

LISW-CP / AP SUPERVISOR APPLICATION

FOR LISW-CP / AP SUPERVISORS ONLY

(TO BE SUBMITTED WITH SUPERVISOR APPLICATION FEE OF \$45.00)

LEVEL APPLYING FOR: LISW-CP (CLINICAL) SUPERVISOR _____
LISW-AP (ADVANCED) SUPERVISOR _____

Supervisor Name: _____ **SS#** _____

Place of Employment: _____

Employment Address: _____

Position: _____ Work # _____ Home # _____

License # _____ License Level: CP _____ AP _____ Date of Issue of LISW: _____

MSW Degree: Yes _____ No _____ School Awarding MSW degree: _____

Number of Years of LISW practice: _____

Have you passed the Clinical or Advanced examination? Yes _____ No _____ Which level? Clinical _____ Advanced _____

If you have not taken and passed Clinical/Advanced exam, do you have 13 years of clinical/advanced practice?
Yes _____ No _____

Have you obtained forty-five academic contact hours or forty-five continuing education contact hours in supervision?
Yes _____ No _____ If "yes" please attach copies.

Have you had a minimum of four thousand five hundred hours of clinical/advanced practice earned over a period of not less than three years beyond receipt of an LISW-CP/AP? Yes _____ No _____

In what geographic area would you be willing to supervise? _____

Please attach an updated Resume and return with the LISW CP/AP Supervisor Application and fee of \$45.00 to:

**South Carolina Board of Social Work Examiners
P.O. Box 11329
Columbia, SC 29211-1329**

Approved as an LISW-CP _____ LISW-AP _____ Supervisor Date: _____