

NASW New Hampshire Chapter Supervisor List

Statement of Understanding

1. I attest that, as of this date:
 - I am a Licensed Independent Clinical Social Worker (LICSW) in the state of New Hampshire, in good standing.
 - I am a current member in good standing of NASW, New Hampshire Chapter (NH NASW)
 - I have practiced at least 3 years post licensure as an LICSW.
 - I have professional liability insurance of at least \$1 million.
 - I have never received disciplinary action from the New Hampshire Board of Mental Health Practice (BMHP) or any state social work licensing board elsewhere in the United States .
 - I have successfully completed either a graduate level course in clinical supervision, a certificate in supervision, or 12 CEU's in clinical supervision from an accredited college or program outlined in section 402.02 (b) of the NH BMHP Rules.
 - I have completed the following two free courses from NASW (<http://www.naswweb.org/>): “Understanding the NASW Code of Ethics” and “An Advanced Course in Ethics and Malpractice Risk for Social Workers.”
 - I meet all qualifications established by the New Hampshire Board of Mental Health Practice to provide supervision for clinical social work licensure.

2. I agree that:
 - I will complete 3 CEU's in Supervision for each subsequent licensing renewal period that I plan to provide supervision
 - I will maintain professional liability insurance of at least \$1 million, and
 - I am familiar with and will fully comply with the NASW Code of Ethics.

3. I agree that if (a) any of the statements in §1 above cease to be accurate, (b) I fail to comply with any of the commitments in § 2 above, (c) my LICSW is revoked, suspended, voluntarily terminated, expires or for any other reason becomes invalid, or (d) I am found to be in violation of the NASW Code of Ethics or the State of New Hampshire Board of Mental Health Practice rules and regulations, then:
 - I will immediately notify NH NASW and request that my name be withdrawn from the Supervisor List, and
 - I will immediately notify any social workers under my supervision and, if appropriate, withdraw as their supervisor.

4. I understand and acknowledge the following:
 - NH NASW provides the Supervisor List as a member benefit. It is my responsibility to ensure NH NASW has my current, accurate information and to notify NH NASW in the event any of my information changes.
 - I may request removal from the Supervisor List at any time. Reinstatement to the list at a later date will again incur a non-refundable application fee.

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- NH NASW does not control and is not responsible for how individuals use the information posted.
- A listing in the Supervisor List is not an endorsement of any supervisor. It is only a listing provided as a member benefit. NH NASW does not refer or recommend any specific LICSW to any members, it only makes the list available for members to review and make a selection of a potential supervisor.
- Payment arrangements for supervisory services are between me as supervisor and the supervisee only. Neither NH NASW or NASW nor any of their employees, officers, board members or volunteers will be a party to any transaction between Supervisor and Supervisee, nor will they be liable for any actions or inactions of either Supervisor or Supervisee.
- NH NASW reserves the right in its discretion to reject this application or remove my entry from the Supervisor List immediately, without refund of any related fees I have paid, if it becomes aware of any of the following circumstances:
 - Any information I have provided in connection with the list is found to be false, or
 - The occurrence of any of the events set out in § 3 (a)-(d) above.
- Upon acceptance of this application, NH NASW will post information I have provided on an access-controlled page of the NH NASW website.
- THE INFORMATION THAT I PROVIDE IN THE BLANKS BELOW THAT ARE MARKED WITH AN ASTERISK (*) MAY BE POSTED ON THE NH NASW WEBSITE IN THE "SUPERVISOR LIST" SECTION AND MADE AVAILABLE TO ALL NH NASW MEMBERS.

*Last Name: _____ *First Name: _____

Street Address: _____

*City: _____ State: ____ Zip: _____ County: _____

*Preferred Phone: _____

*E-mail Address (required): _____ Liability Insurance Carrier: _____

5. **I agree to indemnify NH NASW and NASW and hold them harmless** from any liability arising in connection with my participation in the supervisor list or my relationship with any potential Supervisee who contacts me as a result of my listing.

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By signing and submitting this form I hereby certify that the information contained in this form is true, complete, and correct to the best of my knowledge and is made in good faith; I agree to abide by the terms and conditions listed above; and I request inclusion in the NH NASW Supervisor List.