



**THE
ALABAMA
STATE
BOARD OF
SOCIAL
WORK
EXAMINERS**

CONTRACT FOR SUPERVISION

Must be submitted for approval by the Board: ABSWE, PO Box 301620, Montgomery, AL 36130-1620

Supervisee: _____ **SSN:** _____
Last First Middle/Maiden

License Number: _____ License Level: _____

Place of Employment: _____ Position: _____

Employment Address: _____
Street Address City State Zip

Supervisor: _____ **SSN:** _____
Last First Middle/Maiden

Place of Employment: _____ Phone: _____

Employment Address: _____
Street Address City State Zip

License Number: _____ License Level: _____ PIP#: _____

Is this Supervision within the Agency? Yes ___ No ___ Registered as Supervisor: Yes ___ No ___

Dates of Supervision: From _____ to _____.

It is understood that a minimum of four hours per month of face-to-face supervision is required for 24 months within a 36 month period for Social Work Licensure.

Method of supervision: Group: ___ Individual: ___ Combination: ___

Practice supervised: Clinical: ___ Casework: ___ Administration: ___ Community Org.: ___ Research: ___

If supervision is provided under contract with a PIP, the cost of the supervision is _____ per hour, payable monthly after supervision for that month is completed. Payment of the supervision is the responsibility of _____.

The supervisor agrees to adhere to the confidentiality policies of the Supervisee's employing agency.

It is agreed that if either party terminates this contract, the supervisor will promptly complete the termination forms and submit it to the Board. The undersigned agree to adhere to the guidelines on supervision.

 Supervisee's Signature Date

 Supervisor's Signature Date

ALABAMA STATE BOARD OF SOCIAL WORK EXAMINERS:

Approved: _____ Disapproved: (attach explanation) _____ Date: _____