

**IOWA BOARD OF SOCIAL WORK**  
**Iowa Department of Public Health/Bureau of Professional Licensure**  
**Lucas State Office Bldg., 5<sup>th</sup> Floor**  
**321 E. 12<sup>th</sup> Street**  
**Des Moines, Iowa 50319-0075**  
**Fax: 515-281-3121**  
**E-Mail: plreceptionist@idph.iowa.gov**

**SUPERVISION PLAN**

•SUPERVISEE INFORMATION•

<b>Supervisee's Name:</b> _____ Iowa License # LMSW): _____			
<b>Mailing Address:</b> _____			
Street address	City	State	Zip Code
<b>Daytime Telephone:</b> ( ) _____		<b>E-Mail Address:</b> _____	
<b>Agency/Institution of supervised professional practice:</b> _____			
<b>Hours per week of clinical, master level practice:</b> _____			

•SUPERVISOR INFORMATION•

**To be completed by the supervisor.**

<b>Supervisor's Name:</b> _____ License #: _____			
(If you are not licensed in Iowa and providing supervision for an Iowa LISW candidate, please provide a verification of licensure.)			
<b>Date of licensure:</b> _____			
Have you practiced a minimum of 4,000 hours over a period of three years beyond receipt of your LISW? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Supervisor's mailing address:</b> _____			
Street address	City	State	Zip Code
<b>Supervisor's daytime phone:</b> _____			
<b>E-Mail Address:</b> _____			
<b>Estimated dates of supervision:</b> _____ to _____			
(Include month/day/year – Minimum of two years required for licensure)			
<b>Frequency of Supervision:</b> _____		<b>Hours of supervision: Face to Face</b> _____ <b>Group:</b> _____	
(weekly, bi-weekly, monthly)		(110 hours required – No more than 60 of the 110 hours may be provided in group)	

**If the supervisor has not registered with the Board as a supervisor, you will need to submit a copy of a certificate of completion for a minimum of 6 hours of continuing education in the area of social work supervision.**



**645—280.6(154C) Period of supervised professional practice for LISW.** To qualify for licensure at the independent level, an LMSW shall complete a period of supervised professional practice in accordance with the requirements of this rule.

280.6(1) Minimum requirements. The period of supervised professional practice shall:

- a. Not begin prior to licensure at the master's level.
- b. Have a duration of at least two calendar years.
- c. Consist of a minimum of 4,000 hours of social work practice at the master's level.
- d. Include at least 110 hours of direct supervision equitably distributed throughout the period and in compliance with the requirements of subrule 280.6(3).
- e. Be done pursuant to one or more written supervision plans that comply with the requirements of subrule 280.6(7).

**280.6(2) Content of supervised professional practice.** The supervisor shall ensure that the period of supervised professional practice includes the following:

- a. Psychosocial assessments, including evaluation of symptoms and behaviors and the effects of the environment on behavior;
- b. Diagnostic practice using the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Association;
- c. Treatment, including the establishment of treatment goals, psychosocial therapy, and differential treatment planning;
- d. Practice management skills;
- e. Skills required for continued competence;
- f. Training on ethical standards and legal and regulatory requirements; and
- g. Development of professional identity.

**280.6(3) Direct supervision.** The required 110 hours of direct supervision may be obtained through individual meetings between the supervisor and supervisee or through group supervision meetings consisting of the supervisor and more than one supervisee.

a. The first supervision meeting must occur in person. After the first supervision meeting, the remaining supervision may occur through in-person meetings or through electronic meetings using an interactive real-time system that provides for visual and audio interaction between the supervisor and supervisee.

b. A maximum of 60 hours of direct supervision may be obtained through group supervision meetings. A maximum of six supervisees may participate in any group supervision meeting.

**280.6(4) Supervisor eligibility requirements.**

a. To be eligible to serve as a supervisor for the period of supervised professional practice, a social worker shall:

(1) Hold an active license to practice social work at the independent level in Iowa. If the supervised professional practice occurs in another state, a social worker licensed in that state may serve as a supervisor if the social worker is licensed at a level equivalent to the independent level. A social worker licensed in another state may provide direct supervision hours if the social worker is licensed at a level equivalent to the independent level.

(2) Have at least three years of social work practice at the independent level, which must include a minimum of 4,000 hours of practice.

(3) Complete a six-hour continuing education course pertaining to social work practice supervision or one master's level course in supervision.

b. Any request for a supervisor who does not meet these requirements must be submitted to the board for approval before supervision begins. The board will only approve an otherwise ineligible supervisor if the supervisee demonstrates that eligible supervisors are unavailable or unwilling to provide supervision. Any practice or supervision hours obtained under an ineligible supervisor prior to board approval cannot be counted toward completion of the period of supervised professional practice.

**280.6(5) Supervisor responsibilities.** A supervisor shall provide adequate supervision to all supervisees. Failure to provide adequate supervision may be grounds for disciplinary action. A supervisor shall be responsible for:

- a. Timely submission of the supervision plan;
- b. Obtaining supervision in accordance with this rule;
- c. Obtaining written releases of information from patients when legally required for purposes of receiving supervision;
- d. Asking the supervisor to provide periodic evaluations and feedback regarding the supervisee's performance;
- e. Asking questions of the supervisor when assistance is needed or when new or difficult issues arise;
- f. Reporting any issues related to caseload, including volume and difficulty, to the supervisor;
- g. Reporting to the board any violations of board rules by the supervisor; and
- h. Maintaining a copy of every supervision plan and supervision report until such time as the supervisee is issued a license to practice social work at the independent level.

**280.6(7) Supervision plan.** A current written supervision plan must be maintained throughout the period of supervised professional practice. Each supervisor who provides practice supervision or direct supervision hours shall be named on a supervision plan.

a. A written supervision plan must be established and submitted to the board before the period of supervised professional practice begins. The board will perform an initial review of each supervision plan and notify the supervisee of approval or denial of the plan within 45 days of receipt. A supervisee may begin supervised professional practice after submission of the supervision plan but cannot count any practice or supervision hours obtained pursuant to a supervision plan that is ultimately denied by the board.

b. If a supervisee is changing supervisors or adding an additional supervisor, a revised supervision plan shall be submitted to the board for approval at the time of the change or addition. A supervisee may continue supervised professional practice after submission of a revised supervision plan but cannot count any practice or supervision hours obtained pursuant to a revised supervision plan that is ultimately denied by the board.

c. The board maintains a supervision plan form that may be utilized to write the supervision plan. A supervision plan shall include:

- (1) The name, license number, date of licensure, address, telephone number, and email address of the supervisor;
- (2) The name, license number, address, telephone number, and email address of the supervisee;
- (3) The name of the agency, institution, or organization providing the period of supervised professional practice;
- (4) The start date and estimated date of completion of the period of supervised professional practice;
- (5) The goals and objectives for the period of supervised professional practice;
- (6) The nature, duration, and frequency of direct supervision, including the number of hours of direct supervision per week, the schedule for in-person and electronic supervision meetings, and the use of group supervision; and
- (7) The signatures of the supervisor and supervisee, and the dates of the signatures.

**280.6(8) Completion of supervised professional practice.**

a. At the conclusion of the period of supervised professional practice, the supervisee shall have any and all supervisors complete a supervision report on the form provided by the board. Each supervision report must be signed and dated by the supervisor and supervisee.

b. The board will review each supervision report for approval of the hours pertaining to the particular report. The board may deny any practice or supervision hours that were not obtained in compliance with this rule. The board may deny any practice or supervision hours if the supervisor indicates that the supervisee did not adhere to the ethical standards and legal and regulatory requirements governing the practice of social work or if the supervisor does not recommend the supervisee for licensure at the independent level.

I, \_\_\_\_\_, agree to supervise the undersigned applicant for LISW licensure in those  
(name of supervisor)  
services to be provided in clinical social work practice. I will abide by the Board's administrative rules and Iowa code. I certify that I meet the requirements to provide supervision. The supervision will include regular meetings between me and the supervisee for a minimum of 110 hours equitably distributed over a minimum 2 year period. I understand that I will be expected to maintain documentation of the supervision that occurs. I understand that upon completion of the supervision, I will be asked to complete a supervision report. I do certify that my license is current and in good standing and will be maintained throughout the supervisory period.

**Signature of Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I, \_\_\_\_\_, understand that this supervision is to be in those services to be provided in  
(name of supervisee)  
Clinical social work practice and I will abide by the Board's administrative rules and Iowa code. I understand that 4,000 hours of Master level social work practice must be completed by the licensee over a minimum of a 2 year period. The supervision will include regular meetings between the supervisor and the supervisee for a minimum of 110 hours. I understand that if supervision is terminated with one supervisor, a new supervision plan must be completed. Furthermore, I do certify that my license is current and in good standing and will be maintained throughout the supervised professional practice.

**Signature of Supervisee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I **certify** that I have read and understand the rules regarding supervised professional practice, and that the practice detailed herewith meets the requirements found in those rules. I also certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare, under penalty of perjury, that my answers, and all other statements or information submitted by me in this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my application may be denied or that I may be subject to disciplinary action and criminal prosecution if I am already licensed.

I understand that I am required to update answers or information submitted herewith if the response or the information changes during the supervised professional practice. I also understand that this application is a public record in accordance with Iowa Code, Chapter 22, and that application information is public information, subject to the exceptions contained in Iowa law. Finally, in submitting this application, I consent to any reasonable inquiry that may be necessary to verify the information I have provided on or in conjunction with this application.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisee

\_\_\_\_\_  
Date