



State of Ohio
Counselor, Social Worker and Marriage and Family Therapist Board

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 50 West Broad Street, Suite 1075 • Columbus, Ohio 43215-5919

Independent Social Worker Professional Employment Reference

Directions: Section A & B are to be completed by the applicant.

1. Did you perform psychosocial interventions at an administrative level? If yes, attach a description of them.
2. Applicant must sign the waiver of liability in **Section A** prior to giving the form to their supervisor.

Section C is to be completed by the supervisor.

1. The supervisor shall not complete the form until the waiver of liability is signed by the applicant.
2. The supervisor must have his or her own signature notarized after completing the form.
3. After completing the form, the supervisor shall seal it in an envelope provided by the supervisee and sign his or her name across the seal and return it to the board.

Section A:

1. First Name:	Middle Initial:	Last Name:	License Number:
2. Mailing Address—Number & Street:		City:	State: Zip Code:
3. If you are primarily involved with macro level social work practice, did you attach a copy of how you are doing psychosocial interventions at the administrative level?			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Waiver of Liability: I _____ hereby authorize _____ <small>Applicant's Name Supervisor's Name</small> To complete the professional employment reference form (PER) and to provide the Board with any information which the PER may deem relevant to my qualifications as an applicant. I hereby release and discharge the supervisor from all claims arising out of the provision of such information. _____ <small>Signature Date</small>			

Section B:

5. Name of Employing Company:			
6. Mailing Address – Number & Street:		City:	State: Zip Code:
7. Applicant's Job Title:			
8. Applicant's Brief Job Description: (You must attach a copy of job description):			

Section C:

<p>9. Applicant engaged in the practice of MSW level social work at above agency by performing the following (check all that apply): <i>"Practice of social work" means the application of specialized knowledge of human development and behavior and social, economic, and cultural systems in directly assisting individuals, families, and groups in a clinical setting to improve or restore their capacity for social functioning, including counseling, the use of psychosocial interventions, and the use of social psychotherapy, which includes the diagnosis and treatment of mental and emotional disorders."</i></p> <p>A. Counseling (A practice often used in clinical social work to guide individuals, families, groups and communities)</p> <p><input type="checkbox"/> Giving Feedback <input type="checkbox"/> Delineating Alternatives <input type="checkbox"/> Helping Articulate Goals</p> <p><input type="checkbox"/> Providing Needed Information <input type="checkbox"/> Other: _____</p> <p>I certify that the applicant demonstrated competency for items checked: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. Psychosocial Interventions: The application of social work that involves individual, dyadic, family, or group interventions that utilize treatment modalities such as the following. These modalities are implemented in crisis, short-term, and long-term therapeutic interventions directed at reducing, increasing, enhancing, maintaining, or changing target behaviors, areas of functioning, or environmental structures or processes.</p> <p><input type="checkbox"/> Family Systems Therapy <input type="checkbox"/> Client Centered Advocacy <input type="checkbox"/> Environmental Modifications</p> <p><input type="checkbox"/> Community Organization <input type="checkbox"/> Organizational Change <input type="checkbox"/> Other: _____</p> <p>I certify that the applicant demonstrated competency for items checked: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

B. Psychosocial Interventions: The application of social work that involves individual, dyadic, family, or group interventions that utilize treatment modalities such as the following. These modalities are implemented in crisis, short-term, and long-term therapeutic interventions directed at reducing, increasing, enhancing, maintaining, or changing target behaviors, areas of functioning, or environmental structures or processes. Family Systems Therapy Client Centered Advocacy Environmental Modifications Community Organization Organizational Change Other: _____

I certify that the applicant was working at the master's level of social work practice for items checked: Yes No

C. Social Psychotherapy: the application of social work toward the goal of enhancement and maintenance of psychosocial functioning of individuals, families, and small groups)

Interventions directed to interpersonal interactions, intrapsychic dynamics, life support and management issues
 Professional application of social work theory and methods to the treatment and prevention of psychosocial dysfunction, disability, or impairment, including mental and emotional disorders: Assessment Diagnosis Treatment
 Psychotherapy Consultation Evaluation Other: _____

I certify that the applicant was working at the master's level of social work practice for items checked: Yes No

10. Applicant was engaged in the practice of social work under your "Training Supervision: means supervision for the purposes of obtaining a license and/or development of new areas of proficiency while providing services to clients. The training supervisor is responsible for the professional growth of the supervisee. Training supervision may be individual supervision or group supervision.

- (a) "Individual supervision" means face-to-face contact between a supervisor and an individual supervisee in a private session wherein the supervisor and supervisee deal with problems unique to the practice of that supervisee.
(b) "Group supervision" means face-to-face contact between a supervisor and a small group (not to exceed six supervisees) in a private session wherein practice problems are dealt with that are similar in nature and complexity to all supervisees in the group.

need minimum of 3000 hrs & 2 years & need minimum of 1,500 hrs per year, if less than 1500 hrs list actual # hrs in (____)

Dates 1st 1500 hrs or (____)Fm: _____ To: _____ Dates 2nd 1500 hrs or (____)Fm: _____ To: _____
(mm/dd/yy) (mm/dd/yy) (mm/dd/yy) (mm/dd/yy)

How many hours of the following did the applicant complete under your supervision during the time frame specified above?

Total # of: individual **face-to-face** supervision hours: _____ Total # of group **face-to-face** supervision hours: _____

11. Check as Many of The Following That Applied To You When You Supervised This Applicant:

- Master's or Doctoral degree in social work
 Have two years experience in social work or related field, if not in social work, specify field:
 Independent Social Worker: Date licensed _____ License number _____
 Date of last renewal: _____

12. Do you recommend this applicant to practice master's level social work with an independent level license?

- Yes Yes, with reservations No (If "Yes, with reservations" or "No", attach a detailed explanation)

13. Name of Supervisor: _____ Title of Supervisor: _____

14. Mailing Address – Number & Street: _____ City: _____ State: _____ Zip Code: _____

15. Telephone Number: _____ Email: _____

16. Signature of Supervisor: _____
Signature _____ Date _____

17. Notarization:
Subscribed and sworn before me this _____ day of _____, 20_____
County of _____ and State of _____

Signature of Notary Public