



STATE OF NEVADA
BOARD OF EXAMINERS FOR SOCIAL WORKERS
4600 Kietzke Lane, Suite C121, Reno, Nevada 89502
775-688-2555

TERMINATION OF CLINICAL SUPERVISION

Name of Supervisor _____ License # _____

Name of Intern _____ Intern# _____

Internship Site(s) _____

Date of Supervision: From _____ To _____

Hours of Supervision: Per Week _____ Total _____

1. Title of Intern's position(s):
2. Brief Description of Intern's duties and responsibilities

3. Reason for Termination of supervision:

4. To the best of your knowledge, does the intern meet the qualifications for licensure as a Clinical Social Worker? YES NO

- a. Has completed 3000 hours of postgraduate clinical social work practice?
- b. Has passed the ASWB Clinical Examination?
- c. Is of good moral character as it relates to the practice of social work?

5. Pursuant to NRS 641B.160, as the supervisor did you ensure that:

- a. The work of the intern was conducted in an appropriate professional setting?
- b. The work of the intern was consistent with the standards of the profession?
- c. The intern was assisted with the development of his professional identity and professionalism?
- d. The intern has gained the skills required to manage his practice?
- e. The intern has gained the skills required for continuing competency?
- f. The intern has gained knowledge of the laws and regulations applicable to the practice of social work?
- g. The intern is familiar with the current literature concerning those areas of social work relevant to his practice?

6. Can the applicant demonstrate the ability to assess, diagnose, and treat mental and emotional conditions including but not limited to the following: YES NO
- a. Knowledge and utilization of mental status assessment
 - b. Determination of diagnosis, i.e., use of the DSM IV-TR
 - c. Development of treatment plans with behaviorally specific goals
 - d. Various clinical intervention approaches
 - e. Documentation and review of treatment outcomes
 - f. Knowledge of psychopharmacology
 - g. Knowledge of addictions and the related clinical interventions
 - h. Suicidal/homicidal evaluations and interventions
 - i. Abuse/neglect evaluations and interventions
 - j. Experience with a range of clientele
 - k. Knowledge of HIPPA & confidentiality and privacy law
7. Please check the appropriate statement:
- a. I highly recommend the intern for licensure
 - b. I recommend the intern for licensure
 - c. I recommend with reservation the intern for licensure
 - d. I do not recommend the intern for licensure

Additional comments. If you marked "recommend with reservation" or "do not recommend", it is mandatory that you provide a detailed explanation of your recommendation. (Use extra pages if necessary.)

Name and Title of Supervisor

Address:

Street

City

State

Zip

Agency/Employer:

Position:

Telephone:

I have read all questions, answers, and statements and know the contents thereof. If questions 4 (a) through (c) are affirmative, I will continue to supervise until his/her license has been issued.

I hereby certify under the penalty of perjury that the information furnished on this document is true and correct.

Dated

Signature of Supervisor