated on the proof you submit as well as the name of the LCSW applicant for whom you are documenting supervised hours. For any questions you may have, please contact Board Staff Nermin Messhina or Executive Director J. Michael Walker.

Thank you

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Main access page: www.NJConsumerAffairs.gov/medical.htm#sw15

Documentation of Supervised Clinical Experience for Licensed Clinical Social Worker Candidates

(To be completed by the applicant's supervisor.)

Please print clearly.

Information about the applicant

Last name | First name | Middle initial | Maiden name (if applicable)

Street address | City | State | ZIP code

Telephone number and extension (include area code) | E-mail address

Information about the supervisor

Last name | First name | Middle initial | Maiden name (if applicable)

Street address | City | State | ZIP code

Telephone number and extension (include area code) | E-mail address

1. Are you a licensed professional? ☐ Yes ☐ No

   A. Year licensed: _____ B. State of licensure: _____ C. License number: _____
   Expiration date: _____

   D. Profession: ☐ Psychiatrist ☐ Psychologist
   ☐ Social Worker ☐ Other (please specify): _____

2. If you hold an out-of-state license in any one of the categories noted above, you must attach your current curriculum vitae to this form for the Board's review.

3. Is there any circumstance that precludes your objective assessment of the applicant? ☐ Yes ☐ No

   If "Yes," explain below.

The information requested below and on the reverse side concerns the setting in which the applicant received his or her supervised experience.

Name of setting

Street address | City | State | ZIP code | Telephone number (include area code)

1. Applicant's title (if any) during the time I supervised him or her:_____
2. Inclusive dates of the supervision: _____ _____
   Date supervision started (month/day/year) Date supervision ended (month/day/year)
3. Total number of direct clinical service hours provided to clients by the applicant under my supervision: _____
4. Average number of hours per week I spent with the applicant in face-to-face supervision: _____
5. Average number of hours per week I spent with the applicant in group supervision: _____
6. The following is a checklist of activities performed during the course of supervision. _____
   - ☐ I worked together with the clients.
   - ☐ I observed the applicant's sessions with clients.
   - ☐ I viewed videotapes of the applicant's sessions with clients.
   - ☐ I listened to audiotapes of the applicant's sessions with clients.
   - ☐ I reacted to case presentations given by the applicant.
   - ☐ I conducted role-playing sessions with the applicant.
   - ☐ I engaged in problem-solving discussions with the applicant regarding individual clients.
   - ☐ I entered into problem-solving discussions concerning the applicant's own problems, in so far as such problems were affecting the applicant's work with clients.
   - ☐ I offered feedback to the applicant regarding specific interventions utilized with a client.
   - ☐ I offered feedback concerning the applicant's personal qualities as they affect work with clients.
   - ☐ I offered feedback to the applicant regarding the supervision experience.
   - ☐ Please attach a separate sheet which includes a detailed description of the direct clinical services provided to the clients by the applicant while he or she was under your supervision.

Supervisor's conclusions and recommendations

7. This applicant is seeking to become a licensed clinical social worker in New Jersey. By this application, the applicant is claiming readiness for unsupervised, independent clinical practice. In assessing the applicant's professional readiness, you are now being asked if the applicant possesses the following abilities and knowledge.

The ability to establish a professional relationship.	☐ Yes	☐ No
The ability to assess a client's needs and to plan appropriate interventions.	☐ Yes	☐ No
The ability to make interventions appropriate to client needs.	☐ Yes	☐ No
The ability to be flexible in choosing and changing interventions as appropriate.	☐ Yes	☐ No
The ability to assess prudently one's own capacities and skills in a professional situation.	☐ Yes	☐ No
The ability to work effectively in a one-to-one relationship.	☐ Yes	☐ No
The ability to work effectively in a group situation.	☐ Yes	☐ No
The ability to work effectively where systems-level interventions are required.	☐ Yes	☐ No
The applicant demonstrates ethical behavior.	☐ Yes	☐ No

(Optional) On a separate sheet of paper, in summary fashion, please give us your assessment of the applicant's current state of preparedness for independent clinical practice. This is especially important if you are not recommending this applicant for an independent, clinical license at this time. Your recommendation is an important element in the Board's determination of the applicant's qualifications.

In light of the above, ☐ I recommend ☐ I do not recommend that the applicant obtain clinical licensure.

_____ _____
Signature of supervisor Date

I swear (or affirm) that all of the information provided in connection with this documentation of supervised clinical experience is true to the best of my information, knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the State Board of Social Work Examiners.

_____
Signature of applicant

Sworn and subscribed to before me this _____

day of _____ , _____
Month Year

_____
Name of Notary Public (please print)

_____
Signature of Notary Public

Affix Seal Here