



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
www.njconsumeraffairs.gov/sw

Proposed Plan of Supervised Clinical Experience

The Proposed Plan of Supervised Clinical Experience can be submitted prior to the start date of clinical supervision or while the clinical supervision is ongoing. The purpose of a Proposed Plan of Supervised Clinical Experience is to allow the Board to approve, deny or offer additional feedback to the supervisee about their supervised clinical experience before the hours have been completed. Please print clearly.

PLEASE NOTE: If you have multiple job titles, employers, or supervisors, you must complete a separate Proposed Plan form for each. Only one job title is allowed per proposed plan form. If you are working under more than one job title or employer, use separate proposed plan forms for each.

I. Supervisee's Information (LSW)

Name: Last Name First Name Middle Initial
Address: Street or P.O. Box City State ZIP Code
Daytime telephone number: E-mail address:
Licensed Social Worker license number: Active as of: Date

II. Supervisor's Information (LCSW)

Name: Last Name First Name Middle Initial
Business Name: Type of business (nonprofit, for profit, group, private, etc.)
Business Address: Street or P.O. Box City State ZIP Code
Telephone number: E-mail address:

- 1. Have you held a License as a Clinical Social Worker (LCSW) in the State of New Jersey for at least three years?
A. License Number: B. Year Licensed: C. Expiration Date:
2. Please provide the date of completion of the required 20 CE credits pursuant to N.J.A.C. 13:44G-8-1(b)(3)(ii):
3. Have any of your licenses or certifications ever been suspended, revoked or restricted in New Jersey or any state or Jurisdiction?
4. Do you currently supervise any other supervisees (see N.J.A.C.13:44G-8.1(f))?

If "Yes," provide the names and license numbers of the other individuals and the total number of supervisees:

Name	License Number	Name	License Number
1. _____	_____	2. _____	_____
3. _____	_____	4. _____	_____
5. _____	_____	6. _____	_____

Out-of-state Supervisors Only

(To be completed only if supervision is taking place outside of New Jersey.)

1. List any and all professional licenses or certifications you hold in any other state, the District of Columbia or in any other jurisdiction? Please provide a copy of any licenses/certifications.

License type: _____ License Number: _____

Original issue date: _____ State or jurisdiction that issued the license or certificate: _____

2. Does your license or certification allow you to supervise in the State in which you are licensed?
 Yes No

If "Yes," provide a copy of the State law or regulation that allows you to supervise social workers seeking supervised clinical experience. If listed separately, include a copy of the State law or regulation that lists the necessary credentials for supervisors, for each jurisdiction where are an authorized supervisor.

III. Supervision Information

1. List the job title held by your supervisee: _____

This must match the title on the official HR job description included with this form

2. Where will the supervised work take place?

Business Name

Address

City

State

Zip Code

3. Are you employed by the agency or business where the supervised experience will be taking place?
 Yes No

4. If "No," please attach written consent of the employer to arrange for off-premises supervision (see N.J.A.C. 13:44G-8.1 (i)).

5. Is there any circumstance that precludes your objective assessment of the applicant?

If "Yes," please explain on a separate sheet of paper.

Yes No

5. What are the inclusive dates of supervision? Beginning: _____ Anticipated Ending: _____
Month/day/year Month/day/year
6. Do you agree to maintain weekly supervision notes and co-sign a client contact log which shall be made available to the Board upon request? Yes No
7. Has the applicant read the statutes and regulations of New Jersey that govern the practice of social work? (N.J.S.A. 45:15BB-1 to N.J.S.A. 45:15BB-13 and N.J.A.C. 13:44G-1.1 to N.J.A.C. 13:44-15.8) Yes No
8. Have you read the pertinent statutes and regulations of New Jersey? Yes No

9. What are the personal learning objectives for the supervisee?

10. Identify the **primary clinical duties** the supervisee will have:

11. Are these duties enumerated in the supervisee's job description? Yes No

a. If "No," please be advised that this may impede the approval process.

12. To your knowledge, will the supervisee have more than one supervisor in the above or another setting during the inclusive dates? Yes No

a. If "Yes," please advise the supervisee to request that a separate form be submitted by that supervisor.

The supervisor is required to notify the Board of Social Work Examiners in writing of any changes in the employment of either the applicant or the supervisor within 30 days.

Certification

I certify that all of the foregoing information provided herein is true and if any information provided by me is willfully false, I am subject to punishment.

Supervisor's signature: _____ Date: _____

Supervisee's signature: _____ Date: _____

IV. Attachments

Please include the following attachments:

- a. Supervisee's official job description on agency letterhead (the job description should reflect duties that conform to the definition of "clinical social work services" in N.J.A.C. 13:44G-1.2). The Board considers a job description "official" if it bears agency letterhead and is issued from Human Resources as the standard agency job description for your title.
- b. Supervisor's resume or curriculum vitae (include academic, licensure, and certification information).
- c. Supervisor's certificate of completion of the [Board-approved](#) 20-hour CE credits as required by N.J.A.C. 13:44G-8.1(b)(3)(ii).
- d. If the supervision is being rendered in an agency setting by a supervisor who is not employed by the agency, a letter from the employer on letterhead consenting to outside supervision (see N.J.A.C. 13:44G-8.1 (i)).