

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://drl.wi.gov>

EXAMINING BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS

SOCIAL WORKER TRAINING CERTIFICATE

SUPERVISOR'S AFFIDAVIT FOR EMPLOYMENT

(This form should be completed only for those who had employment.)

1. This affidavit is to be completed by the applicant's supervising social worker, who must have a BSW or MSW degree and State of Wisconsin social work certification.

Supervisor's name: _____

Applicant's name: _____

2. This affidavit must be accompanied by an **official description of the duties performed by the applicant who was employed by the sponsoring agency during the time period indicated.** The position must provide experience in direct practice with clients in all areas described below, and this practice must comprise a predominant part of the experience. The position must give the applicant direct responsibility for the areas listed on the affidavit, and not be one of assisting, observing others perform, or being primarily the manager of others who perform
3. The applicant must be employed by the sponsoring agency for a period of at least one year, and must have at least 400 hours of face-to-face client contact during that time.
4. The supervisor must send the **notarized** affidavit with position description and internship documents directly to Social Work Section, Wisconsin Department of Regulation and Licensing, P.O. Box 8935, **Madison, WI 53708.**

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To be completed by the supervising social worker:

Applicant's Name:	
Dates of Employment:	From: _____ To: _____
Hours per Week:	
Total number of hours of face-to-face client contact:	
Agency Name:	
Agency Location / Address:	
Position/Title in the agency equivalent to the duties that the applicant provided during internship:	
<u>Supervising Social Worker:</u>	Name:
	Position / Title:
	Degree: _____ BSW _____ MSW Certificate # _____ Type of: _____ Credential

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Applicant's name: _____
(Print)

Supervisor: Please initial each space to certify.

_____ I certify that I provided direct, on-site supervision of the above-named applicant in a human services internship or employment which involved direct practice with clients, and which provided training and experience in all of the areas listed below.

- _____ a. Evaluation and assessment of difficulties in psychosocial functioning of a group or another individual.
- _____ b. Developing plans or policies to alleviate those difficulties, and either carrying out the plan or referring individuals to other qualified resources for assistance.
- _____ c. Intervention planning, which may include psychosocial evaluation and counseling of individuals, families and groups; advocacy; referral to community resources, and facilitation of organizational change to meet social needs, based on evaluation and assessment described in (a) above .
- _____ d. Knowledge of other disciplines relevant to the evaluation of clients, plans and policies to alleviate client difficulties, and intervention planning.
- _____ e. The ability to intervene effectively on behalf of diverse populations and populations most vulnerable and discriminated against, including development of cultural competence, provision of culturally competent services, and ability to collaborate with others to develop services.
- _____ f. Application of professional ethics and standards in the delivery of social work services to clients.

_____ I certify that the applicant demonstrated competency in all of the areas listed and that I believe that the applicant is competent to practice social work in Wisconsin.

_____ I certify that I met with the applicant **in a face-to-face individual session at least one hour per week for one year of employment**, to direct this social work practice.

_____ I further certify that I have reviewed and complied with MPSW 4.01(1)(a) and (3) of the Wisconsin Administrative Code, which sets guidelines for supervision of social work practice in Wisconsin.

_____ I certify that the applicant's experience involved at least **400 hours of face-to-face client contact in not less than 12 months**.

Signature of Supervising Social Worker: _____

Date: _____

Subscribed and sworn to before me this

S E A L

_____ day of _____, 20_____.

My Commission expires _____ .