



**Guam Board of Social Work**  
Health Professional Licensing Office  
194 Hernan Cortez Avenue,  
Terlaje Professional Bldg, Suite 213  
Hagåtña, Guam

## **Verification of Clinical Supervision For Licensed Clinical Social Worker (LCSW)**

### **General Information**

Completion of this application form is necessary to be considered for licensure under the Social Work Practice Act, 10 Guam Code Annotated (GCA) Art. 23. Failure to provide all requested information may result in a delay of this application being processed or may result in denial of this application. Please note that the information provided on this application form is subject to the public information laws of Guam.

### **Clinical Social Work Information**

Practice of Clinical Social Work is a specialty within the practice of Master's Social Work, and requires the application of social work theory, knowledge, methods, ethics, and the professional use of self to restore or enhance social, psychosocial, or bio-psycho-social functioning of individuals, couples, families, groups, organizations, and communities. The practice of Clinical Social Work requires the application of specialized clinical knowledge and advanced clinical skills in the areas of assessment; diagnosis and treatment of mental, emotional, and behavioral disorders, conditions, and addictions; and evaluation. Treatment methods include the provision of individual, marital, couple, family and group counseling and psychotherapy. The practice of Clinical Social Work may include private practice and the provision of clinical supervision.

*Source: 10 GCA 23 §122302(d)*

### **Carefully follow the directions on this application form. In addition, please note the following:**

1. Type or print legibly with black or blue ink only.
2. If the name shown on your supporting documents is different from that shown on your application, you must submit proof of legal name change, e.g. notarized or certified copy of your marriage license, divorce decree, or other court order.
3. Answer all questions. If not applicable, indicate N/A.
4. Attach GBSW Verification of Clinical Supervision form to your Licensed Clinical Social Worker (LCSW) Application.
5. Submit completed application packet to:

#### **Physical Address:**

Guam Board of Social Work  
Health Professional Licensing Office  
Department of Public Health and Social Services  
194 Hernan Cortez Avenue,  
Terlaje Professional Bldg, Suite 213  
Hagåtña, Guam

6. It is the responsibility of the applicant to submit all required items and follow-up on the status of the application.
7. If required items are not submitted, then the application will be considered incomplete.
8. Only completed application packets will be reviewed by the GBSW.
9. Please anticipate a response within 30-60 days once your completed application is submitted.



## § 122319. Licensing Requirements.

(c) For the Licensed Clinical Social Worker (L.C.S.W.), the applicant must:

- (1) Hold a Master's degree from a college or university in a social work program accredited by or deemed to be equivalent to an accredited program by the Council on Social Work Education or a doctoral degree from a doctoral degree program in social work accredited by the Western Association of Schools and Colleges or a comparable regional accreditation body; and
- (2) Have passed the clinical level national examination given by the Association of Social Work Boards (ASWB); and
- (3) Have provided evidence of successful completion of at least three thousand (3,000) hours of post masters clinical social work experience under the supervision, and completed within no fewer than two (2) years, but within no more than five (5) years.

Clinical social work experience shall include

- a minimum of two thousand (2,000) hours of assessment, clinical diagnosis and psychotherapy;
- no more than a maximum of nine hundred (900) hours of client-centered advocacy, consultation, and evaluation; and
- at least one hundred (100) hours of direct face-to-face supervision. At least sixty (60) of the one hundred (100) hours of direct face-to-face supervision shall have been individualized supervision, and the remaining forty (40) hours may have been under small group (up to six (6) supervisees) supervision; provided, that the supervisor shall have been a licensed clinical social worker with at least four thousand five hundred (4,500) hours of post masters clinical social work experience.

(d) For the first five (5) years upon enactment of this Act, the following individuals shall be deemed to have satisfied the requirements of a supervisor:

- (1) A person with a master's degree in social work with at least four thousand five hundred (4,500) post masters clinical social work experience; or
- (2) An individual who is a Diplomate in Clinical Social Work (DCSW) or holds a Board Certified Diplomate Certification (BCD); or
- (3) a board certified psychiatrist, psychologist, or advanced practice registered nurse who has a minimum of four thousand five hundred (4,500) hours of post masters clinical experience in assessment, clinical diagnosis, and psychotherapy.

(e) Supervision shall have occurred in an agency setting that provided clinical diagnosis and psychotherapy.

(f) An applicant who submits evidence of certification as a Qualified Clinical Social Worker (QCSW) or Diplomate in Clinical Social Work (DCSW) by the National Association of Social Workers or as a Board Certified Diplomate by the American Board of Examiners shall be deemed to have satisfied the experience requirements of this Section.

**SOURCE:** 10 GCA 23 §122319



## Verification of Clinical Supervision For Licensed Clinical Social Worker (LCSW)

### Section 1. Applicant Identification and Contact Information

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>
<b>Date of Birth (mm/dd/yyyy):</b> ____/____/____		<b>Email address</b> (print clearly)
<b>Home phone:</b> (    )	<b>Business Phone:</b> (    )	<b>Cellular phone:</b> (    )

**Supervisor:** The above individual seeks license as a Licensed Clinical Social Worker (LCSW) in the territory of Guam and requires verification of postgraduate supervision and professional experience. Please complete the following:

### Section 2. Supervisor Identification and Contact Information

<b>Name of Supervisor:</b>		<b>Current Mailing Address</b>	
<b>License Number:</b>	<b>Type of Clinical License:</b>	<b>Jurisdiction Issued:</b>	<b>Expiration Date:</b>
<b>Email address</b> (print clearly)	<b>Business Phone:</b> (    )	<b>Cellular phone:</b> (    )	

### Section 3. Postgraduate Supervised Experience

<b>Dates of Supervision:</b> From ____/____/____ (mm/dd/yyyy) To ____/____/____ (mm/dd/yyyy)	
Number of hours of Assessment, Clinical Diagnosis, and Psychotherapy – <i>Minimum 2,000</i>	
Number of hours of Client-Centered Advocacy, Consultation, and Evaluation – <i>Maximum 900</i>	
Number of hours of Direct Face-to-Face Individualized Supervision – <i>Minimum 60</i>	
Number of hours of Direct Face-to-Face Small Group (up to 6 supervisees) Supervision – <i>Maximum 40</i>	
Total Number of Hours	
In your opinion, has the Applicant demonstrated competency sufficient for licensing and the independent practice as a clinical social worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I attest that I have at least four thousand five hundred (4,500) hours of post masters clinical social work experience and meet the requirements of a supervisor as per 10 GCA 23 §122319. I attest that the Applicant has completed the notated hours of post masters clinical experience within no fewer than two (2) years, but within no more than five (5) years, and that the above information is accurate and complete to the best of my knowledge. I understand the GBSW may request additional information, if it is needed, to evaluate the application of the individual named on this document.

**Signature of Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

