

**BOARD OF SOCIAL WORK EXAMINERS
SUPERVISION VERIFICATION FORM**

In order to receive a license, it is required by Board statute and rule that an applicant complete not less than two years of post-graduate direct clinical social work experience under appropriate supervision. The supervision must be documented and include: 90 hours of supervision (70 of which must be through direct supervision); at least 1 hour of supervision every 40 hours worked; no more than 20 hours may be obtained through group supervision; and no more than 30 hours may be obtained through interdisciplinary supervision.

THE SUPERVISOR MUST COMPLETE THE FILLABLE FORM BELOW AND THEN
PERSONALLY EMAIL IT DIRECTLY TO BOARD STAFF AT socialworkboard@state.nm.us

All licensing information provided herein is public, pursuant to the New Mexico Inspection of Public Records Act

Applicant Information:					
Last Name		First Name		MI	
REMAINDER OF FORM TO BE COMPLETED BY THE SUPERVISOR					
Supervisor Information:					
Last Name		First Name		MI	
Mailing Address			City		
State	Zip Code	Email Address	Phone		
Supervisor Details:					
Supervisor's Professional Title: (During period of Supervision)					
1.	Were you a licensed and practicing Social Worker during the time you supervised the applicant? If you answer "Yes", please complete the following:			Yes	No
	Type of License	License #	State	Original Issue Date	Expiration Date
2.	Please document length of Social Work Supervision – Please use specific dates (Do not use "to present", "current", etc.)				
	From: (Month/Day/Year)		To: (Month/Day/Year)		Length of Supervision:
					Months
3.	Please document total number of hours' applicant worked while under your supervision. (i.e., 3600 or 2500 total hours, <u>DO NOT estimate or approximate</u>)				Hours
4.	Please document total number of hours' applicant received direct supervision .				Hours
Total hours of Direct Supervision per week:			Total hours of Group Supervision per week:		
Supervisors Signature:			Date Completed:		