

II. TO BE COMPLETED BY PRACTICE SITE DIRECTOR OR SUPERVISOR

Please review the applicant’s description of his/her clinical practice of social work at your site/agency. If you have any additional information which would assist the Board in making a decision on licensure for this applicant, please provide that information below:

I attest that I served as (please indicate) director or supervisor for the applicant during the clinical experience described above and that this description is a true and accurate representation of the applicant’s clinical experience in social work at this site.

Director or Supervisor’s Signature	Printed Name	Date
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Name of Site _____ Phone _____

Address	City	State	Zip
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(If the director or supervisor who worked with the applicant cannot be located, the current director or supervisor may verify the applicant’s experience based on a review of the available records.)

After a diligent and thorough search of available records, I attest that this description is a true and accurate record of this applicant’s clinical experience in social work at this site.

Director or Supervisor’s Signature	Printed Name	Date
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Name of Site _____ Phone _____

Address	City	State	Zip
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Please return this completed form directly to MBOE via email to the Social Work Licensing Officer or mail to the following Board address:

**Mississippi Board of Examiners for
Social Workers and Marriage & Family Therapists
P.O. Box 4508 * Jackson, MS 39296-4508**