VERIFICATION OF FACE TO FACE CLIENT CONTACT

Notice to Applicant: Please complete the first section of this form and send a copy to the director or supervisor of each practice site or agency in which you practiced social work during supervision. You need documentation of at least a minimum of one-thousand (1000) hours of face to face client contact.

Applicant's Name			License	_ License #	
Email Address:					
Address					
Street	City	State	Zip	Phone	
Practice Site or Agency					
Address					
Street	City	State	Zip	Phone	
Position/Title			-		
Description of Responsibilities					
Dates of Supervision: From	Month/Voor	To	Month/V		
Total weeks of supervision at this sa					
Total client contact hours during su	pervision: Individual _	Gr	oup	Total hours	
Oath and Authorization to Releast I attest that the above information is of social work at the above site. It requested information.	s a true and accurate r				
Signature of Licensee	Printed Nam	e	D	ate	

Continue to next page

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 yo have any additional information which would assist the Board in making a decision on licensure for this applican								
please provide that information below:								
I attest that I served as (please indicate) dire described above and that this description is a experience in social work at this site.								
Director or Supervisor's Signature		Printed Name	D	Pate				
Name of Site	Phone							
Address	City	State	Zip					
(If the director or supervisor who worked we may verify the applicant's experience based				nt director or supervisor				
After a diligent and thorough search of avail record of this applicant's clinical experience			description is a	true and accurate				
Director or Supervisor's Signature		Printed Name	D	Pate				
Name of Site	Phone							
Address	City	State	Zip					

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