## Wisconsin Department of Safety and Professional Services **Ship To:** 1400 E. Washington Avenue

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

## SUPERVISOR'S AFFIDAVIT FOR EMPLOYMENT/INTERSHIP

APPLICANT: This affidavit must be completed and returned directly by the applicant's supervising social worker who has a BSW or MSW degree and holds a current unrestricted State of Wisconsin social work certification.

Name of Applicant:	
Supervisor's Name:	
Supervisor's Degree:	
Supervisor's Licensure Profession:	
Supervisor's Credential Number:	-
	d one or more of the following and I have provided direct, on-site supervision of the above-named applicant in a nt which involved direct practice with clients and which provided training and experience in all required areas.
☐ Internship (400 hours) part of the	internship program must qualify for the social work training certificate.
Social Work Employment (400 hor	urs of face-to-face client contact, no less than 12 months per Wis. Admin. Code § MPSW 3.13(3)(b).
SUPERVISION REQUIREMENTS:	
supervision by a supervisor approved by may exercise discretion in averaging ou any social work practice that the supervision may be exercised by	PSW 4, supervision requires one hour of face-to-face individual or group ( <b>no more than 6 supervisees</b> ) when the Social Work Section of at least one hour duration during each week of supervised practice. The supervisor to supervision over the course of the period of supervision. The supervisor may not permit a supervise to engage in isor cannot competently perform. The supervisor shall be legally and ethically responsible for the activities of the by a person other than the employment supervisor, but the supervisor shall be able to interrupt or stop the sand to stop the supervised relationship if necessary. Supervisor shall be available or make appropriate provision attion.
Dates the applicant was under my sup	pervision: From: / / / / To: / / / / / / / / / / / / / / / / / / /
In the process of gathering hours of supe	ervised 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 compl practice in Wisconsin.	ied with Wis. Admin. Code § MPSW 4.01(1) (a) and (3) which sets guidelines for supervision of social work
was signed on:	
Supervisor's Signature:	Date: / / / /

#2802 (Rev. 2/16) Ch. 457, Stats.