Qualified Supervisors Listing Request

Please complete this form in its entirety and return it to the committee office with a copy of your 16-hour supervisor training course certificate of completion, if you would like to have your name added to the list of qualified supervisors. This list will be made available online at www.pr.mo.gov/socialworkers.asp as an additional resource for individuals seeking licensure supervision.

Licensee Name: _____
First Last

License Number: _____

Preferred Method of Contact (Please select all that apply):

☐ Phone (_____) _____

☐ E-mail _____

☐ Mailing Address _____

_____

_____

I hereby give permission to the Missouri State Committee for Social Workers to add my name and preferred method of contact(s) to the list of qualified supervisors. I am aware that this listing is posted online and is available to the public.

_____
Signature

_____
Date

Return completed form and copy of 16-hour supervisor training certificate to:

State Committee for Social Workers
PO Box 1335
3605 Missouri Boulevard
Jefferson City, MO 65102

Fax – (573) 526-3489
E-mail – lcsw@pr.mo.gov