

**NEW MEXICO BOARD OF SOCIAL WORK EXAMINERS**

P.O. Box 25101  
Santa Fe, New Mexico 87504

**GENERAL DIRECTIONS FOR BOARD APPROVED SUPERVISORS**

**ALL APPLICANTS MUST FOLLOW THIS PROCESS:**

1. Please submit the application to the Board Office for approval to become a Board Approved Supervisor or Interdisciplinary Board Approved Supervisor (Psychiatrist, Psychologist and Licensed Professional Clinical Counselor-LPCC). You may check the Board website at [www.rld.state.nm.us/socialworkboard](http://www.rld.state.nm.us/socialworkboard) to verify that we have received your required information and that the Board office has placed your name and contact information to the website as a Board Approved Supervisor. Once your name has been placed on the Approved Supervisor's listing you may begin to supervise Licensed Master Social Worker's (LMSW) who are seeking licensure at the advanced level of Licensed Independent Social Worker (LISW) or Licensed Clinical Social Worker (LCSW).
2. Once you have accepted the role of Supervisor to an (LMSW) you will need to establish a written Supervisory Plan. Once the Educational Supervision plan is established, completed and discussed with your supervisee, you will be responsible to maintain this document. These documents should include the supervisory plan, the verification of hours and the final evaluation. You will be required to submit the final evaluation 30 days from completion of supervision. Also, these documents shall be maintained by you for a period of four years. You will also be responsible to provide these documents to the Board upon request or based upon audit if necessary.
3. A Final Evaluation must be filed with the board office within 30 days of the ending of the supervisory relationship. Should there be a change of supervisors due to reasons other than the LMSW's suitability for the LCSW/LISW level of licensure; the Supervisors Verification Form (included in the application packet) is needed, covering the number of supervisory hours that have been successfully provided. If the LMSW is not suitable for LISW/LCSW licensure and supervision is terminated the final evaluation must be filed with the board office within 30 days.

**SPECIAL CIRCUMSTANCES REQUIRING ADDITIONAL DOCUMENTATION:**

*INTERDISCIPLINARY SUPERVISION*

4. If you are a licensed Psychiatrist, Psychologist or Professional Clinical Counselor rather than a Social Worker and have been asked by an LMSW to supervise them in their quest in becoming an LISW or LCSW, mark the Interdisciplinary Supervision area of the application accordingly, complete the application and submit to the Board Office. **The requests for Interdisciplinary Supervision are based on extenuating circumstance for individual LMSW's living in a rural or underserved area of the State of New Mexico where an LISW or LCSW are not available to provide supervision.**

When you receive notification that the Board has approved your request by placing you on the list of Board Approved Supervisors found at our website at [www.rld.state.nm.us/socialworkboard](http://www.rld.state.nm.us/socialworkboard) you can begin your supervision. An Interdisciplinary supervisor will need to create a Supervisory Plan with your Supervisee. Once you have created and discussed your supervision plan with your supervisee, please retain the plan and other documentation of your supervision for a period of four years. You will also be responsible to provide these documents to the Board upon request or based upon audit if necessary. Please submit the final evaluation to the board office within 30 days of supervision completion.

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**APPLICATION FORM: BOARD APPROVED SUPERVISOR**

This form constitutes your request to become an approved supervisor for social workers licensed at the master's level (currently holding the LMSW or Provisional LMSW license) who are seeking the Licensed Clinical Social Worker (LCSW) or Licensed Independent Social Worker (LISW) level of licensure. As a board approved supervisor, your name and contact information will be listed on the board website.

Please refer to the Social Work Rules and Regulations and Practice Act, 16.63.1.7 A. for complete information go to ([http://www.rld.state.nm.us/boards/Social\\_Work\\_Rules\\_and\\_Laws.aspx](http://www.rld.state.nm.us/boards/Social_Work_Rules_and_Laws.aspx)) A summary is provided below:

**TYPES OF SUPERVISION THAT QUALIFY:**

Direct supervision (face-to-face) must be at least 70 of the 90 hours required of supervision. (This may include video-teleconferencing).

Group supervision may constitute no more than 20 of the 90 required hours, with no more than 6 people in a group.

Interdisciplinary supervision, from a licensed clinical psychologist, psychiatrist or licensed professional clinical counselor, upon written request to the board by the LMSW applicant documenting extraordinary circumstances. No more than 30 of the required 90 hours may be in interdisciplinary supervision.

**QUALIFICATIONS TO BECOME AN APPROVED SUPERVISOR:**

The social work supervisor must hold a LCSW or LISW license. Other disciplines must hold the appropriate licensure within that discipline.

The social work supervisor must complete a 3 hour Board Approved course on Supervision prior to applying to become a Board Approved Supervisor. Supervision approved courses can be found on our website at [www.rld.state.nm.us/socialworkboard](http://www.rld.state.nm.us/socialworkboard).

**RESPONSIBILITIES OF AN APPROVED SUPERVISOR:**

Establish a Supervisory Plan for each LMSW applicant and retain the plan in your possession for a period of 4 years.

If a change of supervisor is due to reasons regarding supervisee's performance, the supervisor shall submit a final evaluation within 30 days of terminating the supervisory relationship.

Submit a final evaluation within 30 days after the completion of supervision.

**GENERAL DIRECTIONS ARE PROVIDED FOR YOUR INFORMATION,  
PLEASE DO NOT RETURN THEM BACK TO THE BOARD OFFICE!!! THEY  
WERE CREATED FOR INFORMATIONAL PURPOSES ONLY.**

<b>SUPERVISOR APPLICATION</b>		
NAME Last	First	Middle
BUSINESS ADDRESS (Number, Street, City, State, Zip)		PHONE
MAILING ADDRESS (Number, Street, City, State, Zip)		
ALL CORRESPONDENCE WILL BE TRANSACTED VIA EMAIL		E-Mail Address:
<input type="checkbox"/> I AM APPLYING TO BE A BOARD APPROVED <b>SOCIAL WORK SUPERVISOR</b>  State Issuance _____ License/License Number _____  Date of Issuance _____ Date of Expiration _____ Years in Practice _____ Years providing Supervision _____	<input type="checkbox"/> I AM APPLYING TO BE A BOARD APPROVED <b>INTERDISCIPLINARY SUPERVISOR</b> <input type="checkbox"/> Psychologist <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Professional Clinical Counselor  State Issuance _____ License/License Number _____  Date of Issuance _____ Date of Expiration _____ Years of Practice _____ Years Providing Supervision _____	

**Documents Attached:**

- \_\_\_\_\_ Copy of license
- \_\_\_\_\_ Curriculum Vitae (resume) including courses on supervision and supervisory experience
- \_\_\_\_\_ Documentation of completion of 3 hour board approved course on supervision (for social work supervisors only)

I swear or affirm under penalty of perjury that the above information is true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

State of \_\_\_\_\_

County of \_\_\_\_\_

**Before me on this day personally appeared the above named applicant who being by me duly sworn upon oath says that all the acts, statements and answers contained in this application are true and correct.**

Sworn and subscribed to before me \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**SEAL**

\_\_\_\_\_

**Notary Public**

**My Commission Expires:** \_\_\_\_\_