Enclosed are the following:

1. **Application to be a Supervisor (Form F)** – This form is to be completed by:

   - LCSWs wishing to provide: 1) supervision of an LMSW or LMSW-AP toward the LCSW license, 2) supervision of a LMSW toward the Advanced Practice Recognition, 3) supervision of a LMSWs or a LBSWs toward independent Practice Recognition, and 4) supervision in other board authorized supervisory roles.

   - LMSW-APs, wishing to provide 1) supervision of a LMSW toward the Advanced Practice Recognition, 2) supervision of a LMSWs or a LBSWs toward independent Practice Recognition, and 3) supervision in other board authorized supervisory roles.

   - LMSWs who hold recognition for independent practice, wishing to provide: 1) supervision of a LMSWs or a LBSWs toward independent Practice Recognition and 2) supervision in other board authorized supervisory roles.

   - LMSWs wishing to provide supervision in other board authorized supervisory roles.

   - LBSWs who hold recognition for independent practice wishing to provide supervision of a LBSWs toward independent Practice Recognition, and 2) other board authorized supervisory roles.

   - LBSWs wishing to provide supervision in other board authorized supervisory roles.

2. **List of Board-Approved Supervisor Training Courses**

   In order to be approved as a supervisor, you must meet all of the requirements.

3. **Supervision Plans** – A person beginning supervision must submit a plan for approval by the board. There are two forms. **Form III** is for use by supervisors planning to provide clinical supervision to an LMSW toward the LCSW license. **Form IV** is for use by supervisors planning to provide non-clinical supervision to LMSWs toward the LMSW-AP, LMSWs and LBSWs toward independent practice recognition, and supervision of other licensees for a probationary license or as a condition for board ordered probated suspension.
4. **Supervision Verification** – This form is for verifying supervision that has been completed. **Form V** is for clinical supervision verification. **Form VI** is for non-clinical supervision verification.

5. **Supervision Checklists and Rules** – Gives the specifics of the board rules governing supervision.

All forms should be returned to the following address:

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

If you have any questions, you can call us at 800-232-3162 or 512-719-3521.

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