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/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: ☐ **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, on-site 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.

☐ **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 4, supervision requires one hour of face-to-face individual or group (**no more than 6 supervisees**) supervision by a supervisor approved by the Social Work Section of at least one hour duration during each week of supervised practice. The supervisor may exercise discretion in averaging out supervision over the course of the period of supervision. The supervisor may not permit a supervisee to engage in any social work practice that the supervisor cannot competently perform. The supervisor shall be legally and ethically responsible for the activities of the trainee. Supervision may be exercised by a person other than the employment supervisor, but the supervisor shall be able to interrupt or stop the supervisee from practicing in given cases and to stop the supervised relationship if necessary. Supervisor shall be available or make appropriate provision for emergency consultation and intervention.

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 4.01(1) (a) and (3) which sets guidelines for supervision of social work practice in Wisconsin.

was signed on: ___ ___ / ___ ___ / ___ ___ ___ ___.

Supervisor's Signature: _____ **Date:** ___ ___ / ___ ___ / ___ ___ ___ ___

Committed to Equal Opportunity in Employment and Licensing