



SUPERVISOR'S VERIFICATION OF SOCIAL WORK EXPERIENCE FOR MASTER'S SOCIAL WORKER LICENSE

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 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 master's social worker license. Limited licensees issued a license on or after March 31, 2021, must complete experience under the supervision of a Michigan-licensed master's social worker.

Print or Type

Applicant's Legal Name (First, Middle, Last)		10-digit MI Permanent ID/License Number	
Applicant's Place of Employment		Social Work Function (Check One): <div style="text-align: center;">Clinical Macro</div>	
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

Endorsement Applicants:

Active license issued MORE THAN 10 years ago:

I certify that I have been engaged in the practice of social work at the master's level as defined in 18501 of code MCL 333.18501, including either:

- The advanced application of macro social work processes and systems to improve the the social or health services of communities, groups, or organizations through planned interventions.

OR

- The application of specialized clinical knowledge and advanced clinical skills in the areas of assessment, diagnosis, and treatment of mental, emotional, and behavioral disorders, conditions, and addictions. Treatment methods include the provision of advanced social work case management and casework and individual, couple, family, or group counseling and psychotherapy whether in private practice or other settings.

Active license issued LESS THAN 10 years ago:

I certify that I have completed a minimum of 4,000 hours of supervised work experience, work experience, or both, at the master's macro or clinical level, as applicable.

Examination Applicants:

I certify the applicant named above obtained social work experience, as required in section 18509 of the code, MCL 333.18509, under my supervision and while my master's social work license was active and in good standing. The qualifying experience was accumulated in not **less than** 16 hours per week, not **more than** 40 hours per week and not **more than** 2,080 hours in a calendar year and included either:

- Clinical social work practice meaning the use of assessment, and treatment, and intervention methods that utilize a specialized and formal interaction between a social worker and an individual, a couple, a family, or a group in which a professional relationship is established. Clinical social work practice may include 1 or more of the following: advocating for care; protecting the vulnerable; providing forensic practice functions; increasing social well-being; providing education, and resources; providing psychotherapy; providing case management for complex and high-risk cases; serving on community committees; and, providing clinical supervision or direction of clinical programs.

OR

- Macro social work practice which includes, but is not limited to, community organizing; program planning and development; administration of community services or programs; assessment of client needs for macro community programs or services; coordination and/or evaluation of service delivery; advocacy on behalf of persons or groups with unmet service needs; analysis and development of social welfare policy; organizational analysis; and, provision of training about community needs and problems.

My supervision included at least four hours of supervisory review of active work functions and records, at least two hours of face-to-face individual supervision per month and any group supervision provided for at least 50% of the supervision to include individual contact during which active functions and records of the applicant were reviewed. 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