



# State of Louisiana

## Louisiana State Board of Social Work Examiners



### Application for Board Approved Clinical Supervisor

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

LCSW License Number: \_\_\_\_\_ Date License Granted: \_\_\_\_\_

Indicate the board sponsored supervision workshop or other supervision workshop or supervision course (pre-approved by the board) attended after licensure.

Name and Date of Course/Workshop: \_\_\_\_\_  
\_\_\_\_\_

List at least three (3) years of full-time (*at least 30 hours per week*) social work experience at the LCSW level. (Beginning with your most recent employment)

Agency Name and Address

Dates of Employment

Agency Name and Address	Dates of Employment
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Attach two letters of reference from other mental health professionals, at least one of whom should be a licensed clinical social worker, who are familiar with your work, including supervisory and appropriate professional skills.

I certify that the above information is true.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Submit to : Louisiana State Board of Social Work Examiners  
18550 Highland Road, Suite B  
Baton Rouge, LA 70809  
Phone: 225-756-3470 In LA 800-521-1941  
Fax: 225-756-3472 Web site: www.labswe.org  
Email: socialwork@labswe.org

Board Action	
Approved: _____	Date _____
Disapproved: _____	Date _____