



OREGON BOARD OF LICENSED SOCIAL WORKERS

CSWA ~ SUPERVISION EXCEPTION REQUEST

FOR OFFICE USE ONLY ~ RECEIVED ON:

CSWA NAME:
Last Name, First Name Middle Initial

DATE OF REQUEST: CERTIFICATE #

TO BE COMPLETED BY APPLICANT:

GEOGRAPHIC HARDSHIP

COMPLETE THIS PORTION OF THE FORM IF YOU ARE SUBMITTING A PLAN OF SUPERVISION WHICH REQUIRES A GEOGRAPHIC HARDSHIP.
(NO LCSW WITHIN A 50-MILE RADIUS).

PROFESSIONALS WHO MAY BE CONSIDERED BY THE BOARD AS MEETING EQUIVALENT QUALIFICATIONS, INCLUDE CLINICAL SOCIAL WORKERS WHO MEET LCSW REQUIREMENTS, LICENSED CLINICAL PSYCHOLOGISTS, OR BOARD CERTIFIED PSYCHIATRISTS.

Form Updated: 01/10/2014

⇒ REQUESTING GEOGRAPHIC HARDSHIP. I WORK _____ MILES FROM AN LCSW.

**** NOTE** IF YOU ARE APPLYING FOR A GEOGRAPHIC HARDSHIP, YOU MUST ALSO COMPLETE A PLAN OF SUPERVISION**

REQUEST TO TRANSFER HOURS

ACCEPTANCE OF PREVIOUS SUPERVISION & WORK HOURS RECEIVED IN ANOTHER STATE ARE AT THE DISCRETION OF THE OREGON BOARD AS TO WHETHER THEY MEET THE MINIMUM REQUIREMENTS & NOT WITH THE OTHER STATE.

⇒ SUPERVISION RECEIVED IN THE STATE OF:

SUPERVISOR'S QUALIFICATIONS

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOURSELF.

⇒ SUPERVISOR'S NAME:

1. VITA/RESUME ~ INCLUDE EDUCATION EXPERIENCE & WORK EXPERIENCE

2. CREDENTIALS OF YOUR SUPERVISOR:

LCSW

PSYCHOLOGIST

PSYCHIATRIST

3. DATE OF ORIGINAL LICENSURE:

EXPIRATION DATE:

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: _____

DATABASE UPDATED BY: _____ DATE: _____