



OREGON BOARD OF LICENSED SOCIAL WORKERS

CSWA ~ CANDIDATE PLAN

FOR OFFICE USE ONLY ~ RECEIVED ON:

CSWA NAME:
Last Name, First Name Middle Initial

DATE OF REQUEST: CERTIFICATE # A

REASON(S) FOR REQUEST:

CONTINUE IN SAME EMPLOYMENT / SAME SUPERVISOR

NEW EMPLOYMENT / NEW SUPERVISOR

ADD INDIVIDUAL / NEW SUPERVISOR

ADD GROUP / SAME SUPERVISOR

NEW EMPLOYMENT / SAME SUPERVISOR

NUMBER OF SUPERVISEES IN GROUP

BRIEFLY DESCRIBE THE REASON(S) FOR REQUESTING THIS CHANGE (IF ANY):

EMPLOYMENT INFORMATION (VOLUNTEER HOURS ARE ACCEPTABLE):

ARE YOU CURRENTLY WORKING IN AN AGENCY? YES NO

ARE YOU WORKING? FULL TIME PART TIME

EMPLOYER NAME:

EMPLOYER ADDRESS:

EMPLOYER TELEPHONE:

BEGINNING DATE OF THIS EMPLOYMENT: JOB TITLE:

877-020-0010(3)(b)(B) ~ REQUIREMENT TO REMAIN UNDER A PLAN OF SUPERVISION UNTIL COMPLETION OF BOARD'S LICENSURE REQUIREMENTS:

(3) For the associate to satisfactorily complete a plan of practice and supervision, the following requirements must be met while the associate is working under an approved plan of practice and supervision:

(b) The associate must meet with a supervisor identified in the plan, as required in OAR 877-020-0009(4)(d):

(B) After the associate has completed the plan requirements contained in paragraph (A) of this sub-section, the associate must continue to meet at least once each month with a plan supervisor for a minimum of one hour.

INDIVIDUAL SUPERVISOR

(LCSW INDIVIDUAL)

(Print Name of LCSW Supervisor)

(License #)

(Signature of LCSW Supervisor)

(Date)

(Email)

(Telephone)

ADMINISTRATIVE

(PERSON YOU REPORT TO FOR WORK)

(Print Name of Supervisor)

(License #)

(Signature of Administrative Supervisor)

(Date)

(Email)

(Telephone)

C.S.W./A

(Print Name of CSWA)

(Signature of CSWA)

(Date)

Mail this form to: **OREGON STATE BOARD OF LICENSED SOCIAL WORKERS**
ATTN: CSWA COORDINATOR
3218 PRINGLE ROAD S.E., SUITE #240
SALEM, OR 97302-6310

QUESTIONS? ☎: 503.378.5735
✉: Oregon.BLSW@state.or.us

APPROVED BY: _____ **DATE:** _____

CSWA Candidate Plan Form Updated: 01/10/2014 **DATABASE UPDATED BY:** _____ **DATE:** _____