

REFERENCE FORM LETTER

Applicant's Name

Social Security Number

You must put your social security number on this form for the application to be complete. State and federal law require social security numbers on this application. Tenn. Code. Ann. § 36-5-1301(a), as authorized by 42 U.S.C. § 405(c)(2)(C)(i). The number will be used to verify your identity, to ask questions about your financial responsibility, and for any other purpose allowed by state or federal law. When you provide your social security number on this application and sign the form, you are agreeing that Department of Health may use your social security number in furtherance of federal and state law, for example, to collect delinquent fees.

I hereby certify that _____ has had the equivalency of two (2) years full-time clinical supervision experience under the supervision of a licensed clinical social worker (3000 clinical hours in not less than a two-year period with a minimum equivalency of one hour per week supervision).

Supervision information regarding the applicant follows:

Place of
Supervision

Dates of
Supervision

Name and Degree
of Supervisor

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Signature)*

(Title)

*** This letter must be signed by an LCSW who last provided the applicant's supervision. If the signatory is not licensed in Tennessee, enclose documentation of the other state license.**

Please return this form to the applicant or to the address below:

Board of Social Worker Licensure
665 Mainstream Drive
Nashville, TN 37243