**FOR OFFICE USE ONLY:**

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

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

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

Reason(s) incomplete / comments:

201 KAR 23:160 Section 3 A temporary permit to engage in the practice of 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 provision so KRS 335.080, or 335.090.

Applicant Name: Email Address: Phone:

Date of Initial Application for Licensure / / . Address: Street City State Zip

The applicant will be functioning as: Licensed Social Work Certified Social Worker at the location listed below and under the supervision of the licensee listed below as defined by 201 KAR 231607 and shall be valid until the applicant for licensure is issued or denied under the provisions of KRS 335.080 or 335.090. The temporary permit shall not extend more than 180 days, or 180 days of the renewal of this permit, or after this agreement has been otherwise amended or rescinded by the board or in writing by the supervisor.

Signature of Applicant: Date: / /

**CURRENT SOCIAL WORK SETTING**

Facility Name where social work practice will occur:

Phone: Date of Hire:

Facility Address: Street City State Zip Code

**SUPERVISOR** (the person agreeing to provide supervision for the temporary permit to practice)

Name: Email Address:

Kentucky LSW# CSW# Issue Date:

Address: Street City State Zip

Phone: Home: ( ) - Office: ( )

**JOB DESCRIPTION**

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

I further state that I am the supervisor of no more than two (2) individuals with temporary permission to practice.

I hereby agree to provide a minimum of one (1) hour of Individual face-to-face or virtual supervision per week during the period of temporary permission to practice.

I hereby acknowledge that I am credentialed at the same/higher level than the person for whom I will be providing supervision.

I acknowledge that the failure to supervise in accordance with the above cited provisions may be considered as a violation of the Social Work law or the administrative regulations promulgated thereto and may subject me to disciplinary action by the Kentucky Board of Examiners of Social Work.

I have attached an official agency job description on agency letterhead originally signed by the Executive Director, Human Resources Director, or Agency Supervisor along with this request**.**

I acknowledge the responsibility for supervision and for the practice of the above-named applicant, who will hold a temporary permit to practice non-clinical social work at the place of employment listed above until this applicant is issued or denied licensure under the provisions of KRS 335.080 or 335.090.

I also acknowledge that it is my responsibility to submit documentation of supervision to the Kentucky Board of Social Work once the applicant has completed the exam process or the temporary permission has been rescinded in writing by me.

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

Employer:

I attest that the temporary permit holder is an employee of the agency listed above and that the applicant does not have any financial interests in the agency and is not a 1099 employee.

Signature of employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please mail this originally signed request along with the signed official agency job description and verification that the applicant is an employee of the agency (not a 1099 employee) to:**

**Kentucky Board of Social Work**

**125 Holmes Street, Suite 310**

**Frankfort KY 40601**

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