

All licensees under supervision for licensure are recommended to have a disclosure statement and should provide a copy to each client per 20 CSR 2263-3.080 (2) and 20 CSR 2263-3.140 (2). The statement should provide clients your areas of competence for practice that are supported by appropriate education, training, and prior supervised practice or consultation by a competent practitioner in each area of competence claimed.

PROFESSIONAL DISCLOSURE STATEMENT

NAME	
LICENSE TITLE	LICENSE NUMBER

Formal Education

COLLEGE/UNIVERSITY	DEGREE	DATE RECEIVED
COLLEGE/UNIVERSITY	DEGREE	DATE RECEIVED

Areas of Competence and Services Provided

Supervision Information

SUPERVISOR NAME	LICENSE NUMBER	CONTACT INFORMATION
SUPERVISEE'S PRACTICE SETTING	PRACTICE ADDRESS	

SUPERVISEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE

This information is recommended by the Missouri State Committee for Social Workers. If you have a complaint about professional services from a licensed social worker, please contact:

Missouri State Committee for Social Workers
P.O. Box 1335
Jefferson City, MO 65102
Phone (573) 751-0885
Email: lcsw@pr.mo.gov
Website: www.pr.mo.gov/socialworkers