



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
SUPERVISION TERMINATION

STATE COMMITTEE FOR SOCIAL WORKERS
 P.O. BOX 1335
 JEFFERSON CITY, MISSOURI 65102-1335
 TELEPHONE: (573) 751-0885

INSTRUCTIONS:

- Supervisor is responsible for completing this form in its entirety and mailing to the Committee within fourteen (14) days of termination.
- Completed form should be mailed to:
 Division of Professional Registration
 State Committee for Social Workers
 P.O. Box 1335
 Jefferson City, Missouri 65102-1335
 Telephone: (573) 751-0885 TDD: 800-735-2966
 http://www.pr.mo.gov E-mail: lcsw@mail.state.mo.us

1. PLEASE CHECK ONE OF THE FOLLOWING

- Clinical Social Work Supervision Baccalaureate Social Work Supervision Advanced Macro Supervision

2. NAME OF SUPERVISEE (LAST, FIRST, MIDDLE INITIAL)

3. NAME OF SUPERVISOR (LAST, FIRST, MIDDLE INITIAL)

4. SUPERVISOR'S LICENSE NUMBER

5. LIST PLACES WHERE THE SUPERVISEE ENGAGED IN PROFESSIONAL EXPERIENCE UNDER YOUR SUPERVISION

AGENCY/FACILITIES	ADDRESS (STREET, CITY, STATE, ZIP)	DATE (MO-DAY-YEAR TO MO-DAY-YEAR)
A.		
B.		
C.		

6. EXPLANATION AS TO WHY SUPERVISION IS BEING TERMINATED.

7. TESTIMONY OF SUPERVISOR

I hereby affirm under penalties of perjury that the foregoing information I have supplied is true and accurate to the best of my knowledge, information and belief.

SIGNATURE

DATE

