



Acknowledgement of Therapy Services Provided by Supervisee in Social Work

Family Insight will be providing assessment, intensive in-home or outpatient therapy services for _____ (Client) and _____ (Supervisee Name) will be your assigned therapist/mental health professional/assessor.

_____ (Supervisee Name) has completed a graduate degree from a program that expressly prepares individuals to practice Social Work as defined in Statutory Authority: §54.1-2400 and Chapter 37 of Title 54.1 of the Code of Virginia and in 18VAC140-20-49, Regulations Governing the Practice of Social Work; and has been approved by the Virginia Board of Social Work to provide professional social work services while under the supervision of a licensed mental health professional detailed in 18VAC140-20-50.

_____ (Supervisee Name) clinical supervisor is _____ (LMHP Name/Credentials). He/She has met the education and experience requirements prescribed in 18VAC140-20-50B and has been approved by the Virginia Board of Social Work to provide clinical supervision to _____ (Supervisee Name)

Clinical Supervisor's Office Location:

Email:

Phone #:

Fax#:

Client

Date

Parent or Authorized Representative

Date

LMHP-Supervisee in Social Work Staff Signature/Print

Date