



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Social Work Examiners

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11329 • Columbia • SC 29211-1329

Phone: 803-896-4664 • Contact.SocialWork@llr.sc.gov • Fax: 803-896-4719

llr.sc.gov/sw

FOR LISW CP/AP APPLICANTS ONLY
LISW SUPERVISION CONTRACT

Level of Licensure Applying for: Clinical Advanced

SUPERVISEE INFORMATION

Name: _____

Place of Employment: _____

Employment Address: _____

Position: _____ Contact Telephone No.: _____

License No.: _____ License Level: _____ Date of Issue: _____

School awarding MSW degree: _____

SUPERVISOR INFORMATION

Name: _____

Place of Employment: _____

Employment Address: _____

Position: _____ Contact Telephone No.: _____

License No.: _____ License Level: CP AP Date of Issue: _____

Approved Supervisory level by the Board of Social Work Examiners:

Clinical Advanced Date of Approval: _____

Name of the supervised practice setting: (LMSWs may engage in supervised clinical or advanced practice only in social, medical or governmental agencies and may not practice privately or independently. An LMSW seeking LISW licensure must have a workplace clinical supervisor and a contract supervisor. Work place clinical practice supervision must be provided by a South Carolina licensed LISW, psychologist, psychiatrist, LPC, LMFT or LAC, who is employed by the agency where the LMSW is practicing. For purposes of obtaining supervised hours required for LISW licensing, the approved licensed clinical practice supervisor or an approved licensed advanced practice supervisor (LISW-CP or LISW-AP) must be the contract supervisor. While the workplace supervisor must be employed by the agency where the LMSW is employed, a contract supervisor for the purposes of LISW licensure does not need to be employed by the same employer.):

Name of Organization, Entity or Practice: _____

Specify the type of the supervised practice setting:

- Governmental Agency** – an organization or entity established by federal, state or local government.
- Medical Agency** – an organization, entity, or practice that provides health care, including mental health services, to the public and to the community, including but not limited to hospitals, clinics, doctor's offices, hospice.

- Social Agency** – an organization, entity or practice that may or may not be funded all or in part by public funding, donations, grants or the like, that provides health, welfare, rehabilitative or other social services to the public and to the community, and may bill a client or a third party for the provision for those services. A social agency may also provide these services without regard to the client’s ability to pay.

An LMSW can provide clinical or advanced practice social work services in any of the above practice settings, if they are under the supervision of an appropriately credentialed professional, the supervisor is responsible for the nature and quality of the services provided to the client; and if the client is billed for those services, the supervisor bills the client or a third party for the services provided.

Requirements for Clinical or Advanced Practice Supervised Hours

A total of 3000 hours of actual social work practice under clinical/advanced supervision must be completed by the supervisee over a minimum of 2 years and maximum of 4 years. The supervision must include face to face meetings between the approved clinical/advanced supervisor and the supervisee for a minimum of 100 hours equally distributed at the rate of one hour of supervision for every 30 hours of practice. Face to face meetings can be physically in person or virtually over a telehealth, HIPAA compliant platform.

While functioning as a LMSW under an LISW supervision contract, the supervisee’s practice should include components of the following depending on level of licensure, clinical or advanced, being sought. The practice of Clinical/Advanced Social Work requires the application of specialized clinical/advanced knowledge and well-developed clinical/advanced skills in a number of key areas. To develop skill competencies in these areas, the supervisor should provide supervision in the following areas:

Clinical: Assessment, diagnosis, and treatment for mental, emotional, and behavioral disorders and conditions; individual, marital, couples, family, and group counseling and psychotherapy; case management; information and referral; mediation; client education; supervision of employees; consultation; research, advocacy; outcome evaluation, and expert testimony.

Advanced: Community organization and development, social planning and policy development, administration of social work policies programs and activities, outcome evaluation client education, research, nonclinical supervision of employees, nonclinical consultation, nonclinical assessment and referral; mediation, expert testimony, and advocacy.

Supervision Timeframes and Frequency:

Dates of Proposed Supervision: Include starting and ending dates, type (Individual, Group or Combination) and frequency of supervision meetings (such as weekly, biweekly, monthly, etc.). One hour of supervision is expected for every 30 hours of clinical or advance practice.

Start Date: _____ End Date: _____

Type: (no more than **50 hours** may be obtained in **group supervision**)

Individual Projected number of supervision hours: _____

Group Projected number of supervision hours: _____

Frequency:

- Weekly Supervision
- Biweekly Supervision
- Other

CERTIFICATION AND ACCEPTANCE OF CONTRACT

Supervisor: (Print Name) _____

I agree to supervise the undersigned applicant named on this Supervision Contract for LISW licensure in those services to be provided in clinical or advanced social work practice, and I will abide by the Guidelines for LISW Supervision and Title 40, Chapter 63 of the Code of Laws of South Carolina. I understand that 3000 hours of social work practice under clinical/advanced supervision must be completed by the supervisee applicant over a minimum of 2 years and a maximum of 4 years. The supervision must include face-to-face meetings between the approved clinical/advance supervisor and the applicant for a minimum of 100 hours, equally distributed. I understand that the LISW supervision cannot begin until this LISW contract has been approved by the Board. A copy of the approved contract will be provided to the applicant by the Board, with the approval signature and date. I understand that I will be expected to keep notes and documentation of the supervision that occurs and the issues discussed. I understand that upon completion of the supervision, I will be asked to provide a description of the supervision, a performance assessment of the applicant, and provide a statement as to whether or not licensure is recommended for the applicant. If, for any reason, the conditions of this contract are changed, or this supervisory relationship is terminated or changed, I will immediately notify the Board. Furthermore, I do certify that my license is current and in good standing, and will be maintained throughout this period.

Signature of Supervisor: _____ Date: _____

Supervisee/Applicant: (Print Name) _____

I understand that this supervision is to be in those services to be provided in clinical or advanced social work practice, and I will abide by the Guidelines for LISW Supervision and Title 40, Chapter 63 of the Code of Laws of South Carolina. I understand that I must complete 3000 hours of social work practice under clinical/advanced supervision over a minimum of 2 years and a maximum of 4 years. The supervision must include face-to-face meetings between my approved clinical/advanced supervisor and me for a minimum of 100 hours equitably distributed. I understand that I must comply with the provisions of this contract in its entirety and must notify the Board of any modification s of the contract once it has been approved. Failure to do so may result in voiding the approval given by the Board and loss of supervision hours gained. I also understand that if supervision is terminated with the approved supervisor named within this contract, a new supervision contract must be completed and approved by the Board before initiation of new supervision. I understand that the LISW supervision cannot begin until this LISW contract has been approved by the Board. A copy of the approved contract will be provided to me with the approval signature and date. Furthermore, I do certify that my license is current and in good standing and will be maintained through this period.

Signature of Supervisee/Applicant: _____ Date: _____

Please return all materials to the Board office:

South Carolina Board of Social Work Examiners
P.O. Box 11329
Columbia, SC 29211-1329

This Supervision Contract has been approved by _____ on this _____ day
of _____, 20____.