

North Carolina Social Work Certification and Licensure Board



Supervisor Manual

A Guide for the LCSWA Supervisor

Revised September 2014

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NCSWCLB MISSION STATEMENT

The mission of the North Carolina Social Work Certification and Licensure Board is to protect the public by setting standards for qualification, training, and experience for those who seek to represent themselves to the public as certified social workers or licensed clinical social workers and by promoting high standards of professional performance for those engaged in the practice of social work in accordance with the Social Worker Certification and Licensure Act [N.C. Gen. Stat. 90B] and related Rules [N.C.A.C. Title 21, Chapter 63].

Section One

Supervisor Manual

This manual is provided by the North Carolina Social Work Certification and Licensure Board (NCSWCLB or the “Board”) to assist those individuals supervising associate licensees (LCSWA). The intent of this manual is to provide information regarding the Board’s authority as it relates to supervision of associate licensees and guidelines to assist the supervisor in their role with their respective supervisee(s). The information in this manual is supplemental information and should be considered in conjunction with rather than in lieu of the requirements and regulations set forth in Chapter 90B of the North Carolina General Statutes and Title 21, Chapter 63 of the North Carolina Administrative Code. Please make sure you maintain a current copy of the State laws governing social work practice in North Carolina.

Disclaimer: The SAMPLE documents are provided as a courtesy and are for reference only. The Board makes no guarantee or warranty; either expressed or implied that these documents, particularly the agreements, are endorsed or approved by the Board.

The Board would like to express its appreciation to and acknowledge those individuals who assisted in compiling the information and preparing the documents included herein. Their hard work and dedication has been a significant contribution to what we hope will be a useful tool to licensed clinical social worker associates and their clinical supervisor. Much thanks goes to the following individuals:

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The many social workers whose submissions we were able to draw from to provide outlines and/or examples of the kind of reports needed for documentation of supervised practice and compliance with standards for supervision and emergency consultation

Section Two



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Dear LCSWA Supervisor,

The members of the North Carolina Social Work Certification and Licensure Board (NCSWCLB) wish to thank you for agreeing to serve as a mentor and supervisor of a clinical social worker in training.

This manual serves as a resource for supervisors and contains the following: **1)** a statement from the NCSWCLB of the definition of clinical social work supervision and the importance of supervision; **2)** a copy of the LCSWA Six-Month Review form that the associate licensee needs to submit to the Board office, including an outline for the case narrative [Every six months the LCSWA must prepare a case summary of one of their clients. This narrative must be signed by both the LCSWA and you as their clinical supervisor, maintained by the supervisor, and available to the Board upon request]; **3)** a bibliography of relevant literature on clinical supervision; and **4)** sample supervision agreements, emergency crisis plans, a case narrative outline, and reporting forms that may be referenced as part of the supervision process.

Appropriate supervision required for licensure must be provided to the LCSWA licensee in person, face- to-face and cannot include telephone or online communication. Face-to-face supervision must be provided to your LCSWA supervisee at a rate of at least 1 hours of supervision for every 30 hours of clinical practice. A minimum of 100 hours of clinical supervision is required for LCSW licensure; and supervision must be in place and ongoing until the associate licensee receives LCSW licensure.

A maximum of twenty-five of the one hundred supervision hours may be provided through group supervision, defined as more than one LCSWA licensee receiving supervision within the hour time period. The supervision hour needs to include a review of cases with the LCSWA, including assessment and diagnosis, interventions used, theoretical rationale for the intervention, and outcome of each intervention. Issues of transference and counter transference, sexual attraction boundaries, and diversity and cultural competence should be discussed. As the clinical supervisor, you should also regularly review documentation included in the client record.

Every six months you will have an opportunity to provide feedback on your supervisee(s) through the supervisory report. It is crucial that you be as candid as possible in your evaluation of your supervisee's progress. The Board views the clinical supervisor's objective evaluation of the supervisee's competence as an important gate keeping function in clinical social work practice which supports the Board's public

protection mission by insuring that licensees are capable of practicing clinical social work with reasonable skill and safety.

Finally, the Board *strongly* recommends that all beginning clinical social workers practice in an agency setting where they have ready access to professional consultation and role modeling. Unfortunately, the abundance of agency settings that provide training and employment to new clinical social workers is diminishing in North Carolina. In order to provide protection to the public as well as provide opportunities for clinical practice the NCSWCLB has established the following guidelines to insure compliance with the rules governing clinical practice by associate licensees [21 NCAC 63 .0210 and .0211]:

1. The *Employment Verification for LCSWA* form (for each place of employment if more than one) must be on file with the Board office, and must include a copy of the position job description. This document verifies authorization to provide clinical social work services and ensures the clinical work experience is paid employment.
2. The *Position Statement on Clinical Supervision* form signed by the LCSW clinical supervisor must be on file with the Board office.
3. The *Emergency Crisis Plan* documenting immediate access to a licensed mental health professional must be on file with the Board office. The LCSWA must have a comprehensive written crisis plan in place for each place of employment. This plan shall identify the licensee's immediate contact in the event clinical consultation is needed and whether that person is located onsite or offsite. The plan shall also identify a backup contact in the event the primary contact is unavailable. If the emergency consultant is someone other than the identified clinical supervisor, the crisis plan should incorporate follow up with the clinical supervisor.

Thank you again for your dedication in providing supervision. Please feel free to email the NCSWCLB at swboard@asheboro.com with any questions or comments that you have about the supervisory experience.

Sincerely,

North Carolina Social Work Certification and Licensure Board

Section Three

Clinical Social Work Practice and Supervision

Part I: The Role of the Regulatory Board

The North Carolina Social Work Certification and Licensure Board (the “Board”) was created for the purpose of carrying out the provisions of Chapter 90B of the North Carolina General Statutes [NCGS 90B], known as the “Social Worker Certification and Licensure Act”.

Statutory Authority

Chapter 90B consists of the **Statutes** or laws under which the North Carolina Social Work Certification and Licensure Board operates. All individuals certified or licensed by this Board have affirmed by signature on the application that they have read and agree to abide by all of the statutes and rules governing social work practice in North Carolina. Some noteworthy statutes relevant to clinical social work practice and supervision include the following:

- **North Carolina law requires a license to engage in clinical social work practice:**

Statute [NCGS 90B-4] clearly mandates the requirement for licensure by stating, “it is unlawful to engage in or offer to engage in the practice of clinical social work without first being licensed under this Chapter as a clinical social worker.”

Statute [NCGS 90B-3] defines Clinical Social Work Practice as:

“The professional application of social work theory and methods to the biopsychosocial diagnosis, treatment, or prevention, of emotional and mental disorders. Practice includes, by whatever means of communications, the treatment of individuals, couples, families, and groups, including the use of psychotherapy and referrals to and collaboration with other health professionals when appropriate. Clinical social work practice shall not include the provision of supportive daily living services to persons with severe and persistent mental illness as defined in G.S. 122C-3(33a).”

The requirement for clinical licensure is determined by job function, job description, and the population served. In some settings where social workers practice, the services provided would not meet the definition of clinical social work even though they are provided by professionally trained social workers. Although services such as needs assessment, supportive counseling, problem solving, services coordination, case management, discharge planning, placement services, etc., are extremely valuable, they may not fit the definition of clinical social work unless they are provided in addition to or in order to assess, diagnose and treat one or more of the following disorders or conditions: mental, emotional, addictive, behavioral, or developmental disorders and conditions.

- **NC law requires that an associate licensee practice under the supervision of a LCSW:**

Statute [NCGS 90B-7(f)] also provides for the issuance of an “associate license” in clinical social work to an eligible applicant who desires to become licensed as a clinical social worker but has not fully satisfied the supervised practice experience and examination requirements needed to be issued the Licensed Clinical Social Worker (LCSW) credential. **Statute** mandates that the person issued the associate license “must practice under the supervision of a licensed clinical social worker; however, the **Rules** provide guidelines for who and how that supervision shall be provided.

Administrative Rules

It is the Board’s responsibility as a regulatory authority to enforce the provisions of the North Carolina Social Workers Certification and Licensure Act, and in so doing, the Board has adopted Rules [regulations promulgated under Title 21, Chapter 63 of the North Carolina Administrative Code (NCAC)] to assist in carrying out the provisions of this Act.

- **Social Workers who wish to engage in clinical social work practice but have not satisfied all requirements for licensure as a LCSW must practice as an associate licensee (LCSWA) under the supervision of a LCSW, who has a MSW degree from an accredited social work program (accredited by the Council on Social Work Education), who has at least two year of clinical social work practice experience post LCSW licensure, and who is in good standing with the Board:**

Rule [T21 NCAC 63.0210] requires that:

- “Prior to practicing clinical social work . . .” the associate licensee must submit to the Board “in writing, that in the event of a clinical emergency they have immediate access to a licensed mental health professional who has agreed to provide to them emergency clinical consultation . . . and each associate licensee must be supervised . . . and receive on-going appropriate supervision . . . until the associate licensee is licensed as a Licensed Clinical Social Worker.”

The Board’s Position Statement on Clinical Supervision is provided to the LCSWA licensee with the issuance of the license and has a detachable signature page for the supervisor to acknowledge their commitment to provide supervision. It must be signed and submitted to the Board prior to beginning clinical practice, and with any subsequent change in supervision.

An “Employment Verification for LCSWA” form must be completed and signed by the employer and submitted to the Board along with the respective job description for each place of employment to insure compliance with the mandate for paid employment and assurance that the position is intended to provide clinical services.

In addition, for each place of employment, an emergency crisis plan should be prepared on a separate sheet and co-signed by the associate licensee, the supervisor, and the emergency consultant. The emergency crisis plan should identify the practice setting, who has agreed to be available for immediate clinical consultation, and backup contact(s)

in the event the supervisee's clinical supervisor is not immediately available. When the clinical supervisor and/or emergency consultant are not located at the same site where the LCSWA is providing clinical services, contact numbers and an estimated response time should be included as part of the emergency crisis plan.

- All LCSWA licensees must submit to the Board every six months, a report of their social work practice and supervision. If no clinical practice has been provided, then the appropriate form should be submitted acknowledging no clinical practice or supervision to be reported. A case narrative describing at least one of the cases for which the LCSWA has provided clinical services shall be written and reviewed with the clinical supervisor during each six month reporting period. The case narrative shall be maintained on file with the clinical supervisor and available to the Board upon request. No case narrative is required if you have not been providing clinical services.

Forms are available for this purpose and are provided (along with four review dates) to the associate licensee with the issuance of the LCSWA license.

Rule [T21 NCAC 63.0211] requires that:

- The 3000 hours of supervised clinical practice experience must be accumulated in a period of time not less than two years, or more than six years. However, the associate license is issued for two years and must be renewed if additional time is needed to acquire the 3000 hours of clinical practice experience. **[NOTE: The clinical exam is required to be eligible for renewal of the LCSWA license. Failure to pass the clinical exam during the initial two years of licensure will require reapplication for a new associate license. A new LCSWA license will not be issued until the clinical exam is passed. Supervision and practice acquired under the expired license will not carry over to the new LCSWA license. Upon issuance of the new LCSWA license, licensees must begin the documentation of two years of supervised clinical experience again.]**
- Supervision shall be on a regular basis, and in person, with at least one hour of supervision for every 30 hours of clinical practice experience. Failure to meet the 1:30 ratio is a non-compliance issue and is subject to Board action.
- A maximum of 25 hours of group supervision is acceptable toward satisfying the minimum supervision requirement of 100 hours.
- "Individual supervision is defined as one-on-one, ***in person***, supervision by an MSW who is also an LCSW with 2 years post LCSW clinical practice experience, where the supervisor reviews and discusses clinical social work cases and provides evaluative comments and direction to the LCSWA."
- "Group supervision shall mean supervision provided by an MSW who is also an LCSW, in a group setting, during which the supervisor reviews and discusses clinical social work cases and provides feedback and direction to each LCSWA in the group."

Clinical Social Work Practice and Supervision

Part II: Regulatory Board Guidelines for Supervision of Clinical Social Work Practice

Clinical supervision is a quantitative and qualitative evaluation of the supervisee's performance, intended to provide professional guidance and oversight to the supervisee in the areas of direct practice and professional development.

An associate licensee (LCSWA) engaged in clinical social work practice shall have clinical supervision as long as he/she is licensed at the associate level, and in accordance with the standards listed below. Clinical practice shall not begin until appropriate clinical supervision and immediate access to emergency consultation as prescribed in NCAC 63.0210 has been secured, the NC Social Work Certification and Licensure Board (the Board) has been informed by submission of the signed signature page of the Position Statement on Clinical Supervision, the signed Employment Verification form with attached job description, and the written Emergency Crisis Plan.

- 1) Clinical supervision shall consist of in person, face-to-face contact between the associate licensee and the supervisor on a regular basis during which at least the following occurs:
 - The LCSWA licensee apprises the supervisor of the diagnosis and treatment of each client;
 - The associate licensee's clinical cases are discussed;
 - The supervisor provides the associate licensee with oversight and guidance in diagnosing and treating clients and accepts responsibility for the clinical practice with each client seen by the supervisee;
 - The supervisor regularly reviews and evaluates the professional work of the supervisee which shall include but not be limited to the content areas of clinical skills, practice management skills, skills required for continuing competence, development of professional identity, and ethical practice;
 - The supervisor provides at least one hour of face-to-face individual or group clinical supervision for every thirty (30) hours of clinical practice with a minimum of 2 hours of supervision per month; and
 - A maximum of twenty-five (25) hours of group supervision may be applied toward meeting the total supervision requirements for LCSW licensure.
- 2) Clinical supervision may be rendered by:
 - A clinical social worker licensed by the State of North Carolina who also holds a MSW from a Council on Social Work Education (CSWE) accredited social work program, who has at least two (2) additional years of clinical social work practice experience post LCSW licensure, and who is in good standing with the Board.
 - The Board may deem acceptable an alternate supervisor whose credentials and experience are substantially equivalent to that of a North Carolina LCSW and who otherwise satisfies the requirement of two years clinical practice experience post clinical social work licensure.
- 3) All LCSWAs shall obtain the Board's prior written approval of any person rendering supervision other than a person identified in the first bullet of Section 2 above.
- 4) Any prospective supervisor formally disciplined by any professional credentialing body or professional organization, or who has violated the provisions of this Board or any other occupational licensing Board may not provide supervision to a LCSWA licensee without the written permission of the Board.

- 5) The supervisor shall retain responsibility for the standards of clinical social work practice with respect to treatment being rendered to the LCSWA's client(s).
- The associate licensee shall disclose that he or she is practicing under supervision, shall identify the supervisor to the client, and obtain written consent to disclose information to the supervisor;
 - The associate licensee shall ensure that the supervisor provides progress reports concerning their (the associate licensee's) clinical practice and participation in supervision to the LCSWA licensee and to the Board through the LCSWA Six-Month Review document;
 - Supervision, and subsequent progress reports submitted to the Board shall contain an assessment of at least the following information concerning the associate licensee:
 - 1) Ability to establish a professional relationship;
 - 2) Effective use of supervision;
 - 3) Knowledge of social work principles and practices;
 - 4) Compliance with ethical standards of social work practice;
 - 5) Ability to correctly diagnose mental and emotional disorders;
 - 6) Ability to formulate a treatment plan appropriate to clients' needs;
 - 7) Ability to implement and evaluate the efficacy of interventions consistent with the treatment plan;
 - 8) Ability to be flexible in choosing and changing interventions as appropriate;
 - 9) Ability to assess prudently the supervisee's own capacities and skills in a professional situation;
 - 10) Competence in social work practice;
 - 11) Professional growth and development;
 - 12) Consistency of performance effort;
 - 13) A detailed description of any areas of concern which the supervisor perceives in the associate licensee's performance.
- 6) Clinical case summaries shall be written and reviewed by the supervisee and supervisor, maintained on file at the supervisor's office, and readily available to the Board upon request. The clinical case narrative shall include:
- Demonstration of the relationship among the presenting problem, background material, and formulation of case dynamics;
 - A diagnostic statement;
 - The treatment process; and
 - Treatment outcomes.
 - Supervisory issues/concerns (if any) should be included as a separate attachment.
- 7) Best practice issues to consider include:
- Contract for supervisory services which clearly outlines frequency and cost (if any) for supervision;
 - Formulation and regular review of the written emergency crisis plan;
 - Verification of current licensure for both the supervisor and the supervisee;
 - To ensure effective use of the supervision experience, group supervision should provide for no more than 4 social workers in a single group.

Section Four

Suggested Literature on Clinical Supervision

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Section Five

Practice Setting and the LCSWA Licensee

Neither Statute nor Rules specifically address practice setting for associate licensees; however, the North Carolina Social Work Certification and Licensure Board strongly discourages independent private practice during the associate period of social work licensing as this is a period of continued growth and development. Pursuant to statute [NCGS 90B-7(f)] and regulation [21 NCAC 63 .0210(c), (d) & (e)], clinical practice by an associate licensee requires oversight by an experienced licensed practitioner, and ready access to clinical consultation in the event of a clinical emergency. This is intended to protect the client and the LCSWA during this associate level licensure period.

The Board's responsibility is to protect the public by ensuring that those who represent themselves as social workers, certified social workers and licensed clinical social workers satisfy standards that provide for safe competent practice. As such, the Board is charged with ensuring that associate licensees practice in accordance with the statute and rules. Those mandates include but are not limited to the following:

- Clinical practice must be appropriately supervised; ***AND***
- Associate licensees "must demonstrate in writing that, in the event of a clinical emergency, they have immediate access to a licensed mental health professional who has agreed to provide to them emergency clinical consultation to assure that standards of clinical social work practice are maintained." [21 NCAC 21 .0210(c)] ; ***AND***
- Work experience must be for a fee or salary (paid employment);

Prior to beginning clinical practice, and upon any change in employment and/or supervision, the associate licensee shall submit the following information to the Board office:

- ***Employment Verification for LCSWA***
- ***Position Statement on Clinical Supervision***
- ***Emergency Crisis Plan***

The ***Employment Verification for LCSWA*** form requires an attached job description and verifies to the Board that the LCSWA is authorized to provide clinical social work services and is providing that service for a fee or salary. A separate form and job description is required for each place of employment.

The signed ***Position Statement on Clinical Supervision*** document verifies to the Board that appropriate clinical supervision is in place and the clinical supervisor understands their unique role and responsibility.

The written ***Emergency Crisis Plan***, signed by all parties, outlines who the associate licensee will contact when in need of immediate clinical consultation. A comprehensive crisis plan must also include an identified licensed mental health professional who will act as a backup contact in the event the clinical supervisor or identified Emergency Consultant is not immediately available).



NORTH CAROLINA SOCIAL WORK CERTIFICATION AND LICENSURE BOARD

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Asheboro, North Carolina 27204
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EMPLOYMENT VERIFICATION For LCSWA

INSTRUCTIONS TO COMPLETE THIS FORM

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK AND KEEP ALL PAGES & THIS FORM TOGETHER

1. A *separate form must be completed for each place of employment*. This form may be duplicated.
2. **Attach a job description** on company letterhead to this form, which corresponds to each position being documented.
3. Complete section I. Then submit the *entire form* to your employer for completion of Section II & signature.

SECTION I: LCSWA LICENSEE INFORMATION

(To be completed by the LCSWA)

Pursuant to the Social Worker Certification and Licensure Act [NCGS § 90B-15] your license shall be conspicuously displayed at your primary place of practice. Please verify your issue date and expiration date below.

LAST NAME:	FIRST NAME:	MIDDLE NAME:
LICENSE #:	ISSUE DATE:	EXPIRATION DATE:
MAILING ADDRESS: (NEW? circle YES NO)	EMAIL ADDRESS	DAYTIME PHONE:
CITY	STATE	ZIP CODE

SECTION II: TO BE COMPLETED BY THE EMPLOYER

AGENCY NAME - FOR POSITION REPORTED ON THIS FORM:

AGENCY ADDRESS:

CITY:	STATE:	ZIP CODE
-------	--------	----------

LICENSEE/APPLICANT'S POSITION TITLE: (position job description MUST be attached)

IN THIS POSITION, IS THE LICENSEE AUTHORIZED TO PROVIDE CLINICAL SERVICES? (circle one) YES NO

NAME OF LICENSEE/APPLICANT'S CLINICAL SUPERVISOR:	SUPERVISOR LOCATED: (circle one)
	ON SITE OFF SITE

Is the social worker being paid a fee or salary? YES NO

Please identify type of employment below:

FULL-TIME	FROM: (mm/dd/yyyy)	TO: (mm/dd/yyyy)
PART-TIME	FROM: (mm/dd/yyyy)	TO: (mm/dd/yyyy)
PRN	FROM: (mm/dd/yyyy)	TO: (mm/dd/yyyy)

PRINT NAME & TITLE OF PERSON COMPLETING EMPLOYER SECTION:	SIGNATURE:	DATE:
---	------------	-------



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POSITION STATEMENT ON CLINICAL SUPERVISION

Purpose:

The purpose of this position statement is to clearly define the standards of expectation the Board has for supervision of associate licensees in order to protect the public and promote high standards of supervision of professional social work practice.

Definition:

Supervision is the face-to-face planned, regular contact **at a rate of no less than (1) hour of supervision for every 30 hours of clinical practice**, in an ongoing relationship designed to promote the development of responsibility, knowledge, skill, and ethical standards in the provision of clinical social work services through the exploration of client-centered material. The major focus in the supervisory process is accountability for client care within the parameters and ethical standards of the social work profession, including oversight and guidance in diagnosis and treatment of each client. Supervision is a learning process with the goal of professional growth and competent self-directed professional practice.

Qualifications of the Supervisor:

The supervisor must possess a Master's or Doctoral degree in Social Work from an educational institution with a graduate social work program accredited by the Council on Social Work Education. **The supervisor must be a North Carolina Licensed Clinical Social Worker, in good standing, with two (2) years of full-time clinical social work experience beyond the issuance of the LCSW credential.** (Please refer to NCGS 90B and Title 21, Chapter 63 of the NC Administrative Code regularly for any changes to this requirement).

The supervisor should be an active participant in ongoing professional development related to the field of social work practice and supervision. This involves staying current with professional literature, attending workshops on clinical practice and supervision, participating in advanced training seminars and peer consultation groups, and/or giving clinical social work presentations.

The clinical supervisor should:

- Model the highest ethical standards and seek to enhance the supervisee's sensitivity to and knowledge of legal and ethical standards and issues.
- Develop a supervisory contract with the supervisee that addresses frequency and cost (if applicable) of supervision, as well as access to records and confidential information.
- Insure that supervisees' clients are informed that the LCSWA is required to practice under supervision and that written consent to disclose information to the Supervisor is obtained.
- Have a clear understanding of social work practice and theory in general.
- Develop a supportive rapport with the supervisee while also maintaining an objective posture in order to effectively assess and address areas of strength as well as those needing improvement.
- Be skilled in helping the supervisee develop clinical assessment and treatment skills through review of the treatment process, therapeutic techniques, exploration of treatment options and client resources.
- Have expertise with the supervisee's client population and with the methods of practice the supervisee is employing. This requires an understanding of issues of diversity such as race, ethnicity, culture, language, age, gender, sexual orientation and physically or mentally challenged concerns.

- Demonstrate the ability to listen with sensitivity and empathy to the supervisee’s feedback regarding the supervisory process and to provide appropriate support for this.
- Demonstrate effective oral and written communication with the supervisee.
- Demonstrate the ability and willingness to deal with difficult issues and provide constructive feedback to the supervisee.
- Demonstrate an ability to recognize a supervisee’s possible impairment and address this in a timely and appropriate manner with him/her, including referral when indicated.
- Recognize when it is necessary to secure consultation regarding his/her work with the supervisee.
- Assist the supervisee in developing a comprehensive emergency crisis plan that clearly outlines “immediate access” to a licensed mental health professional for emergency consultation, the hierarchy of initial contact person(s) and emergency back up contact(s).
- Model for the supervisee a commitment to the social work profession and to one’s own continuing professional growth through participation in professional social work organizations and continuing education.

Conflict of Interest:

Supervision provided by the associate licensee’s therapist, parents, spouse, former spouses, siblings, children, employees, or anyone sharing the same household, or any romantic, domestic or familial relationship shall not be acceptable toward fulfillment of licensure requirements due to conflict of interest.

For the purpose of this section, a supervisor shall not be considered an employee of the associate licensee if the only compensation received by the supervisor consists of payment for actual supervisory hours.

A supervisor currently under sanction by this Board due to a disciplinary proceeding is not eligible to supervise an associate licensee. A supervisor formerly disciplined by this Board, any professional credentialing body or professional organization may not provide supervision without the explicit written permission of the Board [Reference 21 NCAC 63 .0211(a)(2)].

POSITION STATEMENT ON INDEPENDENT/PRIVATE PRACTICE FOR THE LCSWA

The NCSWCLB strongly discourages independent private practice by associate licensees (LCSWA) and will closely examine any practice outside the structure of an agency. NC General Statute 90B-7 (f) and Section .0210(d) & (e) of the North Carolina Administrative Code both mandate that a Licensed Clinical Social Worker Associate (LCSWA) must practice with appropriate clinical supervision and immediate access to emergency clinical backup during this associate licensure period. This statute is intended to protect the client and the LCSWA during the supervised practice period.

The Board will not approve practice arrangements for a LCSWA unless it is fully satisfied that clients and the public will be protected through close supervision of each clinical case by a Licensed Clinical Social Worker who holds an MSW from a CSWE accredited school of social work. The clinical supervisor assumes responsibility along with the LCSWA for the assessment for treatment, diagnosis, treatment planning, clinical interventions, appropriate use of the treatment relationship, referrals, case documentation, reports, collateral contacts, termination of treatment, and all other such activity for each client case under the care of the LCSWA.

In addition to supervision the Board must be satisfied that there is a plan for 24 hour emergency consultation and backup for the LCSWA with a NC licensed mental health professional. The Board expects the mental health practitioner (which may be the clinical supervisor), with the associate licensee to develop a Emergency Crisis Plan that would provide the LCSWA licensee with immediate access to emergency backup and consultation.

 All LCSWA licensees need to describe and submit to the Board your Emergency Crisis Plan on a separate piece of paper or on the attachment provided.

Emergency Crisis Plan Outline

[Required of all LCSWA licensees PRIOR to beginning clinical practice.]

Prior to engaging in clinical practice, all LCSWA licensees must submit to the Board, a written description of their Emergency Crisis Plan regardless of practice setting, outlining who the LCSWA will contact in the event they need clinical consultation. This plan should be comprehensive and include a clearly outlined hierarchy of initial contact person(s), where they are located (onsite, offsite, etc.); and emergency backup contact(s) and where they are located, as well as estimated response time for clarification of “immediate access” as required under Title 21, Chapter 63 of the N.C. Administrative Code, Section .0210 (d).

[If the Associate Licensee is practicing in more than one setting, a crisis plan must be submitted for each practice setting, along with the Employment Verification form including job description. Any changes to the crisis plan require resubmission of a revised plan.]

Location of LCSWA Practice:

- Agency/Business Name: _____
Check applicable block: Public/Govt. Agency Private-Non-profit Private-For profit
 Other (Explain) _____
- Agency/Business Address: _____
- Agency/Business Phone: _____

Please describe Emergency Crisis Plan below or attach separate piece of paper:

This plan should be comprehensive and **INCLUDE** the following:

- A description of the practice setting (in home, office setting, solo, with other practitioners, etc.);
- Clearly outlined hierarchy of initial contact person(s), where they are located (onsite, offsite, etc) and estimated response time;
- Emergency backup contact(s) and where they are located, as well as estimated response time (who you will contact if your clinical supervisor is not immediately available); and
- Plan for follow up consultation with your clinical supervisor if an alternate emergency contact was consulted at the time of need.

LCSWA (Associate) Signature

LCSWA license number

Date

LCSW Supervisor Signature

License number

Date

Emergency Consultant (backup) signature

License type & number

Date

Section Six

LCSWA SIX-MONTH REVIEW

Information & Instructions

The LCSWA Six-Month Review documents are provided to the associate licensee at the time the LCSWA licensee's certificate is issued, identifying four (4) review dates signifying the ending date for each review period. All clinical social work practice and supervision is documented to the Board in compliance with NCGS § 90B-7(f) and Title 21, Chapter 63, Section .0211 of the N.C. Administrative Code.

The six-month review document is divided into four sections – Section I to be completed by the LCSWA licensee, Sections II, III and IV to be completed by the clinical supervisor, and a “For Board Use Only” box to be completed at the time of review by the Board office.

SECTION I: To be completed by the LCSWA licensee

- In the upper right hand corner, provide the beginning and ending date for the current review period only. The first review begins with the date the LCSWA license was issued and ends with the first review date provided by the Board at the time the LCSWA license was issued. The second review date begins with the next day following the ending date of the first review, and so on, and so on.
- Type or print clearly, your name, your license number, and the place of employment (agency where you worked during the review period being reported).
- Check the appropriate box addressing Employment Verification. This form (completed and signed by your employer) must be on file with the Board office. If you have not already submitted that form to the Board, please enclose it with your Six-Month Review. Remember, an official job description must be included with the Employment Verification form.
- Provide a day time phone number where you can be reached, then sign and date the document.
- Prepare a 1-3 page case narrative (deleting client names) and review this summary with your supervisor (supervisor and supervisee dated signatures required). The case narrative should summarize a case for which you provided direct care during the six-month review period (this may be an ongoing case or one that has been terminated). **REFER TO THE LCSWA CLINICAL CASE SUMMARY OUTLINE PROVIDED IN THIS MANUAL FOR DEVELOPING THE REQUIRED CASE NARRATIVE.** The case narrative should be maintained on file with your clinical supervisor and available to the Board upon request.

SECTION II: To be completed by your LCSW clinical supervisor.

- By checkmark (√) or initial, the clinical supervisor is acknowledging awareness of information provided by the Board relevant to supervising you and your practice.
- By checkmark (√) or initial, the clinical supervisor is also affirming understanding and compliance with the mandates related to supervising you and your practice.

SECTION III: To be completed by your LCSW clinical supervisor.

It is recommended that this form be utilized in supervision with the supervisee as a means of identifying strengths as well as areas that need to be addressed.

Appropriate supervision for LCSWA licensees is that provided on a regular basis by a MSW who is also a Licensed Clinical Social Worker with at least two years of clinical social work experience post LCSW licensure, and is in good standing with the board (no disciplinary history).

Supervision must be provided on a regular basis at a rate no less than one hour of supervision for every thirty hours of clinical practice (1:30 supervision ratio) AND must be provided face-to-face, in person.

- The definitions for the key terms utilized by the Board are as follows:

Excellent (E) - Practice skills and knowledge equal to top 10% of professionals currently practicing in the field.

Very Good (VG) - Demonstrates above average skills and knowledge with performance level above 80% of professionals currently practicing in the field.

Good (G) - Demonstrates average skills and knowledge consistent with a performance level of beginning clinician in the field.

Fair (F) - Demonstrates a need for improvement in knowledge and skill level.

Poor (P) - Severe gaps in skills and knowledge and lack of effort to improve in the area. Inability to function at a level consistent with minimum professional standards.

SECTION IV: To be completed by your LCSW clinical supervisor.

- Provide a narrative summary about the LCSWA licensee's growth as a clinician and their participation in the supervision process.

Before the LCSW clinical supervisor signs this document, he/she should provide:

- The dates for the review period being reported.
- The number of hours of supervision provided to the LCSWA licensee during the review period which should be consistent with the review period reported on the front page of this document). Please distinguish between group supervision and individual supervision as defined in Section .0211 of Title 21, Chapter 63 of the N.C. Administrative Code.
- Provide the total number of clinical social work practice hours in which the LCSWA supervisee was engaged during this particular review period. (The Board recognizes that this may be an approximate figure as it should reflect face-to-face client contact as well as follow up clinical case management activity, case consultation, team meetings, clinical notes, etc. that are a part of the clinical management of clinical cases.) For individuals whose job description involves both clinical and non-clinical duties (i.e. supervisory or administrative duties, non-clinical case-management clients, training and educational responsibilities, etc.) please approximate ***only the time engaged in clinical social work practice***.
- The LCSW clinical supervisor's signature affirms that he/she assumes supervisory responsibility for this LCSWA licensee and that her/she is in compliance with the requirements set forth in the Board's Administrative Code as an appropriate supervisor.

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LCSWA SIX-MONTH REVIEW

Review Period: ___/___/___ to: ___/___/___
mm/dd/yyyy mm/dd/yyyy

All LCSWA licensees are required to receive supervision of their clinical social work practice during their associate status. Appropriate supervision, unless otherwise pre-approved by the Board (in writing), **shall** be provided by a North Carolina licensed LCSW in good standing with the Board, who has a MSW degree, and at least two years of post LCSW clinical practice experience. Supervision and practice shall be reported to the Board every six months pursuant to NC Administrative Code [21 NCAC 63 .0210].

SECTION I: To be completed by the LCSWA licensee

Name (Print): _____ LCSWA # _____
Place of Employment (for this review period): _____
Employment Verification (check one): Is attached **OR** Has already been submitted
LCSWA Daytime Phone: _____
LCSWA Signature: _____ Date: _____
mm/dd/yyyy

SECTION II: LCSW clinical supervisor shall acknowledge by checkmark (v) or initials that each bulleted item has been completed.

- _____ Position Statement has been signed and submitted to the Board.
- _____ Emergency Crisis Plan has been submitted to the Board insuring immediate access to emergency consultation.
- _____ A supervisory log has been maintained and is available upon request to verify documented supervision.
- _____ Case narrative summarizing one case treated during this review period has been prepared, reviewed, and is on file and available for Board review if needed.

SECTION III: To be completed by LCSW clinical supervisor. You are encouraged to share your assessment with your supervisee as part of the supervision process.

Rate the LCSWA supervisee in all areas using the following key: (Reference the Supervisor Manual for an explanation of key terms). **Excellent (E)** **Very Good (VG)** **Good (G)** **Fair (F)** **Poor (P)**

- | | |
|--|--|
| 1. _____ Ethical standards of social work practice | 8. _____ Ability to implement interventions consistent with the treatment plan |
| 2. _____ Effective use of supervision | 9. _____ Supervisee's ability to assess his/her own capacities and skills |
| 3. _____ Competence in social work practice | 10. _____ Ability to correctly diagnose mental and emotional disorders |
| 4. _____ Professional growth and development | 11. _____ Ability to plan treatment & carry out clinical interventions related to mental & emotional disorders |
| 5. _____ Consistency of performance effort | |
| 6. _____ Knowledge of social work principles and practices | |
| 7. _____ Ability to formulate a treatment plan appropriate to the clients' needs | |

SECTION IV: (Required) Provide a narrative summary regarding the LCSWA licensee's growth as a clinical practitioner and participation in clinical supervision.

Supervision period (mm/dd/yyyy): _____ to _____

Hours of Supervision provided (*this review period only*): GROUP _____ INDIVIDUAL _____

Clinical Practice Hours (*this review period only*): _____

I affirm that the supervisee has practiced clinical social work and has demonstrated skill through practice experience as defined by statute [NCGS 90B-3] and Code [21 NCAC 63 .0102]; and that the above hours of supervision have occurred with the LCSWA as indicated. I certify that I am a current LCSW with a graduate degree in social work from a CSWE accredited program and that I am in good standing with the Board.

Supervisor Signature _____ Date signed ____/____/____
MM DD YYYY

Print name _____ LCSW #: _____ Expires: ____/____/____
MM DD YYYY

Daytime phone # _____

Please retain a copy of this document for your files. [In accordance with NCGS 90B-6(i), you are required to maintain records for a minimum of 3 years from the date services are terminated.] You will not receive a response from the Board unless there is a concern or additional action is needed. If you wish to confirm receipt, please mail to the Board by traceable service.

BELOW SPACE FOR BOARD USE ONLY

Approval is granted for appropriately supervised clinical practice pursuant to NCGS 90B, the Social Worker Certification and Licensure Act, and Title 21, Chapter 63 of the N.C. Administrative Code, defining clinical social work practice, ***and*** at the required 1:30 supervision ratio.

Reviewer's Initials: _____ Date of Review: ____/____/____ Follow Up Needed: _____
MM DD YYYY Yes / No

LCSWA Name and License Number:

Place of Employment:

Supervisor's Name and License Number:

Case Narrative applies to Review period: mm/dd/yyyy to mm/dd/yyyy

LCSWA Clinical Case Summary OUTLINE

[Type or Print CLEARLY. The case narrative is required during each six-month reporting period, but no longer to be submitted to the Board, except upon request. The case narrative is a supervisory tool and should be reviewed in supervision, signed, and maintained by the clinical supervisor.]

Case Narrative: When preparing your case narrative, consider the bulleted information under each heading and documented when relevant in narrative form, using complete sentences. [Your narrative will replace the bulleted items.] Use pseudo name or initials for client name and location (i.e. JT or Client A, resides in a small community in rural North Carolina). Do NOT present in abbreviated or outline format.

➤ **HISTORY:**

- Identifying and Demographic Information for client (Use initials - **NO** real names)
- Social/family history
- Prior Criminal/Legal History
- Prior/Current Military Experience
- Chemical Use History

➤ **CLINICAL ASSESSMENT AND DIAGNOSIS:**

- Presenting Problems/Symptoms and Referral Source
- Summary of Prior Counseling/Treatment History
- Mental Status Exam
- Clinical Impressions and Diagnostic Summary
- Diagnosis as defined in 21 NCAC 63 .0102(13)

➤ **TREATMENT:**

- Treatment Plan/Goals
- Identify treatment strategies/modalities used by you, including rationale for use
- Describe HOW you carried out treatment strategies, including how you used the therapeutic relationship to implement intervention strategies
- Client's response to treatment
- Termination/transfer assessment, plan, and process



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NAME
ADDRESS

DATE

Dear:

Reviewed by: _____ FOLLOWUP FOR LCSWA REVIEWS

Upon reviewing your LCSWA Six-Month Review Form, the following items were noted, which require your attention. **Please address these along with your supervisor as soon as possible for proper credit of the hours submitted.**

1. _____ The LCSWA Six-Month Review form is incomplete. Refer to **Item # 7 Additional Comments** for what is needed.
2. _____ Please submit the LCSWA Employment Verification form and required job description for the place of employment reported for this review period.
3. _____ Please submit the Emergency Crisis Plan for clinical consultation for the place of employment reported for this review period.
4. _____ Please submit the signed Position Statement on Clinical Supervision signed by the clinical supervisor supervising the practice submitted for this review period.
5. _____ Your hours of supervision are not in proportion with the clinical practice hours, please remember you cannot obtain your LCSW before **two years** of post-masters clinical employment.
6. _____ Your supervision hours are insufficient for the clinical practice hours, please be reminded that the NC Administrative Code requires **1 hour of supervision for every 30 hours of clinical practice. You will not receive approval or credit toward satisfying the 3000 hours of supervised clinical practice for hours that exceed the 1:30 ratio of supervision to clinical practice.**
7. _____ Additional comments:
[Any special requirements in addition to other checked deficiencies will be noted in this section.]
8. _____ **PLEASE SHARE A COPY OF THIS FOLLOW UP WITH YOUR LCSW SUPERVISOR.**

NOTE: ORIGINAL DOCUMENTS ARE RETURNED WITH THIS FOLLOW UP NOTICE WHEN A RESPONSE IS REQUIRED – PLEASE RETURN THEM WITH YOUR RESPONSE. COPIES ARE NOT MAINTAINED IN THIS OFFICE.

Section Seven



NORTH CAROLINA SOCIAL WORK CERTIFICATION AND LICENSURE BOARD

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NAME
ADDRESS

DATE

The Board has completed a final review of your application for licensure and is pleased to inform you that you have met the requirements for clinical licensure at the associate level and your application has been approved. You may begin using your license number immediately and may designate receipt of this credential by listing **LCSWA** or **Licensed Clinical Social Worker Associate**, appended to your signature. Please refer to the LCSWA Checklist enclosed with this packet to insure you remain compliant with the Statute and Rules governing your license.

LCSW ASSOCIATE (LCSWA) LICENSE # P#####

Your Associate License is issued for two years during which time you have exam approval. The Statute [NCGS §90B-7(f)] mandates that you must take and pass the clinical exam during the first two years or you will not be eligible to renew your LCSWA and will lose all hours accrued. Pursuant to NC Administrative Code [21 NCAC 63 .0210], you are required to demonstrate in writing that you have appropriate clinical supervision in place and immediate access to emergency clinical consultation. In addition, you must report your practice to the Board every six months, by the dates below:

mm/dd/yyyy
1st review date

mm/dd/yyyy
2nd review date

mm/dd/yyyy
3rd review date

mm/dd/yyyy
4th review date

It is your responsibility to maintain accurate records and submit the LCSWA Six-Month Review Forms when they are due. You will not receive prior notice of each review date, nor will you receive acknowledged receipt of this information unless there is concern or additional information needed. *If you have not been employed or have not provided clinical services, you must still submit a report indicating such. No supervision or case narrative is required for no employment or non-clinical practice.*

Master copies of the required forms are enclosed to duplicate as needed. The Employment Verification, Position Statement on Clinical Supervision, and Emergency Crisis Plan shall be submitted immediately upon securing employment. A separate form is required for each place of employment and each clinical supervisor. The review forms must be filled out completely and filed in accordance with each review date listed above. If you have more than one supervisor, please duplicate this form for each to complete. After you have obtained 3,000 hours of paid, supervised clinical experience in a period **no less than two years** NOR MORE THAN SIX YEARS, 100 hours of clinical supervision, have passed the ASWB Clinical level exam, **and** satisfied the required amount of continuing education, you will need to submit the LCSW Short Form application to the Board office with a final LCSWA Six-Month Review form. **SUPERVISION MUST CONTINUE UNTIL YOU ARE ISSUED THE LCSW LICENSE.** [Use of the credential LCSW, Licensed Clinical Social Worker, prior to your approval for this independent level of licensure by the NCSWCLB, is prohibited, and represents a violation of the NC General Statutes, the NC Administrative Code, and the NCSWCLB Ethical Guidelines. Do not jeopardize your professional future by inadvertent misrepresentation of your credentials.]

You must obtain 40 hours of continuing education in order to renew your LCSWA or upon submission of LCSW Short Form application; please refer to renewal information included in this package. Exam information is also enclosed.

SUPERVISION REQUIREMENTS: Supervision must be provided by a LCSW with a Master of Social Work degree from a CSWE accredited school and two years of post-LCSW clinical experience, and who is in good standing with this Board. Supervision must be provided at a ratio of 1 hour for every 30 hours of clinical work. A maximum of 25 hours of group supervision may be applied toward satisfying the supervision requirement; the remainder must be individual supervision. A case narrative reviewed and signed by you and your supervisor shall be prepared for each review period and maintained on file with your clinical supervisor. **Licensees are encouraged to MAINTAIN A COPY of all materials submitted to the Board.** For more information regarding supervision, please refer to the Supervisor Manual under the LCSWA tab on our website at www.ncswboard.org.

LCSWA Checklist

Upon Receiving LCSWA License:

_____ Display your LCSWA license conspicuously at your primary place of practice (required by law).

_____ Review all packet contents with your clinical supervisor to insure mutual understanding of reporting expectations.

_____ ***Position Statement on Clinical Supervision:*** Have clinical supervisor review, initial and sign the Position Statement on Clinical Supervision and submit completed signature page to the Board. [*Appropriate clinical supervision must be in place **before** beginning clinical practice.*] A separate Position Statement on Clinical Supervision must be completed by **each** supervisor providing clinical supervision (group and/or individual supervision).

_____ ***Employment Verification:*** Have Employer complete Employment Verification form and submit completed form to the Board. A separate Employment Verification form is required for **each** place of employment.

_____ ***Emergency Crisis Plan:*** With your clinical supervisor, develop a written emergency crisis plan for **each** place of employment that outlines who you will contact in the event you need immediate clinical consultation (required by law). Submit the written plan to the Board. The emergency contact person must be a fully and independently licensed mental health professional and must cosign the Emergency Crisis Plan along with you and your clinical supervisor. If your clinical supervisor is your emergency consultant, please include within your plan, who will act as a backup contact in the event you are unable to access your clinical supervisor immediately.

_____ ***Six-Month Review:*** Report supervision and clinical practice to the Board every six months using the LCSWA Six-Month document and in accordance with the date schedule provided by the Board at the time the license was issued. A separate Six-Month Review must be completed for **each** place of employment.

_____ ***Case Narrative:*** Prepare and review a **case narrative** for each six-month review reporting period and for each place of employment (if more than one employer), summarizing one of the clients for which you provided clinical services. Both supervisor and supervisee shall sign the case narrative and it should be ***maintained on file with the clinical supervisor***, available to the Board upon request.

_____ ***Examination:*** LCSWA licensees are approved to sit for the clinical exam upon issuance of the license. An Exam Candidacy Approval letter is included in the license packet. The clinical exam ***MUST*** be taken during the initial two year LCSWA licensure period. To initiate the exam process, send the exam processing fee of \$40 (certified bank check or money order required) made payable to NCSWCLB to the Board. There is no limit on number of exam attempts but there is a 90-day waiting period required before reexamination and a \$40 processing fee for each exam attempt. (See LCSWA Information Sheet in license packet). The cost of the exam is \$260 per attempt and must be paid directly to ASWB at the time of registration.

_____ ***Report any changes:*** Report changes to the Board within 30 days of the effective date (required by law), including changes to contact information (name, address, phone), clinical supervisor (requires updated signed Position Statement on Clinical Supervision and updated Emergency Crisis Plan), employment (requires updated Employment Verification form and Emergency Crisis Plan), or any criminal charges and/or convictions (including DWI/DUI).

[The Board will not acknowledge receipt of your reported information so please submit via traceable mail and maintain a copy for your records. The Board will not respond or acknowledge approval of submitted information unless there is a concern or follow up action is required.]

North Carolina Social Work Certification and Licensure Board

INFORMATION ON THE LICENSED CLINICAL SOCIAL WORKER ASSOCIATE CREDENTIAL (LCSWA)

Pursuant to the North Carolina Social Worker Certification and Licensure Act, NCGS § 90B, it is unlawful to engage in or offer to engage in the practice of clinical social work in North Carolina without first being licensed as a clinical social worker by this Board. If you lack any of the criteria for licensure as a Licensed Clinical Social Worker (LCSW), and wish to engage in clinical social work practice, you must become licensed at the associate level (LCSWA). ***The following rules and procedures apply to all current and prospective LCSWA licensees:***

1. The LCSWA licensee may practice only under appropriate supervision.
2. The LCSWA license is issued for two years but may be renewed if needed; however, the associate licensee **MUST** pass the qualifying clinical exam prescribed by the Board within the initial two year licensure period to be eligible for renewal. Participation in ongoing continuing education (CE) activities is required to maintain licensure.
3. Failure to pass the qualifying exam within the initial licensure period will necessitate re-application for a new LCSWA license which will not be issued until the exam is passed. Supervision and clinical experience acquired under the expired license will not carry over to the new LCSWA license. Under the new LCSWA license, the required 2 years/3000 hours of supervised clinical practice experience must be documented again.
4. Clinical supervision is required until LCSW licensure is obtained.
5. A minimum of 3000 hours of appropriately supervised clinical practice over a period of time no less than two years, or more than six years are required for LCSW eligibility.
6. Appropriate supervision means that provided by a supervisor who is an LCSW with a MSW degree from a CSWE accredited program and two years of post LCSW clinical practice experience, and who is in good standing with this Board (not under discipline). Prospective supervisors with prior disciplinary history must obtain written permission from the Board to supervise LCSWA licensees.
7. A minimum of 100 hours of supervision is required and shall be maintained at a ratio of 1 hour for every 30 hours of practice. A maximum of twenty-five (25) hours of group supervision is allowed but all remaining applicable supervision must be individual (one-on-one, in person).
8. All LCSWA licensees must notify the Board in writing (on applicable forms) and have in place prior to practice, appropriate clinical supervision and immediate access to emergency clinical consultation. An Employment Verification and Emergency Crisis Plan must be in place pursuant to Sections .0210(c) & .0211(a) of the N. C. Administrative Code.
9. If applying for **comity** to receive credit for clinical supervision and practice obtained in another state or jurisdiction, please note that this process is based on a current and active license at an equivalent level from the other state/jurisdiction. No exceptions.
10. LCSWA licensees are approved to sit for the clinical examination with the issuance of the license and must pass the qualifying clinical exam prescribed by the Board within the initial two years of associate licensure (see #2). Those who fail the examination may re-examine before the expiration of their license and after waiting 90 days and payment of another exam processing fee to this Board. [Actual cost of the exam must be paid by the candidate directly to the examining body, ASWB.]
11. A waiver of the 90-day wait to re-examine may be requested if the number of items missed is within 5 points of a passing score **AND** if your employment is at risk for failure to maintain licensure.
12. Continuing Education (CE) is required to apply for LCSW licensure and for renewal of the LCSWA license. CE requirements are set forth in N.C. Administrative Code [21 NCAC 63.0401] and require 40 clock hours over a two year period. CE may be prorated for renewal periods less than two years.
13. Practice and supervision shall be reported to the Board every 6 months on the LCSWA Six-Month Review Form. It is the licensee's responsibility to submit each report to the Board on time, assuring that a case narrative has been completed and is on file with the clinical supervisor. Failure to report to the Board is a violation of the law and may result in action against the license.
14. The LCSWA license may be renewed (see #2) upon submission of the Renewal Affidavit, appropriate fee, documentation of CE activity, and current Six-Month Review report.
15. Upon satisfying all LCSW requirements (experience, supervision, examination, CE activity) submit the **LCSW Short Form application** (available for download at www.ncswboard.org). Include the final Six-Month Review Form, along with the required application fee of (\$115.00) one hundred and fifteen US dollars.

IMPORTANT INFORMATION FOR ALL LCSWA'S

IN ORDER TO REMAIN IN COMPLIANCE DURING YOUR ASSOCIATES STATUS

1. **License and information packet:** Upon issuance of your LCSWA license, you will receive a packet of information (license packet) along with your license. Do ***not*** begin practice until you receive your license and appropriate LCSW supervision is in place. Read all information thoroughly to have a clear understanding of the responsibilities and expectations associated with your license.
2. **Supervision:** Supervision must be in place ***before*** you begin clinical practice. Without specific written approval from the Board, supervision must be provided by an LCSW with a MSW degree and two years of post LCSW clinical practice experience, AND who is in good standing with this Board. Supervision must be in person, face-to-face, AND at the rate of at least 1 hour of supervision for every 30 hours of clinical practice.
With your LCSW Supervisor, review ***all*** materials; complete the Position Statement on Clinical Supervision, and submit the signature page along with your signed Emergency Crisis Plan as outlined in the Supervisor Manual [available on the website at www.ncswboard.org]. You will not receive an acknowledgement or reply from the Board office.
3. **Employment & Private Practice:** An *Employment Verification* form must be submitted for each place of employment and must include an attached job description. If your proposed practice setting will be within the private arena (anything other than a state or local government owned and operated program) even if services are by contract with the Local Management Entity (LME), you must submit a request for Board approval of the practice arrangement to ensure they comply with statute and rules governing clinical practice by associate licensees. The approval request packet is available on the Board's website.
4. **Continuing Education:** Upon receipt of your license, you should begin exploring and participating in continuing education activities that are designed to enhance your professional skills. The Board allows discretion in selecting attended training events, provided they satisfy the guidelines set forth in the Administrative Code [21 NCAC 63.0401], but **mandates that distance education courses must be offered by pre-approved providers** [ASWB-ACE or NCSWNC are the only Board approved providers for distance education.]
5. **Report to the Board every Six Months:** Review the dates assigned to you for reporting your practice to the Board. Note them on your calendar to remind you of when to submit your LCSWA Six-Month Review form to the Board. Each should be submitted in a timely manner on or near the assigned date. **[Reporting to the Board every 6 months is required by law and failure to do so may result in action being taken against your license.]**
 - If you have more than one employer, an *Employment Verification* form must be on file with the Board office for each place of employment, including an attached job description.
 - If you have more than one employer you must submit a Six-Month Review form for each place of employment.
 - If you have not engaged in clinical practice during the review period, you are still required to report to the Board by submitting the LCSWA Six-Month Review form indicating that you were not engaged in clinical practice during the review period. No supervisor evaluation is required if you have not engaged in clinical practice.

The original signature LCSWA Six-Month Review must be received into the Board office. **DO NOT FAX or send electronic copies. They will not be processed and are an added expense to the Board.**

You will not be notified in writing upon completion of our review; **unless** additional information is required or compliance concerns are noted. You and your supervisor should **MAINTAIN A COPY** of your review forms submitted for accrual of your supervision hours and clinical practice hours. While you are no longer required to submit a case narrative to the Board with the Six-Month Review document, you are required to prepare a narrative for review with your supervisor. This narrative shall be retained by the supervisor and available to the Board upon request.

Please **do not** call the Board office to check on receipt of your information. If you wish to know whether or not materials were received in the office, please send them by traceable mail (FedEx, certified mail, delivery confirmation, etc.). We receive hundreds of calls every day and we are happy to answer questions and field queries; however, telephone requests to check on receipt of information delays all other processing.

6. **Change of Supervisor/Employment:** If you change employment, please submit an updated *Employment Verification* form. If you change supervisors at any time during your Associate licensure period, you are required to submit a newly signed position statement providing the supervisor's information. An updated Emergency crisis plan should be submitted for any change in employment and/or supervision.
7. **Clinical Exam required:** Prepare early and take it as soon as possible. **You receive exam approval for 2 years when your LCSWA is issued.** To sit for the exam, send in your processing fee of \$40.00 by money order or certified check (addressed to NCSWCLB) to the Board office at P.O. Box 1043, Asheboro, NC 27204, along with the bottom section of the Exam Candidate Approval letter received in your license packet. We process the exam fees on a daily basis and will send you a letter with the information to begin the registration process.
If you fail to pass the Clinical exam you may submit another exam processing fee for the same amount (\$40) to request re-examination. The Exam Board requires that you wait 90 days between testing attempts. **You MUST take and pass the Clinical exam during your initial two years of licensure. Failure to do so will make you ineligible for renewal; and, you will be required to apply for a new Associate license, you will not be able to carry over previously accrued practice and supervision hours, and you will be required to pass the clinical exam before receiving the new associate license.**
8. **Moving from LCSWA to LCSW:** When you have completed all requirements for LCSW **[No less than two years of supervised practice/3000 hours of supervised clinical practice, with a minimum of 100 hours of supervision, and passed the ASWB Clinical exam]**, you may submit the LCSW Short Form application, \$115 application fee, documentation of required CE activity, and your final 6 month review. LCSW Short Form applications are given priority processing. **PLEASE NOTE YOU MUST SATISFY TWO YEARS OF SUPERVISED PRACTICE BEFORE SUBMITTING YOUR SHORT FORM APPLICATION. IT MAY BE NECESSARY TO RENEW YOUR LCSWA IF YOUR SUPERVISION DID NOT BEGIN IMMEDIATELY WHEN YOUR WERE ISSUED YOUR LCSWA.**

Continuing Education Information

[Reference: NC Administrative Code, Title 21, Chapter 63, Section .0401 and the Board's Position Statement on Continuing Education accessible from the Board's website at www.ncswboard.org]

When an LCSWA is initially licensed, they are deemed to have met minimal competency standards. The challenge of licensure boards is to assure these associate licensees, like all our credential holders, remain competent throughout their practice career not just with initial licensure. Toward that end, LCSWA's are required to practice under supervision, have immediate access to clinical consultation from an experienced practitioner, AND participate in ongoing continuing education to maintain professional knowledge and technical competency.

CONTINUING EDUCATION IS IMPORTANT:

1. LCSWA licensees are **required** to document CE activity to move from LCSWA to LCSW licensure and/or to renew the LCSWA license if additional time is needed to satisfy the supervised practice requirements.
 - The renewal cycle is defined as the certification or licensure period beginning with the date of issue or last renewal and ending with the date of expiration – usually two years, and
 - Documentation of at least 40 clock hours (hours of instruction) of which at least 4 hours must be focused on ethics related to social work practice and ethical decision making is required for each two year licensure period.

REMINDER: LCSWA licensees are required to pass the clinical exam during the initial two year licensure period to be eligible for renewal of their LCSWA license.

2. LCSWA licensees are generally recent graduates or new to the practice of clinical social work. As such, the education and training they have received may not have prepared them to provide **all** the services that could be offered under the scope of clinical licensure. Before new or advanced professional services are incorporated into the LCSWA's professional practice, particularly those that may not have been included within the professional education program, it may be necessary to enroll in and successfully complete a program of study offered by a recognized institution and/or with recognized authorities to ensure competency in the delivery of that service.
3. In selecting Continuing Education Activities, consider trainings that are related to or enhance social work practice, include opportunity for discussion addressing practice implementation, and provide a certificate of completion or attendance to verify participation.

CONFERENCES / WORKSHOPS / OTHER ORGANIZED TRAINING EVENTS:

The Board does ***not*** require pre-approval of organized training events attended by the social worker. However, your continuing education activity is subject to audit. Although CEU or attendance certificates should not be attached to your Renewal Affidavit, you will need to be able to provide upon request, verifiable proof of attendance and credit hours. Please reference

Chapter 63, Section .0401 of the NC Administrative Code (link available from the website HOME page) for guidance on what constitutes appropriate and acceptable continuing education activities.

*** Currently, the Board considers live/synchronous webinars in which participants and instructor may engage in live real time interactive dialogue that benefits all practitioners as equivalent to an attended training. This live real time interaction must be verifiable if the CE activity is audited ***

DISTANCE LEARNING ACTIVITIES / HOME-STUDY / ONLINE COURSES:

Distance Learning Activities are those in which the practitioner does not attend an organized training event in which the participants and the instructor are present in the same room and able to communicate in real time such as (but not limited to) online courses, home study courses, taped webinars/seminars/conferences. A maximum of twenty hours (one-half) of the required 40 contact hours of continuing education per two-year renewal cycle may be obtained through distance learning activities. To be considered acceptable CE activity for renewal of a certificate or license, distance learning activities must be pre-approved by the Association of Social Work Boards' Approved Continuing Education Committee (ASWB-ACE) or the North Carolina Chapter of the National Association of Social Workers (NASW-NC) AND must meet the regulatory requirements. **The Social Work Certification and Licensure Board has FINAL authority over what satisfies the Continuing Education Guidelines.**

You can find all ASWB-ACE Providers listed on the ASWB website at www.ASWB.org and NASW-NC approved courses through their website at www.naswnc.org.

Pro-rated Continuing Education for LCSWA Licensees:

LCSWA licensees whose renewal cycle is for less than two years may document continuing education on a pro-rated basis. Please refer to the time table on the Board's *Position Statement on Continuing Education* for specific time periods; however, consider the following:

- 2-year licensure period/renewal cycle requires documentation of 40 contact hours of continuing education with at least 4 hours of ethics focused training.
- 1-year renewal cycle requires 20 contact hours of continuing education with at least 2 hours of ethics focused training.
- 6-month renewal cycle requires 10 contact hours of continuing education with a least 1 hour of ethics focused training.

NCSWCLB POSITION STATEMENT ON CONTINUING EDUCATION

Purpose:

The Board has prepared this position statement to assist social workers in recognizing the importance of continuing education (CE) in maintaining professional competence, and understanding the standards enforced by the Board through Statute and regulation (Code). The primary focus in selecting appropriate CE activities should be quality improvement; specifically, improved client and social work practice outcomes through improved service delivery.

These governing requirements for CE outlined in the NC Administrative Code [21 NCAC 63 .0401] are posted on the Board's website at www.ncswboard.org.

Verification of CE Activities:

The Board does NOT pre-approve CE Providers or courses. In considering learning opportunities for obtaining CE credit, social workers are required to participate in training activities that can be **verified** by the Board in the event the social worker's continuing education hours are audited. Acceptable verification may consist of a signed certificate of completion or attendance that identifies the sponsoring organization, name of facilitator or trainer, course title, training format (identified location, home study, or online), date(s) attended, hours of credit, and the participant/attendee's name.

Maintaining Records of CE Activity:

Pursuant to the NC Administrative Code [21 NCAC 63 .0507], social workers must maintain records to fulfill their professional responsibilities. The Board recommends maintaining CE documentation for a minimum of three years in the event your Renewal is selected for a Continuing Education Audit.

What is Required by Statute and Regulation:

- CE is ***required*** for maintaining social work certification and licensure in North Carolina.
- At least 40 contact (clock) hours of CE is required for each full renewal cycle (two years). For renewal cycles less than two years, please refer to the section on "Exceptions" below.
- A minimum of 4 hours of ethics-focused training is required for each renewal cycle.
- No more than half (20 hours) of the CE hours submitted for each renewal cycle may be obtained through distance education.

Exceptions:

- An ***initial*** certificate or license issued for a period ***less than two years*** and requires only 30 hours of CE activity. Social Workers should seek clarification from the Board office if they are unsure of the number of CE hours they are required to have during their first renewal cycle.
- LCSWA licensees in their second or third renewal cycle and eligible to apply for LCSW licensure may also require less than 40 hours of CE. The amount of CE required for transitioning to LCSW licensure during renewal periods that are less than two years may be calculated on a prorated basis (see below).

Prorated CE for Transitioning from LCSWA to LCSW (Applicable to LCSWA licensees ONLY):

It is not uncommon for an associate license to need to renew the LCSWA license beyond the initial two year licensure period in order to acquire the required 2 years/3000 hours of supervised clinical practice; however, often the amount of additional time needed to fulfill these requirements is less than two additional years. LCSWA licensees who are ready to apply for LCSW less than two years into their current renewal period may document CE on a pro-rated basis. For pro-rated CE, consider the following:

Licensure Period in months	Total CE Required	Ethics Hours Required	Licensure Period in months	Total CE Required	Ethics Hours Required	Licensure Period in months	Total CE Required	Ethics Hours Required
1	2	1	9	15	2	17	28	3
2	3.5	1	10	16.5	2	18	30	3
3	5	1	11	18	2	19	31.5	4
4	7	1	12	20	2	20	33	4
5	8.5	1	13	21.5	3	21	35	4
6	10	1	14	23	3	22	36.5	4
7	12	2	15	25	3	23	38	4
8	13.5	2	16	26.5	3	24	40	4

What Constitutes Acceptable CE Activities:

The Continuing Education Requirements are outlined in the NC Administrative Code [21 NCAC 63 .0401] and may include:

- Academic social work courses taken for credit or audit.
- Agency based staff development, seminars, institutes, workshops, mini courses or conferences provided they are **oriented to social work practice, values, skills and knowledge**. (emphasis added)
- Cross-disciplinary offerings from medicine, law, and the behavioral/social sciences or other disciplines provided such offerings are **related to social work practice, values, skills and knowledge**. (emphasis added)
- Formal study groups where the topic is clearly related to social work practice, values, skills and knowledge. Participants (not the leader/facilitator) may receive CE credit.
- Distance education (online courses, live or taped non interactive webinars, home study courses) offered by ASWB or NASWNC approved providers. No more than half (maximum of 20 hours) of the required CE hours submitted for each renewal cycle may be obtained through distance education.
- Live synchronous webinars that allow for live interaction between facilitator and participants is considered an attended training (not a distance education activity) but this format must be verifiable in the event of a CE audit).

What are NOT acceptable CE Activities:

- Self-directed learning projects.
- Preparation for teaching or facilitating a training event.
- Supervision
- Case consultation.
- Job orientation training: such as First Aid, CPR, or other training related to one’s job that is not specifically oriented to social work practice, values, skills and knowledge.
- Self-care activities that do not include specific application to client-centered interventions.
- Therapy
- Distance learning activities (online courses, live or taped non interactive webinars, home study courses) offered by anyone other than an ASWB or NASWNC approved provider.

Professional Examination

The North Carolina Social Work Certification and Licensure Board requires professional examination to evaluate the qualifications of each applicant, and utilizes the Association of Social Work Boards (ASWB) as their examining body.

LCSWA licensees are required to pass the ASWB clinical exam within the first two years of licensure.

When the LCSWA credential is issued, the licensee receives a packet of information including the license certificate. Within that packet of material will be a notification of Examination Candidacy Approval (SAMPLE enclosed) which includes instructions for submitting the exam processing fee [\$40] to the NCSWCLB. The processing fee must be paid by MONEY ORDER or CERTIFIED BANK CHECK, as no personal checks are accepted.

The Examination Candidacy Approval notice will provide instructions on how to register for the examination and how to access a copy of the *Candidate Handbook for Social Work Licensing Examinations* through ASWB. The exam fee [\$260 for Clinical level exam] must be paid directly to ASWB at the time of registration. To register for the exam or to purchase related materials (study guide or practice exam) the social worker MUST have approval from this Board first. ASWB is informed of the social worker's approval to sit for examination upon receipt of the exam processing fee.

The exams are currently offered 5 or 6 days per week in several locations throughout the State at PearsonVUE test centers. Please visit the ASWB website at www.aswb.org for additional Exam Candidate information and test sites. [REMINDER: to sit for the exam, the applicant/licensee must be approved by this Board as eligible and authorized by the examining body, ASWB.]

Authorization to sit for the ASWB examination is good for ONE exam attempt and will be valid for one year from the date the Board received the processing fee or until the current LCSWA license expires, whichever comes first.

FEES ARE NON-REFUNDABLE. Candidates that fail the exam may request to re-examine by submitting the Exam Request Form (SAMPLE enclosed) and another processing fee [\$40] to NCSWCLB. A separate exam fee [\$260 to ASWB] must be paid for each exam attempt. ASWB may require an additional charge from candidates for missed appointments with an excused absence; however, an unexcused missed appointment will cost the candidate the entire fee.

Special Accommodations and Study Guide: The ASWB Candidate Handbook contains information on the exam ADA accommodations, and English as a Second Language (ESL). Please visit the ASWB website at www.aswb.org for additional information.

ASWB offers a practice version of the clinical exam. Access to the full-length practice test does require a non-refundable fee and is available only to candidates *registered* to take the corresponding licensing exam. Practice exams may be purchased through the ASWB website.



NORTH CAROLINA SOCIAL WORK CERTIFICATION AND LICENSURE BOARD

Post Office Box 1043
Asheboro, North Carolina 27204

E-mail: swboard@asheboro.com
Website: www.ncswboard.org

Phone (336) 625-1679

Fax (336) 625-4246

NC Toll Free (800) 550-7009

Examination Candidacy Approval

We are pleased to inform you that the Board has completed its review of your application and has approved your qualifications to sit for the examination circled below:

Bachelors

Masters

Clinical

Advanced Generalist

As a qualification for certification/licensure, the North Carolina Social Work Certification and Licensure Board requires a passing score on the Association of Social Work Boards (ASWB) examination at the above-indicated level. Please review the following information carefully.

Registration Process: Please complete and detach the section below and submit with a certified check or money order (no personal checks) in the amount of \$40.00 in payment of the exam processing fee. Upon receipt of this payment and request, the Board will send you the necessary information in order to pay and register for the ASWB exam. Your fee will be valid for one-year from date of receipt or the expiration date of your LCSWA whichever comes first.

For those applying for CSW, CMSW, LCSW, or CSWM, you must pass the exam within two (2) years of the Board's initial receipt of your application. Please be aware if you are providing clinical social work services, you must be licensed by the NCSWCLB. **If you are licensed at the Associate level (LCSWA), you must take and pass the exam within your two-year associate licensure period.**

Your score will be presented to you upon your completion of the examination. If you do not pass your examination, you may retake it after 90 days and payment of a second fee. The Board will take further action on your application for certification/licensure upon receipt of the official score report from ASWB *unless* licensed at the LCSW Associate level. Study guides are available through ASWB and may be contacted at **1-800-225-6880**.

PLEASE INDICATE THE APPROPRIATE EXAM (as circled above): _____

NAME: _____

FEE MUST BE ENCLOSED TO ENSURE

ADDRESS: _____

PROPER PROCESSING

\$40.00

(Certified Check or money order only)

SOCIAL SECURITY NUMBER: _____

LCSWA License# (if applicable) _____



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EXAM REQUEST FORM

STEP ONE: TO BE ELIGIBLE TO SIT FOR EXAMINATION, you must submit an application for certification or licensure to the N.C. Social Work Certification and Licensure Board and been determined “eligible” to sit for examination. Upon satisfactory review of your application, you will receive a notice of “Exam Candidacy Approval” from the Board. [LCSW ASSOCIATE (LCSWA) LICENSEES ARE GRANTED EXAM ELIGIBILITY AT THE TIME THE ASSOCIATE LICENSE IS ISSUED AND SHOULD USE THIS FORM TO INITIATE THE EXAM PROCESS.]

STEP TWO: UPON RECEIPT OF EXAM CANDIDACY APPROVAL, OR WHEN REQUESTING TO SIT FOR SUBSEQUENT EXAM ATTEMPTS, candidates must complete this form and submit to this Board, the exam processing fee of forty dollars (\$40.00) with your request to sit for examination. The processing fee made payable to NCSWCLB must be paid by certified bank check or money order (no personal checks accepted). THE PROCESSING FEE *DOES NOT* INCLUDE THE COST OF THE EXAMINATION.

A SEPARATE PROCESSING FEE IS REQUIRED FOR EACH EXAM REQUEST.

- Candidates applying for multiple credential levels must include a processing fee for each level.
- Candidates requesting to sit for repeat examination following a failed attempt must submit another fee and completed form to obtain continued exam approval.

STEP THREE: The Board contracts with the Association of Social Work Board (ASWB) for examination services. Upon receipt of your payment and exam request, the Board will forward to you instructions for registering to sit for the examination including an expiration date. The exam approval is good for ONE exam attempt during the approval period. The actual cost of the exam will be assessed by and payable to ASWB at the time of registration.

STEP FOUR: Upon registration with ASWB you will be sent authorization and a list of testing centers with their contact information. You select the center of your choice and schedule directly with the testing center. Testing is generally available Monday through Saturday at most sites. A PASS/FAIL report will be presented to you at the testing site upon completion of the examination. If you do not pass your examination, you may retake it after 90 days and upon obtaining continued approval and payment of a second examination fee.

An official score report will be sent automatically to this Board from ASWB. **We do not notify you when we receive your results from the exam board.** Your pending credential will be issued following receipt of your official PASS score result. For LCSWA licensees your PASS score result will be held until all other requirements are satisfied.

Study guides are available through ASWB at **1-800-225-6880**.

CIRCLE THE EXAM YOU ARE APPROVED TO TAKE:

CLINICAL **ADVANCED GENERALIST** **BACHELORS** **MASTERS**

NAME: _____

[Certified check/Money Order (\$40.00) must be enclosed to ensure proper processing]

ADDRESS: _____

SSN: _____

LCSW ASSOCIATE RENEWAL INFORMATION

Continuing education (CE) for License renewal is required to maintain professional knowledge and technical competency. The LCSW Associate (LCSWA) license is issued on a two-year basis and will expire two years after the initial month of issuance. **Please keep the Board advised at all times of a current address.**

YOU MUST PASS THE QUALIFYING CLINICAL EXAM TO BE ELIGIBLE FOR RENEWAL OF YOUR LCSWA LICENSE. Current Renewal fee is \$140 for the LCSWA license.

Renewal of your license requires 40 contact hours of CE within the two year licensure cycle. At least four (4) hours of CE must be focused on ethics related to social work practice and ethical decision making.

Credit will ***not*** be allowed for identical programs completed within the same renewal period, or for job orientation, on the job training, supervision, or case consultation.

THE BOARD DOES NOT APPROVE TRAINING ACTIVITIES IN ADVANCE. All training activities must satisfy the Administrative Code guidelines for Continuing Education [21 NCAC 63.0401].

CONTINUING EDUCATION ACTIVITIES MAY INCLUDE:

1. Academic **Social Work** courses taken for credit or audit. One semester hour is equal to 15 contact hours. Credit for auditing an academic course shall be for actual clock hours attended during which instruction was given with one clock hour equal to one contact hour of credit.
2. Agency-based staff development, seminars, institutes, workshops, mini courses or conferences **oriented to social work practice, values, skills and knowledge.**
3. Cross-disciplinary offerings from medicine, law, and the behavioral social sciences or other disciplines, if such offerings are **clearly related to social work practice, values, skills and knowledge.**
4. Study groups focusing on social work practice if the following can be documented: Study topic; study materials; facilitator; and date and hours of attendance. Participants (not the facilitator) may receive credit.
5. Distance learning courses: Home study, webinars or online courses offered by ASWB or NASW-NC approved providers are the ***only*** distance education activities considered. The maximum allowed for such courses is one-half of the required hours, up to a maximum of twenty (20) contact hours per renewal period. Visit the Board's website at www.ncswboard.org for more information regarding distance learning.

LATE RENEWAL: Your license expires on the date indicated and may not be extended except through the renewal process. Renewal Affidavits received after the license expiration date, but within 60 days after expiration will be assessed an additional late fee of \$50.00.

Persons failing to renew within 60 days after expiration will have their license suspended for failure to renew and will be assessed an additional reinstatement fee of \$125.00, provided you have passed the clinical exam and are eligible for renewal/reinstatement. **If you are retired or not practicing you may submit a request for non-practicing status. Please refer to NCGS 90B-9 (d); however, the six year allotted time frame for satisfying the 2 year/3000 hours of supervised experience will continue to proceed uninterrupted.**

DO NOT send course descriptions, attendance certificates, or other documentation with your renewal forms. Please maintain these in your records (for a period of no less than 3 years) as they may be requested for audit or verification.

The Renewal Affidavit (2 pages) including affirmation statements and list of CE activity, and the appropriate fee (payable by check or money order to NCSWCLB) shall be submitted prior to the expiration of your current license. (Renewal is not complete without the \$140 renewal fee).

NCSWCLB
P.O. Box 1043
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PART I: RENEWAL AFFIDAVIT FOR LCSW ASSOCIATE

Please affirm by initialing each statement then sign and date below.

DATE PASSED CLINICAL EXAM: (MANDATORY)

I affirm/certify that I have engaged in at least 40 hours of continuing education activities during the preceding licensure period in compliance with the NCSWCLB renewal standard for continuing education.

I affirm that I have engaged in at least 4 hours of continuing education focused on ethics related to social work practice and ethical decision making in the preceding licensure period.

I affirm that my ability to perform my professional responsibilities is not impaired in any way or by the use of alcohol, prescription or non-prescription drugs, or other controlled substances.

I affirm that I have not been convicted of a crime since my last renewal except as explained in the attached page (if necessary). (Please include a certified copy of any court records or statement of any current charges that may be pending against you before any court, Board, agency, or professional organization).

I affirm that I have reviewed North Carolina General Statute 90B, the "Social Worker Certification and Licensure Act"; and Title 21, Chapter 63 of the North Carolina Administrative Code, including the Administrative Rules, Ethical Guidelines, and Disciplinary Procedures, including all that apply to LCSWA licensees, and hereby agree to comply fully with them. Available at www.ncswboard.org.

I affirm that I have not violated any of the provisions of the North Carolina Social Worker Certification and Licensure Act, and associated Rules, including Ethical Guidelines.

I understand that renewal of my certification/license is subject to a Continuing Education audit which will require me to verify the trainings I attended and submitted for renewal; and I hereby agree to comply fully with the Board's audit request.

I affirm that all information submitted by me or at my request is accurate, and I give permission to the North Carolina Social Work Certification and Licensure Board to verify and/or further investigate any such information, as it may deem appropriate. I understand that any material omission or misrepresentation in my submission shall be grounds for the immediate action by the Board against my license.

Printed Name Signature Date

Home Address (Street, City, State, Zip) N.C. County of residence

Employer Work Phone#

License # SS # Home Phone #

Preferred email address Cell Phone #

(Please complete Part II)



NORTH CAROLINA
SOCIAL WORK CERTIFICATION AND LICENSURE BOARD

Post Office Box 1043
Asheboro, North Carolina 27204
Phone (336) 625-1679 Fax (336) 625-4246

E-mail: swboard@asheboro.com
Website: www.ncswboard.org

NC Toll Free (800) 550-7009

LCSW SHORT-FORM APPLICATION

(Two-Part Document)

PART I: Affirmation and Signature

Note: This document to be used only by LCSW Associates who have completed all requirements for LCSW licensure:

- 1. 3000 hours of paid supervised clinical experience in a period no less than 2 years or more than 6 years;
2. Minimum of 100 hours of clinical supervision; It must be 2 years since date of 1st supervised practice.
3. Passed the ASWB Clinical level exam (date of exam).
4. Documentation of continuing education at the required rate of 40 hours within a two-year licensing period, with at least 4 hours of continuing education focused on ethics in social work practice.

**You will need to include a final Six-Month Review Form with this Short Form application to document all supervised clinical practice experience obtained since your last review.

I affirm that I have completed the necessary requirements to obtain licensure in North Carolina as a Licensed Clinical Social Worker and that the information provided herein is accurate.

I affirm that I have reviewed the North Carolina General Statute GS § 90B, the Social Worker Certification and Licensure Act, and Title 21, Chapter 63, of the North Carolina Administrative Code, including the Administrative Rules, Ethical Guidelines, and Disciplinary Procedures; and I hereby agree to fully comply with them.

I affirm that I have not violated any of the North Carolina Social Work Certification and Licensure Board governing rules or statutes, including the Ethical Guidelines.

I affirm that I have not been convicted of a crime (excluding minor traffic violations) since my initial application for associate licensure. (Attach letter of explanation if applicable)

Full Name _____ LCSWA license # _____

Home Address _____
Street/P.O. Box _____ City/State/Zip _____

Work Address _____
Street/P.O. Box _____ City/State/Zip _____

Home Phone# _____ Work Phone# _____

**All correspondence will be mailed to your home address unless otherwise noted.

Enclose a non-refundable fee of \$115.00 (personal check, cashier's check or money order) payable to NCSWCLB.

Signature _____ Date _____

LCSW Supervisor Signature _____ Date _____

LCSW Supervisor to check appropriate space below:

I recommend continued supervised clinical practice at the LCSWA level.

I recommend this LCSWA for LCSW licensure (applicable only after completing all minimum requirements).

Section Eight

SAMPLE CLINICAL SUPERVISION AGREEMENT

[NOTE: NCGS 90B does not mandate a written supervisory agreement be completed; however, to insure all aspects and expectations of supervision are met, it is recommended that a written agreement be completed between the appropriate parties to insure all expectations are clearly defined. This SAMPLE agreement is offered as a courtesy to assist supervisees and supervisors in developing a clearly defined arrangement for clinical supervision during the LCSWA licensure period and is not intended to represent all areas to be considered. Should you choose to use this document or develop a separate Supervision Agreement, please do not submit it to the Board for consideration.]

Clinical Supervisor (LCSW) Name: _____

LCSW Associate (LCSWA) Name: _____

LCSWA Practice Location (Name and Address):

Supervision Start Date: _____

Supervision Guidelines – Define parameters (general professional expectations, clarification of access to records and confidential information, client understanding of supervisor’s role, etc.). **May include (but not be limited to) the following:**

1. Professional and ethical conduct expected.
2. All NC Social Work Board paperwork to be brought to the first supervision session (licensing packet with reporting dates, signature documents, etc.).
3. All contacts will be a part of supervision for the duration of this agreement.
4. Unprofessional demeanor, speech and interaction observed or reported will be discussed during supervision.
5. A job description and agency policies related to social work to be provided by *established timeframe*, including client consent for treatment and understanding of supervisory oversight. [For offsite supervision, clarify expectation for communication among employer, supervisor and supervisee regarding access to records, client oversight, etc.]
6. Adherence to supervision defined [i.e. supervision will occur for a minimum of once a week for one hour. Define supervision format (must be in person, face-to-face as required by regulation), and any additional expectations, such as use of live supervision, videotaped sessions, etc.]
7. Work done in the supervisory session will follow the usual rules of confidentiality. Permission to use client names and appropriate identifying information should be obtained.

Supervisor Expectations – Define the expectations of the supervisor, **which may include but not be limited to the following:**

- Provide supervision within the ethical guidelines of the NCSWCLB and the NASW code.
- Facilitate the supervisee’s ability to clinically assess supervisee’s clients for mental and emotional disorders using the most current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), utilize social work methods and theory, develop appropriate treatment plans to address diagnosed disorders; and collaborate with the supervisee to identify other providers to meet needs the supervisee cannot.

- Focus on relationship development with client systems and attend to issues of transference and counter-transference; assist refinement of self-awareness.
- Offer supervisee advice, support, consultation, and challenge to enable the supervisee to reflect in depth on issues affecting the supervisee's practice. Respect supervisee's confidentiality and that of the supervisee's clients; except if the supervisee engages in or attempts to engage in any unsafe, unethical or illegal practices that are harmful to clients and that the supervisee is unwilling or unsuccessful in addressing with the supervisor. In the event of an exception arising, the supervisor will attempt to educate, redirect and support the supervisee in how to appropriately handle the issue directly. If this is unsuccessful or the practice is of such seriousness that it needs immediate action, the supervisor will take all appropriate steps to protect the client and the supervisor's professional license and will report to the licensing board as needed.
- Work to the supervisee's agenda, within the framework and focus negotiated at the beginning of each session. However, the supervisor reserves the right to highlight items apparently neglected or unnoticed by the supervisee.
- Maintain and utilize my own (separate) clinical supervision to support and develop my abilities as a clinical supervisor and clinician.
- Provide a record for the NC Social Work Certification and Licensure Board, showing the times and dates of clinical supervision sessions along with a summary of the issues discussed, if asked to do so.
- Maintain LCSW clinical licensure in good standing with the NC Social Work Certification and Licensure Board.

Supervisee Expectations – Define the expectations of the supervisee, which may include, but not be limited to the following:

- Attend all sessions on time as agreed to in this contract or in future negotiations to meet the needs of both the supervisor and the supervisee.
- Make effective use of time by preparing for the sessions, developing an agenda, bringing a list of clients served during the week to discuss, and/or preparing notes.
- Take and keep notes about the sessions to assist the supervisee in practice and development of the six month case narratives or LCSW exam preparation.
- Be willing to learn, to develop clinical skills and be open to receiving input, challenges and suggestions.
- Share all materials sent to or received from the NC Social Work Certification and Licensure Board.
- Be responsible for timely payment of supervision fees (if appropriate).

Meeting frequency – [Supervision is required by regulation at the rate of 1 hour of supervision for every 30 hours of clinical practice.]

- Define frequency and amount (i.e. weekly for one hour) of supervision agreed upon.
- If the meeting is to be missed by supervisee, the supervisee must contact the supervisor as soon as possible to cancel and re-schedule the meeting.
- If the meeting is to be missed by the supervisor, the supervisor must contact the supervisee as soon as possible to cancel and reschedule the meeting.
- Should the supervisee need more supervision time, it will be scheduled in advance of the need.

Location of the supervision:

- Supervision will take place at _____ [location and time].

Payment for supervision sessions (if applicable):

- Supervisee has agreed to pay _____ [amount] per hour for individual supervision.
- Supervisee has agreed to pay _____ [amount] per hour for group supervision. [A maximum of 25 hours of group supervision is allowed for meeting LCSW requirements as per NCSWCLB. Group supervision will take place if and when other supervisees are able and willing to engage.
- Define clearly when and how payment is to be made.

Duration of clinical supervision:

- This supervision arrangement is valid as long as the supervisee and supervisor both mutually agree. At any time either party is dissatisfied with this arrangement for any reason, or need to end supervision for any reason, this agreement will expire after a (*define period*) notice is provided by the party requesting that the service end.
- The notice period will be used to assure that all documentation kept by each part is fully shared with the other party and required reporting documentation is completed.

This is an agreement for clinical supervision between the parties below:

Signed (LCSWA Supervisee) Date: _____

Signed (LCSW Supervisor) Date: _____

Distribution: Originals to both parties

SAMPLE

_____ (year) SUPERVISION LOG [Indicate total time]

LCSWA Name:

Supervisor:

DAY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
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TOTAL												

NOTES: [Provide date & notation]