

Board of Licensed Social Workers State of Oklahoma

P.O. Box 18817
Oklahoma City, OK 73154
Phone: (405) 521-3712



3700 Classen Blvd. STE 162
Oklahoma City, OK 73118

STATEMENT OF SUPERVISION

SUPERVISEE

I am working toward licensure as a:

LSWA

LSW

LCSW

under the auspices of the Oklahoma State Board of Licensed Social Workers.

I am in the process of accruing 4000 hours of supervised experience, which are required for licensure. Until that time, the supervising licensee listed below shall supervise me. My employment supervisor will be the contact person for you to obtain your records in the event of my infirmity or death.

I will be happy to discuss this information with you and/or furnish you with printed material concerning the licensing process. You may contact (without giving your name) the Oklahoma State Board of Licensed Social Workers office, contact information is found on this letterhead.

SUPERVISOR

SUPERVISEE

Name:

Name:

Address:

Address:

Phone:

Phone:

Date:

Date:

Signature:

Signature:

The above-designated Supervisee has satisfactorily supplied me with information and/or printed material regarding his/her practice, licensure and professional development.

Signature of Client:

Date: