NORTH CAROLINA SOCIAL WORK CERTIFICATION AND LICENSURE BOARD

P.O. Box 1043 Asheboro, NC 27204 Ph: 336-625-1679

Website: www.ncswboard.gov Review Period: __/___ to: __/__/__ mm/dd/yyyy mm/dd/yyyy

LCSWA SIX-MONTH REVIEW

All LCSWA licensees are required to receive supervision of their clinical social work practice during their Associate status. Appropriate supervision, unless otherwise pre-approved by the Board (in writing), shall be provided by a North Carolina licensed LCSW in good standing with the Board, who has a MSW degree, and at least two years of post LCSW clinical practice experience. Supervision and practice shall be reported to the Board every six months pursuant to NC Administrative Code [21 NCAC 63 .0210].

Administrative Code [21 NCAC 63 .0210].	
SECTION I: To be completed by the LCSWA licensee	
Name (Print):	
Address:	
Place of Employment (for this review period):	
Employment Verification with job description (check one): I	s attached $\ \square$ OR has already been submitted $\ \square$
LCSWA Daytime Phone:	<u></u>
LCSWA Signature:	Date:
	mm/dd/yyyy
completed.	by checkmark (v) or initials that each bulleted item has been
Position Statement has been signed and sub-	omitted to the Board.
	o the Board insuring immediate access to emergency
consultation. • A supervisory log has been maintained and i	is available upon request to verify documented supervision.
	d during this review period has been prepared, reviewed, and
is on file and available for Board review if ne	
SECTION III: (Required) This section to be completed ONL share your assessment with your supervisee as part of the s	Y BY LCSW CLINICAL SUPERVISOR. You are encouraged to
Rate the LCSWA supervisee in all areas using the following	•
	al for an explanation of key terms).
Excellent (E) Very Good (VG)	Good (G) Fair (F) Poor (P)
1Ethical standards of social work practice	8Ability to implement interventions
2Effective use of supervision	consistent with the treatment plan
3Competence in social work practice	9Supervisee's ability to assess
4Professional growth and development	his/her own capacities and skills
5Consistency of performance effort	10Ability to correctly diagnose
6. Knowledge of social work principles and practices	mental and emotional disorders
7. Ability to formulate a treatment plan appropriate	11Ability to plan treatment & carry out
to the clients' needs	clinical interventions related to mental
	& emotional disorders

SECTION IV: (Required) All portions of this section are to be completed ONLY BY LCSW CLINICAL SUPERVISOR	
LCSWA licensees may NOT complete this section of the form. Provide a narrative summary regarding the LCSWA	
licensee's growth as a clinical practitioner and participation in clinical supervision.	
Supervision period (mm/dd/yyyy): to	
Face to Face (In-person) Hours of Supervision provided (<u>this review period only</u>): GROUPINDIVIDUAL	
Hours of Supervision provided through technology (this review period only): GROUPINDIVIDUAL	
Clinical Practice Hours (this review period only):	
 I affirm that the supervisee has practiced clinical social work and has demonstrated skill through practice experience as	
defined by statute [NCGS 90B-3] and Code [21 NCAC 63 .0102]; and that the above hours of supervision have occurred with	
the LCSWA as indicated. I certify that I am a current LCSW with a graduate degree in social work from a CSWE accredited	
program and that I am in good standing with the Board.	
LCSW Supervisor Signature Date signed/	
MM DD YYYY	
Print nameLCSW #:Expires:/	
Daytime phone #	
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Please retain a copy of this document for your files. [In accordance with NCGS 90B-6(i), you are required to maintain	
records for a minimum of 3 years from the date services are terminated.] You will not receive a response from the	
Board unless there is a concern or additional action is needed. If you wish to confirm receipt, please mail to the Board	
by traceable service.	
BELOW SPACE FOR BOARD USE ONLY	
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Approval is granted for appropriately supervised clinical practice pursuant to NCGS 90B, the Social Worker Certification and Licensure Act, and Title 21, Chapter 63 of the N.C. Administrative Code, defining clinical social	
i Ceruncanon and Eicensure Act, and Tine Z.L. Chapter O5 of the N.C. Administrative Code. Denning chincal Social	
work practice, <u>and</u> at the required 1:30 supervision ratio.	