



NORTH CAROLINA
SOCIAL WORK CERTIFICATION AND LICENSURE BOARD

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CSWM Administrative Supervision Form
For Level H Certification Only

This form is used to document hours previously acquired

Applicant Name: _____ Date: _____

Supervisor Name: _____

TO BE COMPLETED BY THE ADMINISTRATIVE SUPERVISOR

The above named individual is applying for the Certified Social Work Manager certification. Your candor in completing this form would be appreciated. Please print legibly or type. Carefully answer each question. Please return this form to the applicant in an envelope with your signature over the seal. He or she will return your sealed envelope to the Board with the completed application packet. You may write or call the Board directly if you have any questions or concerns.

1. Title of applicant's position: _____

2. Describe applicant's administrative duties and responsibilities:

(If more space is needed, use back of this form.)

3. Where did the applicant work? _____

4. Dates applicant was employed (MM/DD/YYYY): _____ to: _____

5. Total number of hours employed: _____

6. Dates supervision was provided (MM/DD/YYYY): _____ to: _____

7. Total hours of individual supervision provided by you: _____

8. Total hours of group supervision provided by you: (Maximum of 50 hours) _____

9. Total combined hours of individual and group hours provided _____

I hereby certify that the above information is correct, that I am certified with the North Carolina Social Work Certification and Licensure Board on at least one level, and have a minimum of five years of administrative experience in a social work or mental health setting.

Signed: _____ Date: _____

Name: _____

Title: _____ Certification/License Number: _____

Address: _____

City, State, Zip: _____

Phone(s): _____

Please return this form to the applicant in a sealed envelope with your signature over the sealed closure.

Thank you for your assistance