## EVALUATION OF SUPERVISED EXPERIENCE: LICENSED CLINICAL PROFESSIONAL SOCIAL WORKER (LCSW) CANDIDATE

## Instructions

This form demonstrates completion of hours for a Montana supervised work experience by an <u>LCSW Candidate</u> (<u>SWLC</u>). The form must be completed and signed by <u>both</u> the candidate and the supervisor who supervised the candidate for these particular hours. If the candidate had more than one supervisor then this form must be completed by each supervisor. You can scan and e-mail this form to <u>dlibsdhelp@mt.gov</u>.

Additionally, the board must be notified by the candidate and previous supervisor no later than 20 business days following a change in supervisor during a candidacy. If a candidate has completed all supervised work experience hours and is ending the relationship because a full license has been issued the additional forms below <u>do not</u> need to be submitted.

- Change of Supervisor Notification form (submitted by the candidate)
- Change of Supervisor Notification form (submitted by the supervisor signing this form)

Section 1 – Candidate Information			
1.	Candidate Full Name:	Middle	Last
	Candidate Mailing Address:		
3.	Candidate Email Address:		
4.	Candidate Number:		<u></u>
<b>Se</b> 5.	ection 2 – Supervisor Information Supervisor Full Name: First	Middle	Last
	Supervisor License Title:		
7.	Supervisor License Number:		<u></u>
Section 3 – Supervised Work Experience			
8.	Beginning Date of Supervision:	9. End Date of Su	pervision:
10. Total Supervised Work Experience Hours Earned under Supervisor:  Hour Subtotals:  Total hours of individual or group supervision:  Total hours of individual supervision supervised face-to-face by LCSW:  Total hours of individual supervision supervised face-to-face by LCSW which includes direct observation of service of delivery:			
Section 4 – Declaration I, the candidate, hereby declare under penalty of perjury the information included in this form to be true and complete to the best of my knowledge. In signing this form, I am aware that a false statement or evasive answer to any question may lead to a complaint being filed against my license on ethical grounds.			
Leg	gal Signature of Candidate		Date
I, the supervisor, hereby declare under penalty of perjury the information included in this form to be true and complete to the best of my knowledge. In signing this form, I am aware that a false statement or evasive answer to any question may lead to a complaint being filed against my license on ethical grounds.			
Leg	gal Signature of Supervisor		 Date