



REGISTRATION OF SUPERVISION toward LCSW LICENSURE Electronic INITIAL Application Checklist Instructions

IMPORTANT NOTICE:

To expedite the processing of your ONLINE **Initial** application for **Registration of Supervision (Supervisee in Social Work)** toward licensure as a **Licensed Clinical Social Worker (LCSW)**, please upload any documentations you are required to provide by using the new **documents** upload feature in the online application portal. Documents you wish to upload must be uploaded prior to submitting your online application fee.

The selected application is used for those who purpose is to obtain supervised post-master’s degree experience hours towards **clinical** licensure; who are applying for supervision approval for the **first time, or** applying for new approval after the four years of supervision previously approved has expired. *Only one (1) supervisor can be registered with this application. A new and different application, fee and supporting documentation is required to register each additional supervisor or change of a supervisor.*

Prior to **uploading or emailing** the enclosed forms and required supporting documentation to the Board for consideration, we recommend that you review the [Licensure Process Handbook](#), and the [Regulations Governing the Practice of Social Work](#) available on the Board’s website at www.dhp.virginia.gov/social to ensure you are applying for the correct application type and have met the requirements for this application type. Pursuant to 18VAC140-20-30(B) of the [Regulations Governing the Practice of Social Work](#), all fees submitted to the Board are **non-refundable**.

A complete application packet provides the best opportunity to avoid delays in the application review process. You should make every effort to upload or email all the below information to the Board office for consideration. It is preferred that supporting documents be provided to the Board in **pdf file format**. Your application packet is **NOT** considered complete until all applicable supporting documentation has been received by the Virginia Board of Social Work.

CHECK MARK	CHECKLIST OF REQUIRED DOCUMENTATION	SUBMISSION METHODS TO THE BOARD
	1. SUPERVISOR’S CERTIFICATE OF TRAINING	
<input type="checkbox"/>	A copy of the proposed supervisor’s certificate of completion of professional training in supervision, consisting of a three credit-hour graduate course or at least (14) hours of continuing education offered by a provider approved under Regulation 18VAC140-20-105 is required and should be included in your application packet. <i>The graduate course or hours of continuing education in supervision shall have been obtained by the proposed supervisor within the last five years immediately preceding registration of supervision. (If your proposed supervisor is currently listed on the Board’s Approved Supervisor Registry at the time this application is submitted, certificates in training do not need to be submitted)</i>	ONLINE
	2. SUPERVISORY CONTRACT	
<input type="checkbox"/>	Signed contract that outlines the expectations and responsibilities of the supervisor and supervisee. (A <i>template Supervisory Contract can be found on the Board’s website at https://www.dhp.virginia.gov/social/social_supervisors.htm</i>	ONLINE
	3. OFFICIAL SCHOOL TRANSCRIPT	
<input type="checkbox"/>	An <u>official</u> transcript (paper or electronic) showing proof of a Master’s degree from a school of social work accredited by the Council on Social Work Education (CSWE) is required. For faster processing, it is encouraged that transcripts be electronically sent directly to the Board at socialwork@dhp.virginia.gov via a secured electronic transcript service used by the school (for example: eScript or parchment). If your school is unable to send your transcript electronically, the official transcript must be mailed directly to the Board in	E-MAIL or MAIL (Preferably via E-mail & must come directly

	a sealed envelope from the school. Photocopied transcripts will not be accepted. All official transcripts must include a conferred date. <i>If you have been previously approved by the Board for supervision, a duplicate transcript is not required.</i>	from the school/issuing institution)
	Foreign Educated ONLY: Graduates of foreign institutions must establish the equivalency of their education through the Foreign Equivalency Determination Services of the Council on Social Work Education (CSWE)	
	4. VERIFICATION OF PRACTICUM/EDUCATION	
<input type="checkbox"/>	You must provide verification of your practicum and clinical course of study. Please have the Verification of Practicum/Education Form completed by the graduate school program official or administration office and sent directly back to you and included in your application packet. <i>If you have been previously approved by the Virginia Board for supervision, a duplicate form is not required.</i>	ONLINE
	5. PROOF OF NAME CHANGE (if applicable)	
<input type="checkbox"/>	Documentation must be provided to show each name change(s) if your name has ever been legally changed from the time you attended school or were licensed in other jurisdictions or other than what is listed on your application. Acceptable forms of documentation include a copy of a marriage license, court order or divorce decree.	ONLINE
	6. CRIMINAL CONVICTIONS, PAST ACTIONS or POSSIBLE IMPAIRMENTS (if applicable)	
<input type="checkbox"/>	If you answer “YES” to any of these questions on your application, please include a detailed explanation and supporting documentation. <i>Please refer to Guidance Document 140-2, available on the Board’s website, for a list of required documentation that will be needed regarding criminal convictions, past actions, or possible impairments.</i>	ONLINE

GENERAL INFORMATION

- Applications are processed in the order received. Please allow adequate processing time for applications. Applications that are complete, fully documented and meet the minimum requirements for the [Regulations Governing the Practice of Social Work](#) will be reviewed within **30 days** of receipt of a **complete** application packet.
- Periodically log into the DHP license application portal at: <https://www.license.dhp.virginia.gov/apply/Login.aspx> to monitor progress of your application and remember “unchecked” items may have been received but are pending review.
- Check your registration status by going to: [License Lookup](#) (*registration information is posted in real time).
- Please notify the Board in writing within 30 days of a name change or address change by completing the **Name/Address Change Form** available on the Board’s website at www.dhp.virginia.gov/social.
- **A Registration of Supervision application by Add/Change, fee and supporting documentation must be submitted for each addition or change in supervisor.**
- An incomplete application for registration will be retained on file for one (1) year. If not completed within one year of receipt, a new application and fee will be necessary.
- Providing false or misleading information as well as omitting information in response to information requested in the application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing registration or license.
- Pursuant to [Virginia Code § 54.1-2400.02](#) addresses of licensees/supervisees are made available to the public. Normally, the Address of Record is the publicly disclosed address. If you do not want your Address of Record to be made public, you may provide a second, publicly disclosable address (e.g. work or practice address). If you would like your Address of Record to be publically available, please complete both sections with same address on the application.
- Pursuant to [Virginia Code § 54.1-116 \(A\)](#), you are required to submit your social security number or your control number issued by the *Virginia* Department of Motor Vehicles*. If you fail to do so, the processing of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided for by law. Federal and state law requires that this number be shared with other agencies for child support enforcement activities. **NO LICENSE WILL BE ISSUED TO ANY INDIVIDUAL WHO HAS FAILED TO DISCLOSE ONE OF THESE NUMBERS.**

YOU SHOULD NOT BEGIN COUNTING HOURS TOWARDS LICENSURE UNTIL YOU HAVE RECEIVED WRITTEN BOARD APPROVAL

End of instructions



VERIFICATION OF EDUCATION & FIELD PLACEMENT/PRACTICUM HOURS

IMPORTANT NOTICE:

Pursuant to 18VAC140-20-49(B) of the [Regulations Governing the Practice of Social Work](#), this form should be used and completed by the graduate school program official or administration office to verify the applicant's clinical course of study and field placement/practicum. The completed form should be returned to the applicant for inclusion in their application packet that must be sent to the Virginia Board of Social Work.

TO BE COMPLETED BY APPLICANT: Complete the top portion of this form <u>only</u> .			
Last Name:	First Name:	Middle/Maiden Name:	Suffix:
Date of Birth: (MM/DD/YYYY) __ __ / __ __ / __ __ __ __		Last 4 digits of Social Security Number: XXX-XX-__ __ __ __	
Applicant's Student ID Number:		Email Address:	

TO BE COMPLETED BY GRADUATE SCHOOL PROGRAM OFFICIAL OR ADMINISTRATIVE OFFICE: Please provide official verification of information requested below. The completed form containing **original or electronic** signature should be returned to the applicant for inclusion in their application packet being mailed to the Virginia Board of Social Work.

Part I:

Did the above applicant complete a minimum of **600 hours** of **advanced** clinical practicum that focused on diagnostic, prevention, and treatment services?

Yes No **(If not, how many hours? _____)**

Did the above applicant's field placement/practicum supervisor hold a licensed clinical social worker (LCSW) license **or** hold a master's or doctorate degree in social work with a minimum of three years of experience in clinical social work services after earning a graduate degree set forth in Regulation 18VAC140-20-49 of the Virginia Regulations?

Yes No **(If not, explain on separate page)**

Part II: Please verify if the following **advanced** coursework was **successfully** completed by the applicant as part of a "clinical course of study?" **(Check all that apply)**

<input type="checkbox"/> Human Behavior and the Social Environment	<input type="checkbox"/> Social Justice and Policy
<input type="checkbox"/> Psychopathology	<input type="checkbox"/> Diversity Issues
<input type="checkbox"/> Research	<input type="checkbox"/> Clinical Practice with Individuals, Families and Groups

Printed Name of School _____

Printed Name of Program Official _____

Title of Program Official _____

Signature of Program Official _____ Date _____

ORIGINAL, ELECTRONIC OR E-SIGNATURE REQUIRED