



OREGON BOARD OF LICENSED SOCIAL WORKERS

CSWA ~ PLAN CHANGE

FOR OFFICE USE ONLY ~ RECEIVED ON:

SUPERVISION REQUIREMENT:

OAR 877-020-0012(8) requires LCSW's to have (2) years of post license experience in this or any other state, and completed (6) hours of continuing education courses specific to Supervision. These hours are good for (5) years from the completion date. A copy of the completion certificate documenting the CE must be on file with the Board office before beginning supervision with a CSWA.

CSWA NAME:

Last Name, First Name Middle Initial

DATE OF REQUEST:

CERTIFICATE # A

REASON(S) FOR REQUEST:

SAME Employment / **NEW** Supervisor

NEW Employment / **NEW** Supervisor

ADDING Group / **SAME** Supervisor

NEW Employment / **SAME** Supervisor

ADDING Group / **NEW** Supervisor

ADDING Individual / **SAME** Supervisor

CHANGE IN Employment Location

ADDING Individual / **NEW** Supervisor

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

NUMBER OF PEOPLE IN THE PROPOSED GROUP:

(NO MORE THAN (5) PEOPLE ALLOWED IN THE GROUP SETTING)

CHANGE IN EMPLOYMENT INFORMATION:

ARE YOU WORKING?

FULL TIME:

PART TIME:

EMPLOYER NAME:

EMPLOYER ADDRESS:

City

State

Zip Code

EMPLOYER TELEPHONE:

BEGINNING DATE OF THIS EMPLOYMENT:

JOB TITLE:

BRIEFLY DESCRIBE CLIENT POPULATION AND YOUR DUTIES:

(LCSW GROUP)

GROUP SUPERVISOR

(Print Name of LCSW Supervisor)

(License #)

(Signature of LCSW Supervisor)

(Date)

(Email)

(Telephone)

(PERSON YOU REPORT TO FOR WORK)

ADMINISTRATIVE SUPERVISOR

(Print Name of Supervisor)

(License #)

(Signature of Administrative Supervisor)

(Date)

(Email)

(Telephone)

C.S.W.A

(Print Name of CSWA)

(Signature of CSWA)

(Date)

877-020-0000 DEFINITIONS:

An **“agency”** is a private or public organization that, through its employees, engages in clinical social work (defined in ORS 675.510) generally characterized by the following:

- (1) Cases are assigned through a central process;
- (2) Billing is centralized and done in the organization’s name;
- (3) The organization collects all fees including deductibles and co-payments;
- (4) The organization controls client records and is responsible for their proper storage and destruction;
- (5) The organization controls office space by renting, owning or leasing it;
- (6) The organization displays its name on the premises so as to be clearly visible to clients;
- (7) The name of the organization is on all forms given to the client;
- (8) The organization maintains the responsibilities for hiring and firing of staff;
- (9) The organization pays the staff for clinical services;
- (10) Supervision of clinical social work associates is provided on a regular basis;
- (11) Evaluation of the competence of social workers who provide social work services at the organization, are provided on a regular basis; and
- (12) Policies and procedures of the organization are available in written form for the staff and clients.

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 Plan Change Form Updated: MAY 2013 **DATABASE UPDATED BY:** _____ **DATE:** _____