

Wisconsin Department of Safety and Professional Services

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

SUPERVISOR’S AFFIDAVIT FOR EMPLOYMENT/INTERNSHIP

APPLICANT: This affidavit must be completed and returned directly by the applicant’s supervising social worker who holds a current, unrestricted, State of Wisconsin social work certification. Per [Wis. Admin. Code § MPSW 3.13\(3\)\(b\)](#), a supervising social worker **must** have a Bachelor’s or Master’s Degree in Social Work. A social worker who obtained social work certification by completing a Wisconsin Social Work Training Certificate may not provide supervision.

Name of Applicant:

Supervisor’s Name:

Supervisor’s Degree: BSW MSW

Supervisor’s Licensure Profession:

Supervisor’s Credential Number: -

The above listed applicant has completed one or more of the following and I have provided direct, onsite supervision of the above-named applicant in a human services internship or employment which involved direct practice with clients and which provided training and experience in all required areas per [Wis. Admin. Code § MPSW 3.13\(3m\)](#).

- Internship (400 hours) part of the internship program must qualify for the social work training certificate.
- Social Work Employment (400 hours of face-to-face client contact, no less than 12 months per [Wis. Admin. Code § MPSW 3.13\(3\)\(b\)](#)).

SUPERVISION REQUIREMENTS:

Consistent with [Wis. Admin. Code § MPSW 3.13\(4\)](#), supervision must include the direction of social work practice in a face-to-face individual session of at least one hour duration during each week of supervised practice of social work, and shall further comply with [Wis. Admin. Code §§ MPSW 4.01\(1\) and \(3\)](#). (Wisconsin Statutes and Administrative Code is available on the DSPS website at dsps.wi.gov. Select “PROFESSIONS,” then “Social Worker - Training Certificate,” and “Statutes and Administrative Code.”)

Dates the applicant was under my supervision: From: / / To: / /

In the process of gathering hours of supervised social work experience as defined by [Wis. Stat. § 457.01\(9\)](#), this applicant accumulated,

hours of face-to-face client contact. During this time, I met with the applicant for

hours of face-to-face supervision.

I certify that I have reviewed and complied with [Wis. Admin. Code § MPSW 3.13\(4\)](#) and [Wis. Admin. Code §§ MPSW 4.01 \(1\) and \(3\)](#) which set guidelines for supervision of social work practice in Wisconsin.

was signed on: / /

Supervisor’s Signature:
 (Print and Sign Form)

Date: / /