

STATE OF HAWAII
SOCIAL WORKER PROGRAM
Department of Commerce and Consumer Affairs
PVL Licensing Branch
335 Merchant Street, Room 301, Honolulu, HI 96813
P.O. Box 3469
Honolulu, Hawaii 96801
Access this form via website at: cca.hawaii.gov/pvl

VERIFICATION OF SUPERVISED CLINICAL SOCIAL WORK EXPERIENCE

Instructions to Supervisor:

Please complete the "Verification of Supervised Clinical Social Work Experience" form to verify the number of clinical social work hours that the applicant completed under your supervision. **THE FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.**

(Print Name of Applicant)

This is to certify that, _____ ,
(Name of Applicant)
has been under **my** supervision from _____ through _____ and has
(month and year) (month and year)
successfully completed a total of _____ hours of psychotherapy, assessment, and clinical diagnosis; a total of
(number)
_____ hours of client-centered advocacy, consultation, and evaluation; and a total of _____ hours of direct
(number/no more than 900 hrs.) (number)
face-to-face supervision at the agency listed below. I further certify that during the period listed above, I supervised a total of _____
(number)
individuals, and _____ individuals in a small group setting.
(number/up to six supervisees)

Subscribed and sworn to before me this _____ day of _____ A.D. 20 _____. Notary Signature: _____ Notary Public, State of: _____ My commission expires: _____ Print Name: _____

_____ Signature	_____ Date
_____ Print Name and Title	
_____ Type of License, License Number and State Issued	
_____ Name of Credential and Name of Credentialing Agency	
_____ Number of Hours of Post-Graduate Clinical Experience in Assessment, Clinical Diagnosis and Psychotherapy that the supervisor completed.	
_____ Name of Agency	
_____ Address	
_____ City	_____ State
_____ Zip Code	
_____ Telephone No. (include area code)	

Doc. Date: _____ No. of Pages: _____ Notary Name: _____ Circuit Court: _____ Doc. Description _____ _____ Notary Signature: _____ Date _____

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.