

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Ship To: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD

DOCUMENTATION OF POST-GRADUATE CLINICAL EXPERIENCE – SUPERVISOR’S AFFIDAVIT FOR SOCIAL WORK LICENSE

IMPORTANT NOTE: A copy of this form is to be completed and sent directly to DSPS by each supervisor. Supervisor may fax or email form to DSPS with a facility cover sheet or cover letter to (608) 251-3036 or dspscredjointbd@wisconsin.gov.

An affidavit is required that the applicant, after receiving a master’s or doctoral degree, has completed at least 3,000 hours of clinical social work practice, including at least 1,000 hours of face-to-face client contact and including DSM diagnosis and treatment of individuals, under the supervision of a supervisor approved by the social work section after receiving a master’s or doctoral degree. Supervised practice shall meet the criteria under Wis. Admin. Code § MPSW 4.01.

Please Type or Print in Ink.

Applicant’s name: _____

Name and location of post-graduate clinical experience facility: _____

Supervisor’s name: _____

Type of credential supervisor holds: _____

Supervisor’s credential number: _____

Dates the applicant was under your supervision: **From (mm/day/yy)** _____ **To (mm/day/yy)** _____

Number of hours of face-to-face client contact: _____

Number of hours of face-to-face individual or group supervision: _____

Total number of hours of clinical social work practice: _____

Briefly describe your facility’s mission _____

Briefly describe the clients served at your facility _____

Please describe, in detail, the applicant’s experience as follows (Attach additional sheets if necessary.):

1. What experience does this applicant have providing therapy, including the type of client and treatment modality?

2. Was the applicant the primary provider of psychotherapy services for his or her clients? If not, please explain.

3. How has this applicant been involved in doing and/or consulting in DSM diagnosis of clients?

4. Does the applicant have the ability to change or recommend changing a client’s DSM-V diagnosis?

Wisconsin Department of Safety and Professional Services

EVALUATION OF APPLICANT: To complete the supervision requirements, applicants must demonstrate minimum competency in the areas listed below. Please check your evaluation of the applicant in each area listed below.		
	YES	NO
1. <u>Application of an Evaluation and Assessment</u> Applicant was able to evaluate and assess difficulties and strengths in psychosocial functioning of a group or individual.	<input type="checkbox"/>	<input type="checkbox"/>
2. <u>Application of a Differential Diagnosis</u> Applicant was able to demonstrate skill in the application of a differential diagnosis and was able to apply client symptoms and behaviors in formulating a diagnosis pursuant to the DSM V.	<input type="checkbox"/>	<input type="checkbox"/>
3. <u>Establishing and Monitoring a Treatment Plan</u> Applicant was able to demonstrate skill in establishing and monitoring a treatment plan and was able to apply the components of the treatment plan to the diagnostic assessment.	<input type="checkbox"/>	<input type="checkbox"/>
4. <u>Development and Appropriate Use of the Professional Relationship</u> Applicant was able to demonstrate skill in the development and appropriate use of the professional relationship and was able to apply the necessary skills to develop a professional relationship in the phases of the treatment process including intervention, counseling of individuals, families and groups; psychotherapeutic services to individuals, families and groups. Applicant has the skills and knowledge necessary to practice psychotherapy independently. Applicant can make an accurate DSM-V diagnosis. Applicant is able to provide appropriate treatment without supervision.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. <u>Professional Identity and Ethics</u> Applicant uses supervision and shows continuing development of clinical skills. Applicant demonstrates knowledge of strengths and limitations of a clinical social worker and the distinctive contributions of other mental health and health professionals. Applicant makes appropriate referrals to other health providers and resources in the community. Applicant knows and understands the laws related to life-threatening situations, child abuse, elder abuse, physical abuse, etc.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. <u>Case Management and Record Keeping</u> Applicant maintains appropriate clinical records and client data and understands the circumstances under which various records can be released.	<input type="checkbox"/>	<input type="checkbox"/>

All supervisors are legally and ethically responsible for the activities of the social work supervisee. Supervisors shall be available or make appropriate provision for emergency consultation and intervention. Supervisors must be able to interrupt or stop the supervisee from practicing in given cases and to stop the supervised relationship if necessary.

I certify all the information on this affidavit to be true.

Date: _____ Supervisor's Signature: _____