

WV BOARD OF SOCIAL WORK EXAMINERS
P O BOX 5459
CHARLESTON, WV 25361
(304) 558-8816

CHANGE IN ORIGINAL AGREEMENT FOR TEMPORARY LICENSE

LICENSE NUMBER: _____

THIS FORM MAY BE USED **ONLY** WHEN THE LICENSEE HAS CHANGED *EMPLOYER, (***TD licensees may only change DHHR County Office***) TITLE AND/OR LICENSING SUPERVISOR.

NAME OF LICENSEE: _____

ADDRESS: _____

TELEPHONE: (Home) _____ (Office) _____

TO REPORT THE FOLLOWING CHANGE:

EMPLOYER: _____ TITLE/POSITION: _____ LICENSING SUPERVISOR: _____

THE UNDERSIGNED HEREBY AGREES TO: Continue to honor and satisfy all of the requirements of the temporary license as indicated in the initial "Agreement for Temporary License" pursuant to regulations.

"In signing this form, I certify that all statements are true and correct. I further understand that misrepresentation is grounds for denial and/or revocation of my temporary social work license".

SIGNATURE OF LICENSEE: _____

DATE SIGNED: _____

EMPLOYMENT CHANGE* (Persons with License that is TD restricted to DHHR employment only may report a change from one County office to another.)

SUBMIT A DETAILED JOB DESCRIPTION OR EMPLOYER'S STATEMENT TO VERIFY THE REQUIREMENT OF A SOCIAL WORK LICENSE FOR YOUR CURRENT POSITION.

EMPLOYER: _____

MAILING ADDRESS: _____

YOUR TITLE: _____ **DATE OF HIRE:** _____

NAME OF DIRECT SUPERVISOR: _____

CHANGE IN LICENSING SUPERVISOR

Below is the agreement signed by the new Licensing Supervisor and the effective date:

<u>SUPERVISOR'S AGREEMENT TO SERVE</u>	
“I understand the requirements for a Temporary License to practice social work in West Virginia. I understand that I must currently be licensed as a Graduate, Certified, or Independent Clinical Social Worker in the State of West Virginia (B, C, or D level license) and I agree to serve as the “Licensing Supervisor” for the individual named on this record. I understand that, although it is the responsibility of the licensee to initiate and pursue on-going quarterly supervision meetings, it is MY PROFESSIONAL RESPONSIBILITY to notify the Board if there is any interruption in progress, meetings, or disruption of the supervision plan”.	
SUPERVISOR MUST HOLD GRADUATE, CERTIFIED OR INDEPENDENT CLINICAL WEST VIRGINIA SOCIAL WORK LICENSE	
LICENSE NUMBER: _____	EXPIRATION DATE: _____
WORK TELEPHONE NUMBER: _____	
ADDRESS: _____	
SUPERVISOR'S PRINTED NAME: _____	
SUPERVISOR'S SIGNATURE: _____	
EFFECTIVE DATE: _____	

THE LICENSEE MUST NOTIFY THE BOARD IN WRITING OF ANY CHANGES IN THE ABOVE CERTIFIED INFORMATION AND/OR AGREEMENT TO SERVE.

THIS FORM IS TO BE MAILED TO:

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