NEW MEXICO BOARD OF SOCIAL WORK EXAMINERS

P.O. Box 25101 Santa Fe, New Mexico 87504

GENERAL DIRECTIONS FOR BOARD APPROVED SUPERVISORS ALL APPLICANTS MUST FOLLOW THIS PROCESS:

- 1. Please submit the application to the Board Office for approval to become a Board Approved Supervisor or Interdisciplinary Board Approved Supervisor (Psychiatrist, Psychologist and Licensed Professional Clinical Counselor-LPCC). You may check the Board website at https://www.rld.nm.gov/boards-and-commissions/individual-boards-and-commissions/social-work/ to verify that we has received your required information and that the Board office has placed your name and contact information to the website as a Board Approved Supervisor. Once your name has been placed on the Approved Supervisor's listing you may begin to supervise Licensed Master Social Worker's (LMSW) who are seeking licensure at the advanced level of Licensed Independent Social Worker (LISW) or Licensed Clinical Social Worker (LISW).
- 2. Once you have accepted the role of Supervisor to an (LMSW) you will need to establish a written Supervisory Plan. Once the Educational Supervision plan is established, completed and discussed with your supervisee, you will be responsible to maintain this document. These documents should include the supervisory plan, the verification of hours and the final evaluation. You will be required to submit the supervisor verification form to your supervisee no later than 30 days from completion of supervision. Also, these documents shall be maintained by you for a period of four years. You will also be responsible to provide these documents to the Board upon request or based upon audit if necessary.
- 3. A Final Evaluation must be completed within 30 days of the ending of the supervisory relationship. Should there be a change of supervisors due to reasons other than the LMSW's suitability for the LCSW/LISW level of licensure; the Supervisors Verification Form (found on website) is needed, covering the number of supervisory hours that have been successfully provided. If the LMSW is not suitable for LISW/LCSW licensure and supervision is terminated the final evaluation must be filed with the board office within 30 days.

SPECIAL CIRCUMSTANCES REQUIRING ADDITIONAL DOCUMENTATION:

INTERDISCIPLINARY SUPERVISION

- 4. If you are a licensed Psychiatrist, Psychologist or Professional Clinical Counselor rather than a Social Worker and have been asked by an LMSW to supervise them in their quest in becoming an LISW or LCSW, mark the Interdisciplinary Supervision area of the application accordingly, complete the application and submit to the Board Office. The requests for Interdisciplinary Supervision are based on extenuating circumstance for individual LMSW's living in a rural or underserved area of the State of New Mexico where an LISW or LCSW are not available to provide supervision.
- 5. When you receive notification that the Board has approved your request by placing you on the list of Board Approved Supervisors found at our website at https://www.rld.nm.gov/boards-and-commissions/individual-boards-and-commissions/social-work/ you can begin your supervision. An Interdisciplinary supervisor will need to create a Supervisory Plan with your Supervisee. Once you have created and discussed your supervision plan with your supervisee, please retain the plan, verification of hours and final evaluation for a period of four years. You will also be responsible to provide these documents to the Board upon request or based upon audit if necessary. If the LMSW is not suitable for LISW/LCSW licensure and supervision is terminated the final evaluation must be filed with the board office within 30 days.

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APPLICATION FORM: BOARD APPROVED SUPERVISOR

This form constitutes your request to become an approved supervisor for social workers licensed at the master's level (currently holding the LMSW or Provisional LMSW license) who are seeking the Licensed Clinical Social Worker (LCSW) or Licensed Independent Social Worker (LISW) level of licensure. As a board approved supervisor, your name and contact information will be listed on the board website.

Please refer to the Social Work Rules and Regulations and Practice Act, 16.63.1.7 A. for complete information go to (https://www.rld.nm.gov/boards-and-commissions/individual-boards-and-commissions/social-work/sw-rules-and-law/) A summary is provided below:

TYPES OF SUPERVISION THAT QUALIFY:

Direct supervision (face-to-face) must be at least 70 of the 90 hours required of supervision. (This may include video-teleconferencing).

Group supervision may constitute no more than 20 of the 90 required hours, with no more than 6 people in a group.

Interdisciplinary supervision, from a licensed clinical psychologist, psychiatrist or licensed professional clinical counselor, upon written request to the board by the LMSW applicant documenting extraordinary circumstances. No more than 30 of the required 90 hours may be in interdisciplinary supervision.

QUALIFICATIONS TO BECOME AN APPROVED SUPERVISOR:

The social work supervisor must hold a LCSW or LISW license. Other disciplines must hold the appropriate licensure within that discipline.

The social work supervisor must complete a minimum 6 hour Board Approved course on Supervision prior to applying to become a Board Approved Supervisor. Supervision approved courses can be found on our website at https://www.rld.nm.gov/boards-and-commissions/individual-boards-and-commissions/social-work/.

RESPONSIBILITES OF AN APPROVED SUPERVISOR:

Establish a Supervisory Plan for each LMSW applicant and retain the plan in your possession for a period of 4 years.

If a change of supervisor is due to reasons regarding supervisee's performance, the supervisor shall submit a final evaluation to the Board within 30 days of terminating the supervisory relationship.

GENERAL DIRECTIONS ARE PROVIDED FOR YOUR INFORMATION,
PLEASE DO NOT RETURN THEM BACK TO THE BOARD OFFICE!!! THEY
WERE CREATED FOR INFORMATIONAL PURPOSES ONLY.

SUPERVISOR AF	PPLICATION	
NAME Last	First	Middle
BUSINESS ADDRESS (Number, Street, City, State, Zip)	PHONE	
MAILING ADDRESS (Number, Street, City, State, Zip)		
ALL CORRESPONDENCE WILL BE TRANSACTED VIA EMAIL	E-Mail Address:	
☐ I AM APPLYING TO BE A BOARD APPROVED SOCIAL WORK SUPERVISOR	☐ I AM APPLYING TO BE A BOARD A INTERDISCIPLINARY SUPERVIS	SOR
State Issuance License/License Number	☐ Psychologist ☐ Psychiatrist ☐ Professional Clinical Counselo State Issuance	
Date of Issuance Date of Expiration	License/License Number Date of Issuance	
Years in Practice Years providing Supervision	Date of Expiration Years of Practice Years Providing Supervision	
Pocuments Attached:	-	
Copy of license Curriculum Vitae (resume) including courses on su	nervision and supervisory experience	
Documentation of completion of a 6 hour minimum for social work supervisors only)		n
swear or affirm under penalty of perjury that the above he best of my knowledge.	e information is true, correct and comple	ete to
GNATURE OF APPLICANT	DATE	