

**TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL  
 TEXAS STATE BOARD OF SOCIAL WORKER EXAMINERS  
 Non-clinical Supervision Verification form  
 for Independent Practice Recognition**



**I. Supervisee's Information**

Supervisee Name (Last, First)	License Number
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**II. Supervisor's Information**

Supervisor Name (Last, First)	License Number
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**III. Supervision Verification (completed by supervisor)**

Note: Supervision hours and months must be in whole numbers. Date format is MM/DD/YYYY

Approved beginning date of supervision _____ to end date of supervision _____
Total number of supervision hours for time period listed above:
Total number of hours of supervised professional non-clinical employment experience worked during this verification period:
Supervisee's specific duties:
Assessment of the supervisee's social work practice knowledge, skills and abilities:
Supervisee's therapeutic strengths:
Areas identified as needing improvement:

**IV. Supervisor's Recommendation**

Supervisor's Recommendation for Independent Practice Recognition	Do you have any reservations about recommending this supervisee for Independent Practice Recognition? <b>YES</b> <b>NO</b> <b>**If yes, please provide letter of explanation.</b>
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**V. Affidavit of Understanding and Signatures (initialed by supervisor and supervisee)**

I hereby certify that I have received and reviewed a copy of regulations pertaining to supervision for specialty recognition in the state of Texas. I understand that I must observe and comply with the supervision guidelines set forth in the rules.

Under penalties of perjury, I declare and affirm that the statements made in the supervision plan, including accompanying statements, are true, complete and correct. I understand that any false or misleading information in, or in connection with my supervision plan may be cause for denial or loss supervision time received and/or loss of licensure.

Supervisee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisee Name Printed \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Name Printed \_\_\_\_\_

**Mail To:  
TX BHEC TSBSWE  
333 Guadalupe, Ste. 3-900  
Austin, TX 78701**

Applicant Name: \_\_\_\_\_