



Counselor, Social Worker & Marriage and Family Therapist Board

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Independent Social Worker Professional Employment Reference

Directions: Section A & B are to be completed by the applicant.

1. Did you perform psychosocial interventions at an administrative level? If yes, attach a description of them.
2. Applicant must sign the waiver of liability in Section A prior to giving the form to their supervisor.

Section C is to be completed by the supervisor.

1. The supervisor shall not complete the form until the waiver of liability is signed by the applicant.
2. The supervisor must have his or her own signature notarized after completing the form.
3. After completing the form, the supervisor shall seal it in an envelope provided by the supervisee and sign his or her name across the seal and return it to the Board.

Section A:

First name:	Middle Initial:	Last Name:	License Number:
Mailing address--Number & Street:		City:	State:
			Zip Code:
If you were primarily involved with macro level social work practice, did you attach a copy of how you performed psychosocial interventions at the administrative level? Yes _____ No _____			
Waiver of Liability: I _____ hereby authorize _____ Applicant's Name Supervisor's Name To complete the professional employment reference form (PER) and to provide the Board with any information which the PER may deem relevant to my qualifications as an applicant. I hereby release and discharge the supervisor from all claims arising out of the provision of such information. Signature: _____ Date: _____			

Section B:

Name of Employing Company:			
Mailing address-Number & Street:		City:	State:
			Zip Code:
Applicant's Job Title:			
Applicant's Brief Job Description: (You must attach a copy of job description):			

Section C:

Applicant engaged in the practice of masters level social work at above agency by performing the following (check all that apply):	
"Practice of social work" means the application of specialized knowledge of human development and behavior and social, economic, and cultural systems in directly assisting individuals, families, and groups in a clinical setting to improve or restore their capacity for social functioning, including counseling, the use of psychosocial interventions, and the use of social psychotherapy, which includes the diagnosis and treatment and emotional disorders."	
A. Counseling: A practice often used in clinical social work to guide individuals, families, groups and communities.	
____ Giving Feedback ____ Delineating Alternatives ____ Helping Articulate Goals ____ Providing Needed Information	
____ Other: _____	
I certify that the applicant demonstrated competency for items checks: _____ Yes _____ No	

____ Family Systems Therapy ____ Client Centered Advocacy ____ Environmental Modifications ____ Community Organization
____ Organizational Change ____ Other: _____

C. **Social Psychotherapy:** The application of social work toward the goal of enhancement and maintenance of psychosocial functioning of individuals, families, and small groups.

☐ Interventions directed to interpersonal interactions, intra-psyche dynamics, life support and management issues
☐ Professional application of social work theory and methods to the treatment and prevention of psychosocial dysfunction, disability, or impairment, including mental and emotional disorders:
☐ Assessment ☐ Diagnosis ☐ Treatment ☐ Psychotherapy ☐ Consultation ☐ Evaluation
 Other: _____

I certify that the applicant demonstrated competency for items checked: _____ Yes _____ No

Applicant was engaged in the practice of social work under your Training Supervision: means supervision for the purposes of obtaining a license and/or development of new areas of proficiency while providing services to clients. The supervisor and the supervisee both share responsibility for carrying out their role in this collaborative process of professional growth and development. The training supervisor is responsible for providing direction to the supervisee, who applies social work theory, standardized knowledge, skills, competency, and applicable ethical content in the practice setting.

- a) **Individual supervision** means face-to face contact between a supervisor and an individual supervisee in a private session wherein the supervisor and supervisee deal with problems unique to the practice of that supervisee.
- b) **Group Supervision** means face-to face contact between a supervisor and a small group (not to exceed six supervisees) in a private session wherein practice problems are dealt with that are similar in nature and complexity to all supervisees in the group.

Need a minimum of 3000 hrs & 24 mo. but cannot earn more than 1500 hrs in any 12 mo. If less than 1500 hrs list actual number of hrs. in (_____)

Dates 1st 1500 hrs or () From: (mm/dd/yy) To: (mm/dd/yy) **Dates 2nd 1500 hrs** or () From: (mm/dd/yy) To: (mm/dd/yy)

How many hours of face-to-face supervision in private sessions did you provide? The minimum requirement for training supervision is 150 hours which can be all individual, all group, or a combination of the two.

Total #: individual face-to face supervision hours: _____ **Total #:** group face-to-face supervision hours: _____

Check as many of the Following that applied to you when you supervised this applicant:

____ Master's or Doctoral degree in social work

____ Have two years' experience in social work or related field, if not in social work, specify field: _____

____ Independent Social Worker: Date Licensed _____ License Number _____

____ Date of last renewal: _____

Do you recommend this applicant to practice master's level social work with an independent level license?

____ Yes ____ Yes, with reservations ____ No (if "Yes, with reservations" or "No", attach a detailed explanation)

Name of Supervisor:		Title of Supervisor:	
Mailing Address-Number & Street:	City:	State:	Zip Code:
Email:		Telephone Number:	

Signature of Supervisor:

Notarization:

Subscribed and sworn before me this _____ day of _____, 20_____

County of _____ and State of _____

Signature of Notary Public: _____