



**SUPERVISOR’S VERIFICATION OF SOCIAL WORK EXPERIENCE  
 FOR SOCIAL SERVICE TECHNICIAN REGISTRATION**

Authority: 1978 PA 368

A separate form must be completed by each supervisor who is verifying your social work experience.

The supervisor must be a Michigan licensed Bachelor’s or Master’s Social Worker if the experience is gained in Michigan. If the social work experience is gained in another state, the supervisor must hold an equivalent license, certificate, or registration in that state.

**Work experience must have been earned while holding a Michigan limited social service technician registration. If your Limited S.S.T. Registration was issued on or after March 31, 2021, experience must be completed under the supervision of a Michigan-licensed Bachelor’s Social Worker or a Michigan-licensed Master’s Social Worker**

**Print or Type**

Applicant’s Name (First, Middle, Last)		10-digit MI Permanent ID/License Number	
Applicant’s Place of Employment			
Address of Place of Employment			
City	State	Zip Code	
Supervisor’s Name (First, Middle, Last)		Registration/License/Credential Number	Date Issued
Level of Licensure or Certification at time of supervision		Issuing jurisdiction/organization	

**CERTIFICATION AND SIGNATURE**

I certify the applicant named above obtained social work experience under my supervision and while my license was in good standing. The qualifying experience included the delivery of social work services through at least one of the following:

- Interviewing clients to obtain information about a client's situation, providing information about available services, and providing specific assistance to help people utilize community resources.
- Conducting case-finding activities in the community and encouraging and providing linkages to available services.
- Monitoring a client's compliance with a program's expectations.
- Providing life-skills training.

My supervision included at least four hours of supervisory review of active work functions and records per month either individually or in a group modality. I declare that the information contained in this document is true and correct.

I am certifying the applicant completed \_\_\_\_\_ total hours of social work experience  
 (total # of hours)

beginning on \_\_\_\_\_ and ending on \_\_\_\_\_  
 (Month/Day/Year) (Month/Day/Year)

\_\_\_\_\_  
 Signature and Title

\_\_\_\_\_  
 Date