Record of Post-Graduate Supervised Clinical Mental Health Experience Hours

Use this form to report your supervision after obtaining licensure as a Certified Social Worker (CSW).
Each Supervisor must complete a separate form. The hours from all forms must total 3,000.

APPLICANT INFORMATION
(TO BE COMPLETED BY THE APPLICANT)

Full Legal Name: _____ _____ _____
First Middle Last

License Number: _____ License Type: _____

SUPERVISOR INFORMATION
(TO BE COMPLETED BY THE SUPERVISOR)

Name of Establishment: _____

Type of Establishment: *(as defined in Utah Administrative Code R156-60a-302c(3)(c))*

- ☐ Mental Health Agency
- ☐ In-patient Hospital
- ☐ Out-patient Hospital
- ☐ Educational Institution
- ☐ Non-profit Organization
- ☐ Government Agency

Supervisor Name: _____ _____ _____
First Middle Last

Email: _____
Note: REQUIRED All Division notices and communication regarding supervision will be sent to this email.

License Type: _____ License Number: _____ State of Issue: _____

Dates of Supervision as a W-2 Employee: _____ to _____
Note: Intern / Practicum hours cannot be counted MM/DD/YYYY MM/DD/YYYY

_____ Hours of Clinical Mental Health Therapy directly with clients (1,000 hour minimum)
As defined in Utah Administrative Code R156-60a-102(5)

_____ Hours of Clinical Mental Health Therapy under Direct Supervision (75-hour minimum)
As defined in Utah Administrative Code R156-60a-102(5) and (9)

_____ Hours of Clinical Social Work Experience
As defined in Utah Administrative Code R156-60a-102(7)

0 **TOTAL OF ALL HOURS** performed under this supervisor
As defined in Utah Administrative Code R156-60a-302c

Please indicate the areas in which this reported experience was gathered (*check all that apply*)

- ☐ Individual Therapy
- ☐ Family Therapy
- ☐ Group Therapy
- ☐ Crisis Intervention
- ☐ Intermediate Treatment
- ☐ Long-term Treatment

☐ Yes ☐ No Did the supervisee meet the expectations of supervision outlined in the written plan, with regard to the quality of work performed? If no, submit a written statement, regarding the performance, to the Division at B8@utah.gov

☐ Yes ☐ No Did the supervisor and supervisee work at the same place of employment? If no, submit a written statement, describing how you were able to perform supervision, to the Division at B8@utah.gov

ATTESTATION:

I certify that the applicant for licensure as a clinical social worker (LCSW) has successfully completed the above hours of post-graduate supervised experience as a W-2 employee of the facility listed above and that the experience meets the requirements outlined in Utah Admin. Code R156-60a-302c. I further certify that the applicant is qualified and competent to practice as a clinical social worker.

Signature of Supervisor: _____ Date: _____