



## 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. Those issued a limited license prior to March 31, 2021, and never lapsed, may continue to earn supervision in another state. If the supervision is gained in another state, the supervisor must hold an equivalent license, certificate, or registration in that state. 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. Work experience MUST have been earned while holding a Michigan limited master's social worker license.

**Print or Type (This section to be completed by applicant who holds a limited license)**

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
Level of Licensure or Certification at time of supervision	Issuing Jurisdiction/organization	

**Endorsement Applicants:**

*(New applicants in Michigan, MUST be currently licensed in another state or province of Canada)*

**Actively Licensed Less than 10 Years:**

I certify that the applicant named above has 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.

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 supervised social work experience  
 (total # of hours)  
 beginning on \_\_\_\_\_ and ending on \_\_\_\_\_.

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

\_\_\_\_\_  
 Date

**Work Experience Only**

I am certifying the that I have completed \_\_\_\_\_ total hours of social work experience  
 (total # of hours)  
 beginning on \_\_\_\_\_ and ending on \_\_\_\_\_.

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

**Examination Applicants:**

*(New applicants, never been fully licensed in Michigan, is NOT currently licensed in another state or province of Canada)*

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 supervised social work experience  
(total # of hours)

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

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

\_\_\_\_\_  
Date