

**Louisiana State Board of Social Work Examiners
18550 Highland Road, Suite B
Baton Rouge, LA 70809
Telephone: 225-756-3470 or Toll-free (LA only) 800-521-1941**

SUPERVISION AGREEMENT

Supervisee: _____ LMSW Certification # _____
(please print)

Employing Agency of Supervisee: _____

Address of Employing Agency: _____

While employed at the aforementioned agency, I will be supervised by the LCSW-BACS supervisor designated below. I am employed _____ hours per week. My job title is _____.

Supervisee's Signature _____
Date

LCSW-BACS Supervisor: _____ LCSW-BACS # _____
(please print)

LCSW-BACS Supervisor is employed by the supervisee's employing agency.

LCSW-BACS Supervisor is off-site* (**Section for Agency Supervisor must be completed.**)

I agree to supervise the LMSW named above for the purpose of licensure. I will assume responsibility for his/her social work practice. In addition to regularly scheduled in-person supervisory sessions, I will formulate a plan to provide supervision for case emergencies during my absences.

The first supervisory session at the above-listed place of employment was held on

(month, day, year).

LCSW-BACS Supervisor's Signature _____
Date

*Agency Supervisor: _____
(please print)

I agree to this Supervision Agreement and subsequent Plan of Supervision. I agree to quarterly contact with the licensing supervisor.

Agency Supervisor's Signature _____
Date

Daytime phone number (include area code): _____

Structure of Supervision

Ratio of individual supervision sessions per hours worked ____:____ Length of session ____ hours(s)

Ratio of group supervision sessions per hours worked ____:____ Length of session ____ hours(s)

Example: If one hour of supervision is provided for every 40 hours worked, the ratio is 1:40.

Number of supervisees in group _____

Site of supervision sessions _____

Note: Only one-half (48 hours) of the supervision requirement (96 hours) can be met through group supervision.

Job Description *(list the main responsibilities, duties and tasks)*

1. _____
2. _____
3. _____
4. _____
5. _____

This form is to be submitted with the Plan of Supervision and Employment Verification within 60 days of the first supervision session. The original shall be mailed to the Louisiana State Board of Social Work Examiners and a copy shall be maintained in the supervisee's personal supervision file.

A minimum of one (1) session per month is required. Supervision segments of no fewer than 30 minutes and no longer than two (2) hours per session will be counted toward meeting the supervision requirement.

One-half (48 hours maximum) of the supervision requirement may be met through group supervision, occurring in increments of no more than two hours per group. No more than five supervisees may be involved in supervision groups.

School social worker shall count hours of postgraduate social work practice and supervision that occurs when they are employed in a social work position.

Changes in the supervision arrangements such as employment change of the supervisee, change in LCSW-BACS supervisor or substantial change in job description require a new Supervision Agreement and updated Plan of Supervision. This documentation is required within 60 days of the change.