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: _____

Doc. Date: _____ No. of Pages: _____

Notary Name: _____ Circuit Court: _____

Doc. Description _____

Notary Signature: _____

Date _____

_____
Signature Date

_____
Print Name and Title

_____
Type of License, License Number and State Issued

_____
Name of Credential and Name of Credentialing Agency

_____ I, the Supervisor named above, certify that I have at least
Initial 4500 hours of Post-Masters Clinical Social Work experience.

_____
Name of Agency

_____
Address

_____
City State Zip Code

_____
Telephone No. (include area code)

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.

Print Form