



SUPERVISOR'S VERIFICATION OF SOCIAL WORK EXPERIENCE FOR SOCIAL SERVICE TECHNICIAN REGISTRATION

Authority: 1978 PA 368

A separate form must be submitted directly to this office by each supervisor who is verifying your social work experience. If this form is submitted by the applicant, it will not be accepted.

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.

Section of Form to be Completed by Applicant:

Applicant's Name (First, Middle, Last)		10-digit MI Permanent ID/License Number
Address		Date of Birth
City	State	Zip Code
Telephone Number	E-mail Address	

Remainder of Form to be Completed by Supervisor:

Applicant's Place of Employment (Organization Name and Complete Address)		
Supervisor's Name (First, Middle, Last)	Registration/License/Credential Number	Date Issued
Level of Certification or Licensure or type of license/credential held at time you provided supervision	Issuing jurisdiction/organization	If applicable, did the Board approve your special supervisory situation? (if yes, give date)

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: (a) 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. (b) Conducting case-finding activities in the community and encouraging and providing linkages to available services. (c) Monitoring a client's compliance with a program's expectations. (d) 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