

PARTIAL CLINICAL / INDEPENDENT INTERNSHIP APPLICATION

The following to be completed by Intern Applicant

Intern is changing (check all that apply): Supervisor Adding a site Changing a site

Present Legal Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip

Telephone () _____ LSW License Number: _____

Email Address (mandatory): _____

Proposed Internship Site One (1) Existing Site New Site

Name: _____

Site Address: _____
Street City State Zip

Site Telephone () _____

Job Title _____

Anticipated Internship Hours Per Week _____

I have included a copy of the job description I will be working under with this application. Yes

Proposed Internship Site Two (2) Existing Site New Site

Name: _____

Site Address: _____
Street City State Zip

Site Telephone () _____

Job Title _____

Anticipated Internship Hours Per Week _____

I have included a copy of the job description I will be working under with this application. Yes

To Be Completed by Internship Supervisor

Present Legal Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip

Telephone (_____) _____

Nevada Clinical Social Work (LCSW) or Independent Social Work (LISW) license number: _____

Email Address (mandatory): _____

Are you an employee of, or contracted with, the proposed **Internship Site one (1)**? Yes No If "no," who is the licensed on-site mental health professional (include his/her licensure) _____

Are you an employee of, or contracted with, the proposed **Internship Site two (2)**? Yes No If "no," who is the licensed on-site mental health professional (include his/her licensure) _____

Are you able to demonstrate at least three (3) years of experience as a licensed clinical social worker or independent social worker? Yes No

Have you completed an intern supervisor training workshop in the last five years? Yes No

Are you able to demonstrate that your current practice consists of not less than 15 hours per month of practice?
 N/A Yes No

Do you or have you ever had any business or personal relationship with the applicant? Yes No

Do you or have you ever had a client relationship with the applicant? Yes No

Number of social work interns you currently have under your supervision (not including this applicant)? _____

If this is your first time as an intern supervisor, please attach a copy of your current resume and list the names, addresses and telephone numbers of three (3) references that are able to critique your qualifications as a social worker and supervisor of social worker interns.

| Supervisor's Initials | |
|-----------------------|--|
| | Supervisor assures that the intern will be properly trained to administer and score the following list of assessment tools used in the agency, prior to implementing use of them . Assessments used are – _____ _____ _____ |
| | Agency provides secure storage for client files , including transportation of client files if these files are taken out of the Agency (e.g. to provide in-home services). |
| | If the intern will be providing services, including therapy, AWAY FROM THE AGENCY , supervisor confirms that there is a clear safety plan, including an on-call list for the intern to use if needed. |

SUPERVISOR - My initials serve as certification of items initialed above.

Supervisor's Name: _____

Initials Signature Date

CLINICAL / INDEPENDENT INTERNSHIP SUPERVISION CONTRACT

Article I PARTIES

This contract is made by and between _____ and _____
Intern Supervisor
hereafter referred to as Intern and Supervisor, respectively.

Article II PURPOSE

The purpose of this agreement is the provision of internship supervision for the practice of clinical social work or independent social work in Nevada as defined by Nevada Revised Statute (NRS) 641B.

Article III TERM

This contract is effective from _____ and will remain in effect until _____ unless
month / day / year month / day / year
unless terminated by the Intern or Supervisor after thirty (30) days advanced written notice. Duration and termination of internships and internship supervision is subject to conditions specified by Nevada Revised Statute (NRS) 641B and Nevada Administrative Code (NAC) 641B.

Article IV INTERNSHIP SITE(S)

Internship Site One (1): _____

Internship Site Two (2): _____

Intern and Supervisor agree and declare that no practice shall be engaged in outside of the site(s) listed above.

Article V INTERNSHIP CONTENT AND PROCESS

Content: Intern and Supervisor agree the content of the internship learning experience will adhere to the Board of Examiners for Social Workers "Learning Objectives" for clinical or independent internships as available on the Board website. www.socwork.nv.gov.

Process: Intern and Supervisor agree that the process of the internship learning experience will comply with Nevada Administrative Code (NAC) 641B.140 through 641B.170 as available on the Board website. www.socwork.nv.gov.

Intern and Supervisor agree to establish supervision scheduled no less than one (1) hour per week.

Article VI COMPENSATION FOR SUPERVISION

Intern agrees to pay Supervisor \$ _____ per hour for supervision provided during the contract period.

Supervisor agrees to do monthly on-site visits at any site that they are not employed at or contracted with.

Article VII GENERAL PROVISIONS

This agreement supersedes any and all other agreements, oral or written, between Intern and Supervisor hereto with respect to the rendering of supervision of Intern by Supervisor. This document contains all of the covenants and agreements between Intern and Supervisor with respect to representations, inducements, promises or agreements, orally or otherwise, made by any party, or anyone acting on behalf of any party, which are not embodied herein, and that no other agreement, statement or promise not contained in the agreement shall be void or binding.

Any modification of this agreement will be effective only if in writing, signed by Interns and Supervisor, submitted to and approved by the Nevada State Board of Examiners for Social Workers. Such modifications must be in compliance with applicable Nevada Revised Statutes and Nevada Administrative Codes.

If any action at law or in equity, including an action for declaratory relief, is brought to enforce or interpret the provisions of this agreement, the prevailing party will be entitled to reasonable attorney's fees, which may be set for that purpose, in addition to any other relief that the party may be entitled.

Intern applicants are reminded that a Board approved internship is not a license to independently practice social work in Nevada. Interns must post, in a conspicuous place, the Board issued internship certificate which clearly identifies the applicant as an intern and the name of the intern supervisor. Pursuant to NAC 641B.240(2), an intern must use the title "Intern" in all communications with the Board and his or her respective clients.

The minimum length of an approved internship program is twenty-four months of practice; the internship program must be completed within thirty-six months from the original approval date unless otherwise approved by the Board. Extensions are granted for good cause only.

Supervisors and interns are required to meet for at least one hour every week. There are typically twenty-six (26) weeks in a reporting period.

| Supervisor's Initials | Internship will address the following competencies, required for successful completion of the internship. |
|-----------------------|--|
| | Completion of clinical psychosocial assessments and determination of comprehensive diagnoses using current edition of DSM. |
| | Knowledge and utilization of mental status exams. |
| | Knowledge and use of various assessment tools to assess individuals, couples, families and groups. |
| | Development and implementation of treatment plans and measurable goals. |
| | Utilization of various clinical intervention approaches in the practice of psychotherapy. |
| | Engagement in psychotherapy with individuals, couples, families and groups. |
| | Review and document treatment outcomes in a timely way. |
| | Knowledge, coordination and use of community, county, state and federal resources. |
| | Knowledge of pharmacology and its impact on clients. |
| | Knowledge of substance and behavioral addictions and related clinical interventions |
| | Completion of evaluations for suicidal / homicidal ideation and use of related interventions (to include legal holds and duty to warn). |
| | Understanding of mandated reporting of child abuse, elder abuse, and abuse of vulnerable populations and related interventions |
| | Engagement with a wide range of clients and diagnoses. |
| | Understanding the parameters of client confidentiality and the legal / ethical ramifications pertaining to social work practice. |
| | Knowledge and implantation of ethical and cultural considerations in clinical practice. |
| | Utilization of supervision for a critical review of practice. |
| | Connecting social work goals, values and ethics to administrative responsibility to clients, agency and community. |
| | Intern engages in self-evaluation, to include awareness of and conscious use of self in practice. |
| | Understanding of safety considerations, managing crisis situations and risk management issues related to clients. |
| | Understanding of NRS 641B and NAC 641B as governing language about the practice of social work. Connecting NASW Code of Ethics to Nevada laws. |
| | Competence in the use of technology associated with practice and telehealth as a method of treatment. |
| | Understanding of agency operations, including funding sources, billing for services, payment for services and collections. |
| | Other: |
| | Other: |

This agreement shall be governed by and constructed in accordance with the laws of the State of Nevada.

_____ Dated

_____ Signature of Intern

_____ Dated

_____ Signature of Supervisor

State of _____

County of _____

Subscribed and sworn to before me this _____

day of _____
Month / Year

By _____

Notary Seal

Signature of Notary

Notary Public for State of _____

My commission expires _____

Partial Application Checklist – LCSW / LISW Internship

The following items are required with your application.
 Please use the checklist to ensure that you have given us all the information we require. Failing to provide the required information will delay your application.

| | |
|----------|---|
| Initials | |
| | Internship Application with all information provided. |
| | Job Description(s) for internship position(s) |
| | Supervision Contract |
| | Access Letter (if supervisor is not employed / contracted by the agency where internship will be completed) |

My initials serve as acknowledgement of **inclusion** of required items or **requests** for items required for license application. Include this document with your application.

Applicant's Name: _____

Initials

Signature

Date