



Washington State Department of

Health

Social Worker Credentialing

P.O. Box 47877

Olympia, WA 98504-7877

360-236-4700

Approved Supervisor Licensed Social Worker

To the Supervisor:

In accordance with [RCW 18.225.090](#), to provide supervision to a Licensed Advanced Social Worker (LASW) or Licensed Independent Clinical Social Worker (LICSW) one must be licensed or certified for at least two years and have two years of clinical experience post licensure.

Please review [WAC 246-809-334](#). To supervise a license candidate, you must hold a license without restrictions that has been in good standing for at least two years.

You shall not be a blood or legal relative or cohabitant of the license candidate, license candidate's peer or someone who has acted as the license candidate's therapist within the last two years.

Prior to the commencement of any supervision you must provide the license candidate with this declaration, stating you have met the requirements of [WAC 246-809-334](#) and you qualify as an approved supervisor.

As an approved supervisor, I attest I have completed the following:

- A minimum of fifteen clock hours of training in clinical supervision obtained through:
 - A supervision course.
 - Continuing education credits on supervision.
 - Supervision of supervision.
- And twenty-five hours of experience in supervision of clinical practice
- And has two years of clinical experience post license.

I attest I will gain thorough knowledge of the supervisee's practice activities including:

- Practice setting.
- Recordkeeping.
- Financial management.
- Ethics of clinical practice.
- A backup plan for coverage.

Declaration of Supervision – must be completed by Supervisor and provided to license candidate prior to the commencement of supervision in accordance with [WAC 246-809-334](#).

I, _____ am licensed as a _____
(Name of Supervisor)

in the State of _____ with license number _____

I attest to _____ that I have read and met all the requirements in connection
(Name of Candidate)

with [WAC 246-809-334](#).

Signature of Supervisor

Date