

Verification of Social Worker Supervised Postgraduate Experience

Licensed Advanced Social Work (LASW) means the use of social work theory and methods including emotional and biopsychosocial assessment, psychotherapy under the supervision of a licensed independent clinical social worker, psychiatrist, psychiatric advanced registered nurse practitioner or psychiatric nurse.

LASW will only allow you to practice under supervision and is designed for people working in agencies, hospitals, schools, or other institutions. If you choose to become LASW, you will have to reapply to become a Licensed Independent Clinical Social Work (LICSW) if you practice under the definition of an LICSW in the future.

Licensed Independent Clinical Social Work (LICSW) means the diagnosis and treatment of emotional and mental disorders based on knowledge of human development, the causation and treatment of psychopathology, psychotherapeutic treatment practices, and social work practice as defined in advanced social work. Treatment methods include but are not limited to diagnosis and treatment of individuals, couples, families, groups, or organizations.

LICSW will allow you to practice independently or in an agency setting.

The information listed below must reflect only supervision completed post-graduate. Experience gained through inappropriate supervision will **not** count toward the supervised post-graduate experience.

Applicant:

Use a separate form for each supervisor verifying your postgraduate supervision and professional experience for each practice setting. This form may be duplicated. Fill in section 1 and forward the verification form to the supervisor for completion

Print Clearly:

Name	Last	First	Middle	Birth date (mm/dd/yyyy)
Address				
City		State		Zip Code

Postgraduate Supervised Experience for Advanced Social Worker:

Minimum of 3,200 hours of supervision by an approved supervisor as described in

[WAC 246-809-334](#).

Of those minimum 3,200 hours of postgraduate experience:

- 800 hours must be in direct client contact
- 90 hours must be in direct supervision, as follows:
 - 50 hours must be direct supervision with a Licensed Social Worker (LASW or LICSW). These hours may be gained in one-to-one supervision or group supervision.
 - 40 hours may be supervised by an equally qualified Licensed Mental Health Practitioner as defined in [WAC 246-809-310\(3\)](#). These hours must be in one-to-one supervision.

Distance Supervision is limited to 40 hours of supervision.

Months of supervision: From _____ To _____
(mm/dd/yyyy) (mm/dd/yyyy)

Indicate number of hours of direct client contact—800 hours required	
Indicate number of hours of one-on-one supervision	
Indicate number of hours of group supervision	
Total number of hours—3,200 hours required	

Postgraduate Supervised Experience for Independent Clinical Social Worker:

A minimum of 4,000 hours of supervision over a minimum period of three years by an approved supervisor as described in [WAC 246-809-334](#).

Of those minimum 4,000 hours of postgraduate experience:

- 1,000 hours must be in direct client contact supervised by a LICSW.
- 130 hours must be in direct supervision, as follows:
 - 70 hours must be supervised by an LICSW. These hours may be gained in one-to-one supervision or group supervision.
 - 60 hours may be with an LICSW or an equally qualified Licensed Mental Health Practitioner as defined in [WAC 246-809-310\(3\)](#). These hours must be in one-to-one supervision.

Distance Supervision is limited to 60 hours of supervision.

In order for supervision to count towards licensure, all supervision must be gained by an approved supervisor that meets the supervisory requirements.

Months of supervision: From _____ To _____
(mm/dd/yyyy) (mm/dd/yyyy)

Indicate number of hours of direct client contact—1,000 hours required	
Indicate number of hours of one-on-one supervision	
Indicate number of hours of group supervision	
Total number of hours—4,000 hours required	

Supervisor:

The above individual seeks license as an Advanced Social Worker or Independent Clinical Social Worker in Washington and requires verification of postgraduate supervision and postgraduate professional experience. Please complete the following:

Supervisor Name		Current Phone (enter 10 digit #)
Current Address		
City	State	Zip Code
License Number		Date (mm/dd/yyyy)

I certify that the above information is, to the best of my knowledge, accurate and complete. I understand the department may request additional information, if it is needed, to evaluate the application of the individual named on this document.

Signature _____ Date _____

Return this form directly to the address listed on page one.