



# STATE OF IDAHO

## BUREAU OF OCCUPATIONAL LICENSES

700 West State Street  
P.O. Box 83720  
Boise, Idaho 83720-0063  
(208) 334-3233  
FAX (208) 334-3945  
E-Mail [ibol@ibol.idaho.gov](mailto:ibol@ibol.idaho.gov)  
Website [www.ibol.idaho.gov](http://www.ibol.idaho.gov)

### STATE BOARD OF SOCIAL WORK EXAMINERS

#### APPLICATION FOR CLINICAL SUPERVISOR REGISTRATION

(There is no fee for registering as a supervisor with the Board)

Each supervisor applicant must complete the following affidavit before providing post-graduate supervision in the state of Idaho under the provisions of Title 54, Chapter 32, Idaho Code, and Rule 211. A supervisor shall not have been the subject of any disciplinary action for five (5) years immediately prior to providing supervision.

Supervisors for licensed master level social workers must submit documentation of:

1. At least two (2) years experience as a licensed clinical social worker.  
Dates of Experience: From \_\_\_\_\_ to \_\_\_\_\_

AND

2. Fifteen (15) contact hours of education in supervisor training as approved by the Board.

#### AFFIDAVIT

I hereby make application to register as a clinical social work supervisor. I certify that I hold a current and unrestricted license as a clinical social worker and have not been the subject of any disciplinary action by any regulatory body within the five (5) years immediately preceding this application.

\_\_\_\_\_  
Applicant Name (please print)

\_\_\_\_\_  
License #

\_\_\_\_\_  
Business Phone #

\_\_\_\_\_  
Applicant Signature

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public official signature

my commission expires \_\_\_\_\_

*Striving to exceed the expectations of those we serve*