

CLINICAL SUPERVISION REGISTER Application

The NASW-NJ Chapter Supervision Register is the only referral source for clinical social work supervisors in New Jersey. This registry is not maintained by the Board of Social Work Examiners or the State of New Jersey. Listing on this Register is not a recommendation of the supervisor, and implies only that the required course work was completed. The Register is intended as one way in which LSW's may find a qualified supervisor. Each supervisor listed in the NASW-NJ Chapter Clinical Supervision Register must meet the following criteria:

- Successfully complete the full NASW-NJ 20-hour Clinical Supervision Course offered as a full weekend or as a 4-part Series. (The NASW-NJ Clinical Supervision Course is approved by the Board of Social Work Examiners.) Clinical Supervision courses, which are provided by continuing education sponsors other than NASW-NJ, taken in whole or in combination with NASW-NJ courses, are not eligible for the purposes of this Register.
- Be a Licensed Clinical Social Worker (LCSW) for at least 3 years in "good standing" with the New Jersey State Board of Social Work Examiners at the time the NASW-NJ Chapter Clinical Supervision Register is published.
- Be a member in good standing of NASW-NJ.
- Sign the Statement of Understanding on the Information Application

NASW Membership ID # 8 8 _____
PLEASE TYPE OR PRINT CLEARLY

Contact Information:

Last Name: _____ First Name: _____

Preferred Mailing Address (not published): _____

City: _____ State: _____ Zip: _____

County (required): _____

Day Phone: _____

Evening Phone: _____

Fax #: _____

Email Address: _____

Social Work License: State: _____ Number: _____

Second Address - **Optional (Additional \$25):** _____

City: _____ State: _____ Zip: _____

County (required): _____

Day Phone: _____

Evening Phone: _____

Fax #: _____

Email Address: _____

Payment Method (Please check appropriate method): Check# _____ Credit Card _____

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	CC #	Exp. Date
Name on Card		Signature	CVV Code
<input type="checkbox"/> Check	Check Number:		

College/Graduate Education:

School	Degree	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NASW-NJ Clinical Supervision Course *CERTIFICATE REQUIRED***** (If you do not have certificate, please complete duplicate certificate request at end of this form and remit additional \$25 processing fee):

Date	Presenter	Copy of Certificate Attached
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Certifications held and dates received:

Recent Work Experience (Last 5 years – most recent first):

From - To	Agency	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Liability Insurance Information:

Insurance Carrier: _____

Policy/Plan Number: _____

Please check all boxes that apply

NASW Section/Credential Membership:

- Aging
- ATOD
- Child Welfare
- Children, Adolescents and Young Adults
- Health
- Mental Health
- Private Practice School Social Work
- Social and Economic Justice & Peace

- | | |
|--|--|
| ACSW | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| DCSW | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| QCSW | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| NASW Advanced Certified Hospice and Palliative Social Worker(ACHP-SW) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| NASW Clinical Social Worker in Gerontology (CSW-G) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| NASW Advanced Social Worker in Gerontology (ASW-G) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| NASW Advanced Children, Youth, and Family Social Worker (C-ACYFSW) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| NASW Social Worker in Health Care (C-SWHC) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| NASW Clinical Alcohol, Tobacco and Other Drugs Social Worker (C-CATODSW) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| NASW Advanced Social Work Case Manager (C-ASWCM) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| NASW School Social Work Specialist (C-SSWS) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Languages (Other than English):

PRACTICE

Unit of intervention:

- Couples Groups Families Individuals

Areas of Specializations:

Select only SIX (6) from Table A (on back):

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

STATEMENT OF UNDERSTANDING:

I hereby attest that I am a Licensed Clinical Social Worker (LCSW) and have been for at least three years in good standing with the NJ State Board of Social Work Examiners; I have successfully completed the NASW-NJ Chapter Clinical Supervision Course of 20 hours that meets the State Board requirement; and have provided accurate contact information (updates noted if applicable). I certify that the information contained in this application is true, complete and correct to the best of my knowledge and is made in good faith. I further understand that if any information is later determined to be false, NASW-NJ reserves the right to remove this listing from its directory, with no refund of funds. I further understand that NASW-NJ reserves the right to remove any listing of any person who is found to be in violation of the NASW Code of Ethics, or state social work laws or regulations. **Finally, I understand that in order to be listed, I must attach a copy of my certificate (letter of verification) to this application in order to be listed.**

Signature: _____ **Date:** _____

TABLE A

- Adolescent Client Group
- Adult Client Group
- African American Client Group
- Anxiety Disorders
- Asian Client Group
- Behavioral Disorder
- Chemical Dependency/Addiction
- Child Client Group
- Child Abuse/Sexual Abuse
- Crisis Intervention
- Developmental Disabilities
- Early Childhood Development
- Eating Disorders
- Family Violence
- Forensic
- Gay/Lesbian/Bisexual/Transgendered Client Group
- General Practice
- Geriatric Client Group
- Hispanic Client Group
- HIV/AIDS
- Marital/Divorce
- Mediation
- Medical Conditions
- Men's Issues
- Mental Illness/Disorders
- Native American Client Group
- Parenting Issues
- Physical Disabilities
- Sexual Dysfunctions
- Sexual Trauma
- Women's Issues

**NASW-NJ Chapter
Continuing Education Program
Duplicate Certificate Request Form**
(PLEASE PRINT CLEARLY)

Name _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone() _____ - _____ Evening Phone () _____ - _____

NASW Membership Number _____

Workshop Information:

Title: _____

Date: _____

Presenter: _____

Duplicate Certificate Costs (Please note Clinical Supervision Course issues two certificates; one gold certificate (suitable for framing) and one letter of verification. Please indicate type of certificate and enclose total dollar amount as each certificate requires a \$25 processing fee):

Certificate Requeste: Letter of Verification -\$25 Gold Certificate (suitable for framing) - \$25

\$25.00 per certificate/letter of verification

TOTAL COST \$ _____

Payment Method (Please check appropriate method): **Check#** _____ **Credit Card** _____

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	CC #	Exp. Date
Name on Card		Signature	CVV Code
<input type="checkbox"/> Check	Check Number:		