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STATE OF DELAWARE

BOARD OF CLINICAL SOCIAL WORK EXAMINERS

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DOCUMENTATION OF ATTEMPTS TO SECURE LCSW SUPERVISION

INSTRUCTIONS

The purpose of this form is to document your efforts to locate a Licensed Clinical Social Worker (LCSW) to supervise your post-masters experience. Complete it when:

- You have been unable to secure an LCSW as a supervisor, **or**
- You have completed post-masters experience under a supervisor who is not an LCSW.

The Board will consider this information when evaluating your application for licensure as a Clinical Social Worker (Section 4.1.1 of the Board's [Rules and Regulations](#)).

1. Applicant Name: _____
2. Have you contacted the office of the Board of Clinical Social Work Examiners to discuss possible supervisory contacts? Yes No If yes, enter the following information:
Date of Contact: _____ With whom did you speak? _____
3. Have you contacted the Delaware State University Department of Social Work? Yes No If yes, enter the following information:
Date of Contact: _____ With whom did you speak? _____
4. Have you searched for Licensed Clinical Social Workers in Delaware on the Division's website at dpr.delaware.gov (click on *Verify License Online*)? Yes No If yes, enter the following information:
Date Information Accessed: _____ Result: _____
5. Have you contacted any local social service agencies? Yes No If yes, enter the following information about each agency you contacted. If you need more room, enclose a separate sheet.

AGENCY NAME	CONTACT DATE	PERSON SPOKEN WITH

6. Have you contacted the Delaware Chapter of the National Association of Social Workers at www.naswde.org? Yes No If yes, enter the following information:
Date of Contact: _____ With whom did you speak? _____
7. Have you contacted the Association of Social Work Boards at www.aswb.org? Yes No If yes, enter the following information:
Date of Contact: _____ With whom did you speak? _____

