Texas State Board of Social Worker Examiners
APPLICATION / RENEWAL FORM FOR SUPERVISOR TRAINING COURSE PROVIDER

PLEASE PRINT OR TYPE

Name of Individual Responsible for Supervisor Training Course(s) (Full name must match driver’s license)

Title (circle one):  Mr.  Ms.  Dr.  Prof.  Other ___

Last: __________________________________________ First: __________________________ Middle: __________________________

Provider Name: __________________________________________ Provider Number (if renewal): ______

Business Address: Street/P.O. Box________________________ City_________________ State __________ ZIP ______

Business Phone No.: __________________________ Business Website: ______________________________

Business Email Address: __________________________ Business Phone No.: __________________________

Please indicate the type of Supervisor Training Course(s) to be offered by this Provider:

___ Course to prepare Supervisors of LBSWs or LMSWs working toward Independent Practice Recognition

___ Course to prepare Supervisors of LMSWs working toward Licensed Clinical Social Worker Designation

After approval, the above information will appear on Board’s website in a listing of Approved Supervisor Training Providers.

CE Provider #_________________________ Expiration date: __________________________

NOTE: If you do not have a current, active CE Provider Number, please submit this form (plus course curricula) along with Form D: Application for Continuing Education Provider and the applicable fee, as per instructions on Form D.

AFFIDAVIT

I, ___________________________, hereby certify as a principal of __________________________ that

(name of individual) (provider name)

• I have accessed, read, understood, and shall comply with the laws and regulations pertaining to social work licensing in the state of Texas. (A copy of the Social Work Practice Act and the board’s rules is available from the board’s website at www.hhsc.state.tx.us/socialwork. A printed copy may be obtained by contacting the board.) I understand that you must observe and comply with all applicable laws and rules, including but not limited to:

  • 22 TAC §781.402 Clinical Supervision ... and Non-Clinical Supervision ..., 22 TAC §781.402 Clinical Supervision ... and Non-Clinical Supervision ...
  • 22 TAC §781.404 Recognition as a Board-Approved Supervisor and the Supervision Process, and 22 TAC §781.404 Recognition as a Board-Approved Supervisor and the Supervision Process,
  • 22 TAC §781.511 Requirements for Continuing Education Providers, and 22 TAC §781.511 Requirements for Continuing Education Providers,
  • 22 TAC §781.516 Requirements of Supervisor Training Course Providers, and 22 TAC §781.516 Requirements of Supervisor Training Course Providers,
  • 22 TAC §781.517 Evaluation of Supervisor Training Course Providers, and 22 TAC §781.517 Evaluation of Supervisor Training Course Providers;

• Each program offered by this provider for board-approved credit hours shall comply with the criteria set forth in 22 TAC, §§781.511 and 781.516 as well as meet current minimum course requirements;

• Each program offered by this provider shall be developed and presented by persons who are appropriately knowledgeable in the program’s subject matter, current minimum course requirements, and training techniques;

• The provider shall be responsible for verifying attendance at each program, assuring that the licensee receives credit only for successful completion of the program, and providing each participant with a completion certificate that conforms to requirements set forth in 22 TAC, §781.511; and

• Documentation of compliance with 22 TAC, §§781.511 and 781.516 as well as current minimum course requirements — which includes but may not be limited to: course curricula, attendance records, completion certificates, participant evaluation instruments, and a list of subcontractors — shall be maintained for at least three years and made available to the Board upon request.

_________ ________
Signature of Applicant Date

If you already have a current, active CE Provider Number, mail this form (and, if applicable, course curricula) to:

Texas State Board of Social Worker Examiners
P.O. Box 149347, Mail Code 1982
Austin, Texas 78714-9347

With few exceptions, you have a right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. Most information submitted to the board is subject to disclosure under the Public Information Act. (Reference: Government Code, Sections 552.021, 552.023, 559.003 and 559.004)