



MARYLAND BOARD OF SOCIAL WORK EXAMINERS

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<http://www.health.maryland.gov/bswe/>

SUMMARY SHEET
LCSW & LCSW-C

Applicant's Name

License Number

Application ID

LIST ONLY THE WORK EXPERIENCE AND SUPERVISION DOCUMENTED ON THE SUPERVISION VERIFICATION FORM(S)

If dates of supervision "overlap" remember that the weeks and hours worked per week cannot be counted twice. The example below shows a two year period of social work experience and social work supervision at two employment sites and three supervisors:

(1) AGENCY / EMPLOYMENT SITES	(2) DATES FROM	(3) DATES TO	(4) WEEKS	(5) HOURS	(6) TOTAL	SUPERVISORS	(7) HOURS SUPERVISION	(8) HOURS OF CLIENT CONTACT
Mem Hsp	01/01/2010	12/31/2012	104	40	4160	Smith	104	
Mem Hsp	05/01/2010	08/31/2010				Henry	27	
Family Ctr	09/01/2012	12/31/2012	16	5	80	Brooks	24	
		Total	104	Total	4260		155	

NOTE: Column (8) documents the number of face-to-face client contacts hours required for clinical, LCSW-C, license.

THE NUMBER OF HOURS IN COLUMNS #5 AND #7 CANNOT BE THE SAME NUMBER OF HOURS
PLEASE NOTE: THE WEEKS CANNOT BE DUPLICATED AS INSTRUCTED ON PAGE 3 IN THE INSTRUCTIONS

(1) AGENCY / EMPLOYMENT SITES	(2) DATES FROM	(3) DATES TO	(4) WEEKS	(5) HOURS	(6) TOTAL	SUPERVISORS	(7) HOURS SUPERVISION	(8) HOURS OF CLIENT CONTACT
			x	=				
			x	=				
			x	=				
			x	=				
			x	=				
			x	=				
*Indicates minimum requirements in that column			Total	Not less than *104 weeks	Total	Not less than *3000 hrs		

Total of Supervision
 Not less than *144 hours

Total of Client Hrs
 Not less than * 1,500 hours (for LCSW-C level)

I do solemnly declare and affirm, under the penalties of perjury, that the above information is true and correct.

Signature _____ Date

Blue Ink Preferred But Not Required