

**TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL
TEXAS STATE BOARD OF SOCIAL WORKER EXAMINERS**

Clinical Supervision Plan

***** Be sure to complete ALL portions of this form. *****

I. Clinical Supervision Employment Site

Practice Location Name _____

****Practice Location Name is the location in which the supervisee is accruing clinical experience hours (not the supervisor's practice location). If supervised experience will be received at separate agencies, a separate Clinical Supervision Plan must be submitted for each site along with the required supplemental documents. ****

II. Supervisee Information (LMSW)

Name: _____ License Category & Number: _____

Phone: _____

Email address: _____

III. Board-approved Supervisor Information (LCSW-S)

Name: _____ License Category & Number: _____

Phone: _____

Email address: _____

Beginning Date of Supervision: _____ (MM/DD/YYYY) **

**** Supervision may begin up to 30 days before the plan is submitted for approval. The board office shall approve a start date no more than 30 days prior to the board's receipt of the plan. If board-approval is not granted, no experience credit can be gained. ****

The following statements must be **initialed by the supervisor**:

_____ Pursuant to §781.404(b)(12)(D), through my guidance the supervisee will maintain client confidentiality by following the appropriate statutes, rules and guidelines (including HIPAA and any other applicable laws).

_____ Pursuant to §781.404(b)(12)(D), the strategies and methods of supervision I employ will be formulated to meet the professional growth needs of the supervisee.

_____ Pursuant to §781.404(b)(11)(A), I will keep legible, accurate, complete, signed supervision notes indicating the content, duration and date of supervision as well as the hours worked by the supervisee.

IV. Attachments to Include

- If supervision of agency-based clients is done with a supervisor who practices outside of the employment setting and is not under contract with the employer to provide supervision, a letter from the employer on letterhead approving the outside supervision with the specific supervisor must be attached.

V. Affidavit of Understanding and Signatures

The following statements must be **initialed by the supervisor and supervisee:**

_____ I hereby certify that I have reviewed Chapter 781 of the Texas Administrative Code and am familiar with the regulations pertaining to supervision for specialty recognition in the state of Texas. I understand that I must observe and comply with the supervision guidelines set forth in the rules.

_____ I am aware that the Texas Health and Human Services will conduct random audits to ensure compliance with supervision requirements.

_____ I affirm and certify under penalty of perjury, Texas Penal Code §37.10, and board rule 22 Texas Administrative Code §781.203 (6), that this Clinical Supervision Plan meets all qualifications of clinical social work, consistent with the definition in board rule 22 Texas Administrative Code §781.202 (f) and that the statements made in the supervision plan, including accompanying statements, are true, complete and correct. I understand that any false or misleading information in, or in connection with the supervision plan may be cause for denial or loss supervision time received and/or loss of licensure. **(Supervision may begin up to 30 days before the plan is submitted for approval. If approval is not granted, no creditable experience can be gained.)**

Supervisee Signature: _____ Date: _____

Supervisee Name Printed: _____

Supervisor Signature: _____ Date: _____

Supervisor Name Printed: _____

VI. Board-approved Supervisor Only

- A photocopy of this submission has been provided to the supervisee.
- A photocopy of this submission has been placed in the supervision file maintained by the supervisor.

Mail To:

**TXBHEC TSBSWE
333 Guadalupe, Suite 3-900
Austin, Texas 78701**