



NORTH CAROLINA  
SOCIAL WORK CERTIFICATION AND LICENSURE BOARD

Post Office Box 1043  
Asheboro, North Carolina 27204

Phone (336) 625-1679  
Fax (336) 625-4246

[www.ncswboard.gov](http://www.ncswboard.gov)

## **Supervision through the Use of Technology**

Unless otherwise preapproved by the Board, no more than 50 hours of supervision may be provided through the use of technology. The LCSW clinical supervisor may seek approval by submitting a request to the Board. The request shall include the parties' information, including name, license number and place of employment; and the circumstances for which the additional hours are needed. Approval of the request shall be determined on a case-by-case basis, based upon the circumstances provided in the request. All supervision provided through the use of technology shall be synchronous, involve visual and audio interactions through the entire session and shall take place in such a manner as to maintain the confidentiality of the communication [[21 NCAC 63 .0211 \(a\) \(4\)](#)].

Please complete the form (effective 05/05/2023) below and submit to the NCSWCLB Executive Director, [epope@ncswboard.gov](mailto:epope@ncswboard.gov).



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**REQUEST FOR ADDITIONAL SUPERVISION VIA TECHNOLOGY**

*(This form may only be submitted after you have **completed 40 hours of supervision via technology**-form must be completed by LCSW clinical supervisor)*

Unless otherwise preapproved by the Board, no more than 50 hours of supervision may be provided through the use of technology. Approval of the request shall be determined on a case-by-case basis, based upon the circumstances provided in the request. All supervision provided through the use of technology shall be synchronous, involve visual and audio interactions through the entire session and shall take place in such a manner as to maintain the confidentiality of the communication [[21 NCAC 63 .0211 \(a\) \(4\)](#)]. **Telephonic supervision is NOT acceptable.**

LCSWA Licensee Name: \_\_\_\_\_

LCSWA License Number: \_\_\_\_\_

LCSWA Employer: \_\_\_\_\_

LCSW Clinical Supervisor Name: \_\_\_\_\_

LCSW Clinical Supervisor License Number: \_\_\_\_\_

Number of clinical supervision hours completed via technology at this time: \_\_\_\_\_  
*(attach copy of supervision log)*

Number of additional hours requested via technology: \_\_\_\_\_

Reason for requesting additional hours of supervision via technology:

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I affirm that the LCSWA licensee has received the aforementioned clinical supervision hours via technology (six-month review forms have been submitted at the assigned dates) and additional hours are being requested as above.

LCSW Clinical Supervisor Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Once completed, please send by email to [epope@ncswboard.gov](mailto:epope@ncswboard.gov).