**FOR OFFICE USE ONLY:**

Date received \_\_\_\_\_\_\_\_\_\_\_\_\_ Date reviewed: \_\_\_\_\_\_\_\_\_\_\_

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Incomplete: \_\_\_\_\_\_\_\_\_\_\_

Temporary permit license number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issued date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason(s) incomplete / comments:

1. 201 KAR 23:160 Section 2 - A temporary permit to engage in the practice of clinical social work shall be granted, if requested, to an applicant who has completed all of the requirements for licensure except the examination and has applied for licensure under the provisions of KRS 335.080.
2. A temporary permit shall extend for 180 days with one renewal for 180 days for a maximum of 360 days.
3. A person practicing under a temporary permit as a certified social worker practicing clinical social worker shall not accumulate hours towards the supervision requirements of KRS 335.100(1)(b).
4. A certified social worker practicing clinical social work under a temporary permit shall be under the supervision of an approved licensed clinical social worker (LCSW) supervisor as directed by the board and set forth in 201 KAR 23:070.
5. No more than one (1) temporary permit shall notbe granted to any applicant for licensure.
6. Any changes to the terms of the temporary permit shall be submitted to the board and approved by the board before the temporary permit holder continues the practice of clinical social work.
7. The temporary permit holder shall remain under supervision until a new contract shall be approved by the KY Board of Social Work after the CSW is issued or until the contract is terminated in writing to the board or the temporary permit expires, whichever occurs first.
8. A new contract is required when: 1) the CSW is issued or 2) the clinical workplace setting changes, or 3) the supervisor of record changes. Any job changes or supervisor changes shall be reported to the board immediately; otherwise, it could result in a violation of the temporary permit to practice clinical social work.
9. This application and contract shall be approved or disapproved within forty-five (45) days of its submission.
10. The temporary permit holder shall not begin clinical social work practice until this application and contract are approved by the board.
11. Receipt of the application, contract, and notifications of approval or denial can be done electronically.

**DEFINITIONS**: **201 KAR 23:070, Section 1**

(1) "Practice of clinical social work" means the practice of social work that focuses on the evaluation, diagnosis, and treatment of an emotional disorder and mental illness as related to the total health of the individual and that meets the requirements of Section 3 of this administrative regulation.

(2) "Supervision" means the educational process of utilizing a partnership between a supervisor and a supervisee aimed at enhancing the professional development of the supervisee in providing clinical social work services.

(3) "Supervisor of record" means the supervisor who assumes responsibility for the practice of a certified social worker pursuant to KRS 335.080(3) and 335.100(3).

**ANSWER ALL QUESTIONS – IF THE ANSWER IS NO OR NONE, PLEASE EXPLAIN.**

**SECTION I. INFORMATION ABOUT THE TEMPORARY PERMIT APPLICANT**

Applicant Name:       Email Address:       Date of Initial Application for Licensure      /     /     .

Address: Street       City       State       Zip       BEST DAYTIME TELEPHONE NUMBER:

**SECTION II. EMPLOYMENT / CLINICAL SOCIAL WORK SETTING:**

The Temporary Certified Social Worker will be employed at the location listed below and under the supervision of the licensee(s) listed below.

Name of Employer/ Facility:       Phone:

Facility Address:

 Street Address City State Zip Code

Name of Employer Contact:       Phone:

**SECTION III. JOB DESCRIPTION**

* **ATTACH** a copy of the applicant’s JOB DESCRIPTION on company letterhead, signed by HR or agency director.

**SECTION IV. SUPERVISOR OF RECORD**

Name:       KY LCSW license #       Original Issue Date:

Address:

 Street City State Zip

Email Address:       Phone: Home:       Office:

Date of **the supervisor of record’s** most current LCSW Supervision training.

* **ATTACH** a copy of the Supervisor’s current LCSW Supervision course certificate of attendance.

**SECTION V. ADDITIONAL SUPERVISOR(S)** (If you are receiving supervision from another supervisor, please list each one)

Name:       KY LCSW license #       Original Issue Date:

Address:

 Street City State Zip

 Email Address:       Phone: Home:       Office:

Date of **the additional supervisor’s** most current LCSW Supervision training.

* **ATTACH** a copy of the Supervisor’s current LCSW Supervision course certificate of attendance.

**ADDITIONAL SUPERVISOR**

Name:       KY LCSW license #       Original Issue Date:

Address:

 Street City State Zip

Email Address:       Phone: Home:       Office:

Date of **the additional supervisor’s** most current LCSW Supervision training.

* **ATTACH** a copy of your most current LCSW Supervision course certificate of attendance.

**SECTION VI. PLAN OF CLINICAL SOCIAL WORK ACTIVITIES:**

1. **Describe the nature of this clinical practice**:
2. What age and type of clients will be treated by the Temporary permit holder?
3. What therapies and treatment modalities will be used?
4. What is the estimated length and duration of therapy?
	1. Will the Temporary permit holder be performing client assessments/evaluations?       If not, explain:
	2. Will the Temporary permit holder be diagnosing mental illness or emotional disorders?       If not, explain:
	3. Describe the type of therapy will the Temporary permit holder be providing?

B. **Frequency, duration, and nature of the clinical supervision.**

1. We agree that the frequency of individual supervision **shall not be less than one hour each week** of clinical social work practice until this contract is terminated or the temporary permit holder is licensed as a CSW with a new contract;
2. We agree to the following virtual supervision arrangement:

C. **Conditions or procedures for termination of the supervision**.

* **Please describe** the conditions or procedures for termination of the supervision contract:

**SECTION VII. SIGNATURES AND AFFIRMATIONS**

**SUPERVISOR OF RECORD:** I agree to serve as the supervisor of record for the above-named Temporary permit applicant, who is a candidate for licensure as a certified social worker, and I affirm that:

1. I have discussed this contract with the temporary permit applicant/holder and accept responsibility for its implementation;
2. I shall be held accountable to the board for the services given to this Temporary permit applicant’s clients should the permit be issued;
3. I am providing clinical supervision for no more than six(6) supervisees;
4. The temporary permit applicant/holder is an **employee** of the facility listed in the clinical practice setting, has no direct or indirect financial interest other than employment, and **Social Security and income tax are deducted from the temporary permit holder’s salary**;
5. When the temporary permit holder has passed the exam to be licensed as a CSW or terminates this contract, I will promptly and accurately document the hours under supervision, and comment on the temporary permit holder’s ethical behavior, therapeutic competency, and ability to practice if requested or required by the board;
6. I will immediately notify the board in writing if the conditions of this contract are changed, or this contract is terminated;
7. As an approved supervisor of record, I certify that I meet the criteria in 201 KAR 23:070, Section 4, and I:
* do not have an unresolved citation filed against me by the board;
* do not have a suspended or probated license;
* do not have a previous or existing personal relationship with the temporary permit holder.
* have been in the practice of clinical social work for two (2) years following licensure in Kentucky or another jurisdiction as an independent licensed clinical social worker; and
* have completed a board-approved training course on supervisory practices and methods for clinical social workers.

**Supervisor of Record**  \_\_\_\_\_\_\_ **Date**

 (SIGN HERE)

**TEMPORARY PERMIT APPLICANT:** I, the Temporary Permit Applicant, have read and agree to comply with the provisions of this contract, and I further state:

1. I shall remain under supervision as long as I am practicing clinical social work as a temporary permit holder;
2. I state that I am an **employee** of the facility listed in the clinical practice setting and have no direct or indirect financial interest other than my employment;
3. I state that I am an employee and have Social Security and income tax deducted from my salary as required by 201 KAR 23:070 Section 5 (9) (b).
4. I state I shall complete the CSW supervision one (1) hour training on the KBSW website; and,
5. I understand that the supervision hours under this contract for temporary clinical practice do not count toward the required hours to take the independent licensing exam.

**Temporary permit applicant**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

 (SIGN HERE)

**ADMINISTRATIVE SUPERVISOR –** Signature needed for this section If the supervisor of the record is not the temporary permit holder’s agency/employment supervisor.

* I am the agency supervisor for the Temporary permit applicant/holder;
* I have reviewed the proposed contract and affirm the agency will support the proposed practice experience as described in Sections A-C of the Plan of Clinical Social Work Activities; and
* The temporary permit applicant/holder is an **employee** of the facility listed in the clinical practice setting and has no direct or indirect financial interest other than my employment, and Social Security and income tax are deducted from the applicant’s salary during the term of the permit.

**Employer Supervisor** **\_\_\_\_\_\_\_\_ Date**

 (SIGN HERE)

**COMPLETE SECTION VIII BELOW ONLY IF THE TEMPORARY PERMIT HOLDER AND SUPERVISOR OF RECORD**

**ARE NOT EMPLOYED BY THE SAME AGENCY/EMPLOYER**

# SECTION VIII. SHARED RESPONSIBILITY FOR SUPERVISION RECEIVED OUTSIDE OF THE EMPLOYMENT SETTING

**SHARED RESPONSIBILITY FOR QUALITY OF SERVICES**: We, the undersigned, acknowledge that we mutually share professional responsibility for the clinical social work services provided to clients by the temporary permit holder and are jointly accountable for the quality of the services provided. The supervisor of record shall have access to the supervisee’s client records and shall abide by the employer’s documentation requirements.

**CONFIDENTIALITY OF RECORDS**: We further acknowledge that since the supervision will take place outside the agency of employment and that agency cases will be used in this supervisory relationship, the confidentiality of patient records shall be maintained by all parties in accordance with federal and state laws and regulations.

**Supervisor of Record:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

 (SIGN HERE)

**Temporary permit applicant/holder:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ (SIGN HERE)

**Agency/Employer Representative:** Printed or typed Name:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

***(SIGN HERE)***

**The applicant and supervisor will receive notice of approval of the permit and the supervision contract.**