



Bureau of Professional Licensing  
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## SUPERVISOR'S VERIFICATION OF SOCIAL WORK EXPERIENCE FOR BACHELOR'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 limited license.

**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 **active** and in **good standing**. The qualifying experience was accumulated is not **less than** 16 hours per week, not **more than** 40 hours per week and not more than 2,000 hours in a calendar year as required in section 18509 of code MCL 333.18509.

The 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 included individual review of the applicant's active work functions and records. 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)

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

\_\_\_\_\_  
 Date