



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 Michigan limited bachelor'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			
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:

I certify that I have completed a minimum of 4,000 hours of supervised work experience, work experience, or both, at the bachelor's level.

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 no **more than** 2,080 hours in a calendar year.

My supervision included at least four hours of supervisory review of active work functions and records, at least two hours of individual supervision per month completed in person or via a live/simultaneous telecommunications method 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 supervised social work experience
(total # of hours)

beginning on _____ and ending on _____
(Month/Day/Year) (Month/Day/Year)

 Signature and Title

 Date