TRAINING AND SUPERVISION PLAN:

LICENSED CLINICAL SOCIAL WORKER (LCSW) CANDIDATE or LICENSED MASTER'S SOCIAL WORKER CANDIDATE or LICENSED BACCALAUREATE SOCIAL WORKER CANDIDATE

Instructions

This section must be completed and signed by <u>both</u> the applicant/candidate and the supervisor who will be supervising the applicant/candidate during the candidacy. If the applicant/candidate will have more than one supervisor then this form must be completed for each supervisor. LCSW, LMSW, and LBSW candidates who are already licensed but are changing and/or adding a new supervisor must submit a new supervision agreement which is also signed by new supervisor no later than 20 business days following the change.

You can scan and upload this form directly to your <u>online application/account</u> or e-mail it to <u>dlibsdhelp@mt.gov</u>.

Se	ection 1 – Applicant/Candidate Information		
1.	Applicant/Candidate Full Name:	Middle	Last
2.	Applicant/Candidate Mailing Address:		
3.	Applicant/Candidate Email Address:		
	ection 2 – Supervisor		
4.	Supervisor Full Name:	Middle	Last
5.	Supervisor License Title:		
6.	Supervisor License Number:		<u> </u>
I, t 37	ection 4 – Declaration the applicant/candidate understand the required the chapter 22, part 3, MCA, ARM 24.219.421, 20 bchapter 5.	·	
Le	gal Signature of Applicant/Candidate		Date
Tit	the candidate supervisor understand the required the 37, chapter 22, part 3, MCA, ARM 24.219.42 dimeet the qualifications to supervise as described to the s	22, <u>24.219.423</u> , and <u>ARM</u>	, , ,
Le	gal Signature of Supervisor		Date