



CANNON BUILDING
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STATE OF DELAWARE
BOARD OF SOCIAL WORK EXAMINERS

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VERIFICATION OF MASTER'S SOCIAL WORK EXPERIENCE

INSTRUCTIONS

This form is to be completed by the supervisor of the person applying for a Delaware Social Worker license. The form's purpose is to document that the applicant has obtained the required years of social work practice experience (24 Del. C. § 3907B). During the employment period, the applicant must meet **one** of the following experience requirements for a masters social work license of *at least*.

- *ten years* of master's level experience in the past *twelve years*, **or**
- *two years* of master's level experience in the past *four years* **and** a master's degree.

Supervisor – Return the completed form to the applicant who will upload the document with his/her application in DELPROS.

1. Applicant Name: _____
2. Applicants Job Title: _____
3. Supervisor Name: _____
4. Enter the information about the agency:

Agency Name	
Address	
Phone	

5. Dates of Employment: From: _____ To: _____
Month/Year Month/Year
6. Complete following to verify the Masters social work experience the applicant performed while under your supervision:

MASTERS SOCIAL WORK: Applicant practicing within the scope of a masters social worker, consisting of the application of generalist practices, specialized knowledge, advanced practice skills and supervision.	Answer each item:
Macro social work practice	Yes <input type="checkbox"/> No <input type="checkbox"/>
Community organizing	Yes <input type="checkbox"/> No <input type="checkbox"/>
Coordination and/or evaluation of service delivery	Yes <input type="checkbox"/> No <input type="checkbox"/>
Organizational analysis	Yes <input type="checkbox"/> No <input type="checkbox"/>
Research – design and analysis	Yes <input type="checkbox"/> No <input type="checkbox"/>
Supervision of macro social workers	Yes <input type="checkbox"/> No <input type="checkbox"/>
Teaching or education of client	Yes <input type="checkbox"/> No <input type="checkbox"/>
Administration of community services/programs	Yes <input type="checkbox"/> No <input type="checkbox"/>
Clinical and non-clinical consultation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Identification of presenting problem	Yes <input type="checkbox"/> No <input type="checkbox"/>
Program planning, development and evaluation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Providing training about community needs and problems	Yes <input type="checkbox"/> No <input type="checkbox"/>
Consultation regarding agency practice and policy development	Yes <input type="checkbox"/> No <input type="checkbox"/>
Social, psychosocial or biopsychosocial assessment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Assessment of client needs for macro community programs/services	Yes <input type="checkbox"/> No <input type="checkbox"/>

CONTINUED MASTERS SOCIAL WORK: Applicant practicing within the scope of a masters social worker, consisting of the application of generalist practices, specialized knowledge, advanced practice skills and supervision.	Answer each item:
Case management (for individual, family, couple, group)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Impart general information and referral for assistance	Yes <input type="checkbox"/> No <input type="checkbox"/>
Administration and interpretation of assessment checklists	Yes <input type="checkbox"/> No <input type="checkbox"/>
Development of social welfare policy	Yes <input type="checkbox"/> No <input type="checkbox"/>
Directing social work agencies including clinical practice	Yes <input type="checkbox"/> No <input type="checkbox"/>
Intervention methods using specialized and formal interactions	Yes <input type="checkbox"/> No <input type="checkbox"/>
Interviewing clients regarding client's situation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Monitor client's compliance with program's expectations	Yes <input type="checkbox"/> No <input type="checkbox"/>
General assessment for mental health services	Yes <input type="checkbox"/> No <input type="checkbox"/>
Treatment planning and evaluation with supervision	Yes <input type="checkbox"/> No <input type="checkbox"/>
Interventions with individuals, couples, families or groups to enhance or restore the capacity for social functioning	Yes <input type="checkbox"/> No <input type="checkbox"/>
Counseling to assist individuals in problem solving and decision making (personal, health, social, educational, vocational, financial and other interpersonal concerns)	Yes <input type="checkbox"/> No <input type="checkbox"/>

I, the below named Supervisor, attest that this applicant satisfactorily demonstrated the above listed masters level social work skills.

Signature of Supervisor: _____ Date: _____

Print your name: _____

Supervisor's Title: _____

Type of License: _____

License Number: _____

Issue Date: _____

UPLOAD THIS DOCUMENT WITH YOUR APPLICATION IN DELPROS