

**NOTE: THIS FORM IS ONLY A TRACKING RESOURCE AND IS NOT TO BE USED AS OFFICIAL DOCUMENTATION OF SUPERVISED WORK EXPERIENCE. SUPERVISED WORK EXPERIENCE SHALL BE SUBMITTED ON THE *CLINICAL SOCIAL WORKER EXPERIENCE VERIFICATION FORM*.**

YEAR \_\_\_\_\_

Name of Associate Clinical Social Worker: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Work Setting: \_\_\_\_\_  
 Name and Address of Employer

WEEK OF:															Total Hours
<b>A.</b> Clinical Psychosocial Diagnosis, Assessment, and Treatment, <u>including</u> Individual or Group Psychotherapy (min. 2,000 hours)															
<b>A1.</b> Individual or Group Psychotherapy* (min. 750 hours)															
<b>B.</b> Client-centered advocacy, consultation, evaluation, and research (max. 1,200)															
<b>C.</b> Total Hours Per Week (max 40 hrs per week) ( <b>A+B = C</b> )															

Supervision, Individual Face to Face															
Supervision, Group															

The letters "A," "A1," "B," and "C" correspond directly to the lettering system used in item 12 on the *Clinical Social Worker Experience Verification* form.

**\* "A1" is a sub-category of "A." This line tells you how much of "A" was Individual or Group Psychotherapy. When totaling hours of experience do not double count these hours. Use the formula found in box "C" to total your hours of supervised experience for the week.**