

**BOARD OF SOCIAL WORK EXAMINERS  
SUPERVISION VERIFICATION FORM**

In order to receive a license, it is required by Board statute and rule that an applicant complete not less than two years of post-graduate direct clinical social work experience under appropriate supervision. The supervision must be documented and include: 90 hours of supervision (70 of which must be through direct supervision); at least 1 hour of supervision every 40 hours worked; no more than 20 hours may be obtained through group supervision; and no more than 30 hours may be obtained through interdisciplinary supervision.

THE SUPERVISOR MUST COMPLETE THE FILLABLE FORM BELOW AND THEN  
PERSONALLY EMAIL IT DIRECTLY TO BOARD STAFF AT [socialworkboard@state.nm.us](mailto:socialworkboard@state.nm.us)

*\*\*All licensing information provided herein is public, pursuant to the New Mexico Inspection of Public Records Act\*\**

<b>Applicant Information:</b>					
Last Name		First Name		MI	
<b>REMAINDER OF FORM TO BE COMPLETED BY THE SUPERVISOR</b>					
<b>Supervisor Information:</b>					
Last Name		First Name		MI	
Mailing Address			City		
State	Zip Code	Email Address	Phone		
<b>Supervisor Details:</b>					
Supervisor's Professional Title: (During period of Supervision)					
1.	Were you a licensed and practicing Social Worker during the time you supervised the applicant? If you answer "Yes", please complete the following:			Yes	No
	<b>Type of License</b>	<b>License #</b>	<b>State</b>	<b>Original Issue Date</b>	<b>Expiration Date</b>
2.	Please document length of Social Work Supervision – Please use specific dates (Do not use "to present", "current", etc.)				
	<b>From:</b> (Month/Day/Year)	<b>To:</b> (Month/Day/Year)	<b>Length of Supervision:</b>		
			Months		
3.	Please document <b>total number</b> of hours' applicant worked while under your supervision. (i.e., 3600 or 2500 total hours, <u>DO NOT estimate or approximate</u> )				Hours
4.	Please document total number of hours' applicant received <b>direct supervision</b> .				Hours
<b>Total hours of Direct Supervision per week:</b>			<b>Total hours of Group Supervision per week:</b>		
<b>Supervisors Signature:</b>			<b>Date Completed:</b>		