



## Clinical Supervision Evaluator Package

### Evaluator Eligibility

Thank you for agreeing to rate the practice competency of \_\_\_\_\_

(applicant name)

as an applicant for Board Certification in Clinical Supervision. As an Evaluator, you agree to conduct a confidential evaluation and you are one of the following: an advanced clinical social worker\* OR a psychiatrist (M.D or D.O., board-certified or board-eligible) OR a clinical psychologist (doctoral level), who is a current or former colleague, supervisor, or consultant.

\*Characteristics - Master's or Doctoral degree in social work; at least five years of post-graduate clinical social work practice, including two years under supervision; current in practice (3,000 hours in the past 10 years); state licensed in good standing at the highest clinical level available in state(s) where you practice (unless exempted by law or terms of government employment).

As an Evaluator, you must meet the following criteria: (Please check boxes if correct)

- Hold licensure at the highest clinical level in the state(s) in which you practice unless exempted by law or terms of government employment
- Have a full year (in the past four) of direct knowledge of Applicant's practice in clinical supervision, meaning that you have participated with Applicant as a:
  - ❖ Colleague: in peer group of supervisors, or work/worked with Applicant and are familiar with Applicant's supervisory practice; or
  - ❖ Supervisor: formally supervised Applicant; or
  - ❖ Consultant: consulted to Applicant's supervisory practice or, in the instance of the Applicant supervising students, were the field liaison or faculty advisor.
- In addition to the full year mentioned above, you had practiced for at least five years, post-graduate, before the start-date of contact with the Applicant (e.g. you graduated on May 31, 1990, and became eligible to complete an Evaluator Package on June 1, 1996)
- No kinship relation to the Applicant.

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→ I hold a current state license(s) at the highest clinical level available in the jurisdiction(s) where I practice (unless exempted by law or terms of government employment) and I practice as one of the following (please check one box):

- An advanced clinical social worker (see "Characteristics" box, above)
- A board-certified or board-eligible psychiatrist (M.D. or D.O. only)
- A clinical psychologist (doctoral level)

If you are eligible and willing to serve as an Evaluator, please complete this package. If you do not meet the criteria above, please advise the Applicant immediately that you are ineligible as an Evaluator. Please consider your responses carefully.

**IMPORTANT:** To ensure confidentiality, please do not discuss this evaluation with the Applicant. Instructions are enclosed on how to return your evaluation package. ABE cannot accept forms by fax.

If any information has been recorded in the following pages by the Applicant, please do not complete this evaluation, but return it to the Applicant as an ineligible form.

### Evaluator's Personal Information

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Advanced Degree Initials \_\_\_\_\_ Degree Awarded \_\_\_\_/\_\_\_\_  
(e.g. MSW, M.D.) mm yyyy

School/Institute \_\_\_\_\_



### Evaluator's Attestation

→ I serve(d) as a supervisor, colleague, or consultant, to the applicant at the following setting (official name, e.g. XYZ Clinic or Jean Smith, Private Practice):

\_\_\_\_\_

Your Dates of Contact with Applicant (must be at least one year in the past four, and begin at least five years after you received your graduate degree).

Start Date: \_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_  
mm yy mm yy (If ongoing enter current mm/yy)



### Practice Competency in Clinical Supervision

Please rate the applicant's proficiency as a Clinical Social Worker Supervisor by answering the following eight items. Draw on your observations of the applicant supervisor's clinical knowledge base and practice skills.

Please be advised, answering "Don't Know" to two items will invalidate you as an Evaluator.

1. Does the candidate create and adhere to supervision contracts with supervisees? Yes  No  Don't Know
2. Does the candidate effectively conduct supervision of assessment and diagnosis? Yes  No  Don't Know
3. Does the candidate effectively conduct supervision of treatment planning? Yes  No  Don't Know
4. Does the candidate have mastery of the supervision process? Yes  No  Don't Know
5. Does the candidate help supervisees function as a colleague and team member? Yes  No  Don't Know

- 6. Does the candidate use proper tools and techniques to help supervisees evaluate the treatment process, evaluate outcomes and identify best practices?    Yes     No     Don't Know
- 7. Does the candidate evaluate his/her own supervision outcomes?    Yes     No     Don't Know
- 8. Is the candidate recognized by peers or the community for supervision, consultation, training, writing?    Yes     No     Don't Know

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Evaluator: Please answer the questions below and sign and date the attestation.

→1. Based on my understanding of the requirements for the Clinical Supervisor credential explained in this Evaluator Package and my knowledge of the Applicant,

I recommend this Applicant for Board Certification.

or,

I do not recommend this Applicant for Board Certification.

→2. Please provide a brief description of the Applicant's clinical supervisory practice (e.g. supervises psychotherapists specializing in trauma)

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→3. By signing below, I attest to the accuracy and truth of my answers and agree to keep them confidential, as ABE agrees to do the same.

Note: You may be contacted by ABE to confirm that you provided the above information.

I attest to the accuracy of the information provided above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Please follow the instructions on how to submit your evaluation.

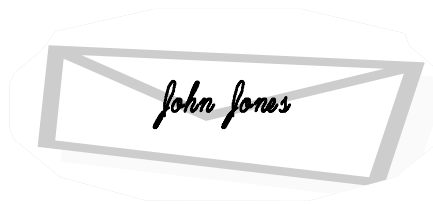


# Instructions for submitting an Evaluator Package

It is important that we receive your evaluation within two months of your receipt of this package.

Please submit your evaluation by following the three steps below:

1. Complete the Evaluator Package place it into the envelope provided.
2. Seal the envelope and sign the envelope directly across the flap that you just sealed. This is extremely important, for confidentiality.



3. Return your evaluation by mail (and please inform the applicant that you have done so) to:

ABE  
Shetland Park  
27 Congress Street, # 501  
Salem, MA 01970  
Attn: Credentialing Department

PLEASE NOTE: ABE cannot accept Evaluator Packages by fax.

**Questions?** Please contact ABE's Credentialing Department, at [kab@abecsw.org](mailto:kab@abecsw.org) or 1-800-694-5285 x16. For information about the American Board of Examiners in Clinical Social Work, please visit the website at [www.abecsw.org](http://www.abecsw.org).



ABE *greatly* appreciates your cooperation. Thank you!