



The Professional Matrix

Social Work Supervision Agreement

It is recommended that this form be filed at the *beginning* of the Supervision. The Supervisor as well as The Supervisee should agree to all aspects of this agreement. Both parties should have a copy of this agreement.

Part A: To Be Completed by Both Parties

1. Supervisee Name: _____

2. Mailing Address:

Street: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

3. Licensure Level:

Lic # _____

Issue Date: _____

Expiration Date: _____

4. Do you hold any other licenses or certifications? **Yes** **No**

LIC/CERT #	ISSUE DATE	EXPIRATION DATE

5. Name of Supervisor: _____

6. Mailing Address:

Street: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

7. Licensure Level:

Lic # _____

Issue Date: _____
Expiration Date: _____

8. Do you hold any other licenses or certifications? **Yes** **No**

LIC/CERT #	ISSUE DATE	EXPIRATION DATE

9. Location in which supervision is taking place:

10. Responsibilities and Rights of Each Party:

11. Parameters of Confidentiality:

Part B: To be Completed by Supervisee

1. All questions or additional information should be referred to:
State of Minnesota Board of Social Work
2829 University Ave SE, Suite 340
Minneapolis, MN 55414-3239
(612) 617-2100; (888) 234-1320

2. Describe the duties the Supervisee plans to perform in the workplace.

3. Does the employment of the supervisee include the diagnosis and treatment of mental and emotional disorders? **YES** **NO**

If yes, please explain:

4. Dates of Proposed Supervision:

From: _____ To: _____
 Mo/Yr Mo/Yr

5. Supervision Goals

Part C: To be Completed by the Supervisor

1. List the Supervisors' area(s) of professional competence:

2. Please describe the nature of the supervision to be provided:

3. Does the scope of the supervisors' practice include the diagnosis and treatment of mental and emotional disorders? **Yes** **No**

If Yes, Please Explain:

4. Briefly describe Supervisors' in training in supervision:

5. Has the Supervisor completed the 30 hours of supervision training?
Yes (please describe below) **No** (future intentions?)

6. Is the Supervisor able to and plan to provide Supervision in the following content areas? **YES** **NO**
- a. development of professional values and responsibilities;
 - b. practice skills;
 - c. authorized scope of practice;
 - d. ensuring continuing competence; and
 - e. ethical standards of practice

7. Additional Comments:

I have reviewed and agree to the above statements and this Supervision Agreement. I have read the social work licensure law and understand the rules and regulations that pertain to social work practice.

I have read and understand the NASW Code of Ethics.

Supervisor's Signature

Date

Supervisee Signature

Date

