STATE OF CALIFORNIA

As

RESPONSIBILITY STATEMENT FOR SUPERVISORS OF AN ASSOCIATE CLINICAL SOCIAL WORKER

1800 37A-522 (REV. 12/05 08/07)

BOARD OF BEHAVIORAL SCIENCES
1625 NORTH MARKET BLVD, SUITE S 200
SACRAMENTO CA 95834
TELEPHONE: (916) 574-7830
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Title 16, California Code of Regulations (16 CCR) Section 1870 requires any qualified licensed mental health professional who assumes responsibility for providing supervision to those working toward a license as a Clinical Social Worker to complete and sign, under penalty of perjury, the following statement prior to the commencement of supervision.

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	l l	Associate's Name		ASW Number			
	8	Supervisor's Name					
the s	upervisor:						
1)	I am licensed in California. The license I hold	d is:		(16 CCR § 1870(a)(1))			
	Licensed Clinical Social Worker		License #	Issue Date			
	*Marriage and Family Therapist						
	*Psychologist		License #	Issue Date			
	, -		License #	Issue Date			
	*Physician certified in psychiatry by the American Board of Psychiatry and Neurolog		License #	Issue Date			
2)	I have and will maintain a current and valid lid disciplinary action, including revocation or sur lapse in licensure, that affects my ability or rig	spension, even if stayed, proba	tion terms, inactive				
3)	I have practiced psychotherapy <u>or provided direct supervision of associates, or marriage and family therapist interns of trainees who perform psychotherapy as part of my clinical experience for at least two (2) years within the last five (5) years immediately preceding this supervision. (16 CCR § 1870(a)(3))</u>						
4)	I have completed a minimum of fifteen (15) contact hours in supervision training that includes content specified in 16 CCR Section 1870(a)(4)) obtained from a state agency or approved continuing education provider.** (16 CCR § 1870(a)(4)(A))						
5)	I have had sufficient experience, training, and associates. (16 CCR § 1870(a)(4))	d education in the area of clinic	al supervision to co	mpetently supervise			
6)	I know and understand the laws and regulation required for licensure as a clinical social work		rvision of associates	s and the experience			
7)	I shall ensure that the extent, kind, and qualit	y of clinical social work perform	ned is consistent wit	h the training and			

* MFTs, Psychologists, and Physicians certified in psychiatry must be licensed for two years prior to commencement of supervision.

I shall review client/patient records, monitor and evaluate assessment and treatment decisions of the associate clinical social worker, and monitor and evaluate the ability of the associate to provide services at the site(s) where he or she will be practicing and to the particular clientele being served, and ensure compliance with all laws and regulations

** Psychologists and Physicians board certified in psychiatry are not required to comply with #4.

experience of the associate. (16 CCR § 1870(a)(6)(A))

governing the practice of clinical social work. (16 CCR § 1870(a)(6)(B)-(D)

- 9) I shall develop a supervisory plan as described in Section 1870.1 of the California Code of Regulations. The original signed plan shall be submitted to the board upon the associate's application for licensure. (16 CCR § 1870(a)(7), 1870.1)
- 10) Lagree not to provide supervision to an associate unless the associate is a volunteer or employed by a setting that (1) lawfully and regularly provides clinical social work, mental health counseling, or psychotherapy; and (2) provides oversight to ensure that the associate's work at the setting meets the experience and supervision requirements set forth in Chapter 14 of the Business and Professions Code (BPC) and is within the scope of practice for clinical social work and psychotherapy as defined in BPC Section 4996.9. (BPC § 4996.23(e))
- 10) 11) I shall provide the board associate with this original signed form within 30 days of prior to the commencement of any supervision. I shall provide a copy of this form to the associate. (16 CCR § 1870(a)(8))
- 1 shall give at least one (1) week's written notice to the associate of my intent not to certify any further hours of experience for such person. If I have not provided such notice, I shall sign for hours of experience obtained in good faith where I actually provided the required supervision. (16 CCR § 1870(a)(9))
- 12) 13) I shall complete an assessment of the ongoing strengths and weaknesses limitations of the associate at least once a year and upon completion or termination of supervision and will provide copies of all assessments to the associate. (16 CCR § 1870(a)(10))
- 13) 14) Upon written request of the board, I shall provide to the board any documentation which verifies my compliance with the requirements set forth in this 16 CCR section 1870. (16 CCR § 1870(a)(11))

I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing and that I meet all criteria stated herein and the information submitted on this form is true and correct.

Printed Name of Qualified Supervisor		Signature of Qualified Supervisor		Date	
Mailing Address:	Number and Street	City	State	Zip Code	
Qualified Supervisor	's Daytime Telephone Number:	()		_	
A copy of thi	is form must be provided to the	e associate by the superviso	лг. (16 CCR § 1870(a)(1))		
The original	of this form must be mailed to	r: (16 CCR § 1870(a)(1))			
	Board of Behavioral Science	95			
	1625 North Market Blvd. Sui	i te S 200			

THE SUPERVISOR SHALL PROVIDE THE ASSOCIATE WITH THE ORIGINAL OF THIS SIGNED STATEMENT PRIOR TO THE COMMENCEMENT OF ANY SUPERVISION.

Sacramento CA 95834

THE ASSOCIATE SHALL SUBMIT THE ORIGINAL SIGNED FORM TO THE BOARD UPON APPLICATION FOR LICENSURE.