



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

## TERMINATION OF INDEPENDENT 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 an Independent Social Worker? YES NO
  - a. Has completed 3000 hours of postgraduate advanced generalist social worker practice?
  - b. Has passed the ASWB Advanced Generalist 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?
  - 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. 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.

Name and Title of Supervisor

Address:

Street

City

State

Zip

Employer:

Position:

Telephone:

I have read all questions, answers, and statements and know the contents thereof. I hereby certify under the penalty of perjury that the information furnished on this document is true and correct.

Dated

\_\_\_\_\_  
Signature of Supervisor

**A FINAL PROGRESS REPORT MUST BE SUBMITTED WITH THIS FORM**