

Social Worker Supervised Postgraduate Experience Requirements

Licensed Advanced Social Work (LASW) means the use of social work theory and methods including emotional and biopsychosocial assessment, psychotherapy under the supervision of a licensed independent clinical social worker, psychiatrist, psychiatric advanced registered nurse practitioner or psychiatric nurse.

LASW will only allow you to practice under supervision and is designed for people working in agencies, hospitals, schools, or other institutions. If you choose to become LASW, you will have to reapply to become a Licensed Independent Clinical Social Work (LICSW) if you practice under the definition of an LICSW in the future.

Postgraduate Supervised Experience for Advanced Social Worker:

Minimum of 3,200 hours of supervision by an approved supervisor as described in [WAC 246-809-334](#).

Of those minimum 3,200 hours of postgraduate experience:

- 800 hours must be in direct client contact
- 90 hours must be in direct supervision, as follows:
 - 50 hours must be direct supervision with a Licensed Social Worker (LASW or LICSW). These hours may be gained in one-to-one supervision or group supervision.
 - 40 hours may be supervised by an equally qualified Licensed Mental Health Practitioner as defined in [WAC 246-809-310\(3\)](#). These hours must be in one-to-one supervision.

Licensed Independent Clinical Social Work (LICSW) means the diagnosis and treatment of emotional and mental disorders based on knowledge of human development, the causation and treatment of psychopathology, psychotherapeutic treatment practices, and social work practice as defined in advanced social work. Treatment methods include but are not limited to diagnosis and treatment of individuals, couples, families, groups, or organizations.

LICSW will allow you to practice independently or in an agency setting.

Postgraduate Supervised Experience for Independent Clinical Social Worker:

A minimum of 4,000 hours of supervision over a minimum period of three years by an approved supervisor as described in [WAC 246-809-334](#).

Of those minimum 4,000 hours of postgraduate experience:

- 1,000 hours must be in direct client contact supervised by a LICSW.
- 130 hours must be in direct supervision, as follows:
 - 70 hours must be supervised by an LICSW.
 - 60 hours may be with an LICSW or an equally qualified Licensed Mental Health Practitioner as defined in [WAC 246-809-310\(3\)](#).
 - 60 hours of the 130 hours must be in one-to-one.

Verification of Social Worker Supervised Postgraduate Experience

Applicant Instructions:

Use a separate form for each supervisor verifying your postgraduate supervision and professional experience for each practice setting. This form may be duplicated. Fill out section one and forward to your supervisor for completion.

1. Applicant's Information

Applicant's Name	Last	First	Middle
Date of Birth		Credential Number	

2. Approved Supervisor: An approved supervisor must meet the requirements of [WAC 246-809-334](#).

The above individual seeks license as an Advanced Social Worker or Independent Clinical Social Worker in Washington and requires verification of postgraduate supervision and professional experience. The information listed below must reflect only postgraduate supervision and professional experience. Experience gained through inappropriate supervision will **not** count toward the applicant's supervised postgraduate experience requirement. The supervisor must be licensed and legally able to practice in the location where supervision hours are being earned. Please complete the following.

Supervisor Name		
Credential Number		Date Issued
Current Address		Current Phone (10 digit #)
City	State	Zip Code

3. Supervised Postgraduate Experience: See page one for list of requirements.

Type: Licensed Advanced Social Worker Licensed Independent Clinical Social Worker

Dates of Supervision	From:	mm	dd	yyyy	To:	mm	dd	yyyy
A. Indicate number of hours of direct client contact								
B. Indicate number of hours of one-on-one supervision								
C. Indicate number of hours of group supervision								
D. Indicate number of other hours								
E. Total number of hours (A + B + C + D = E)								

I certify that the above information is, to the best of my knowledge, accurate and complete. I understand the department may request additional information, if it is needed, to evaluate the application of the individual named on this document.

Supervisor's Signature _____ Date _____