

SOCIAL WORK DEVELOPMENT CENTER, LLC.

JERLINE BALTIMORE, MSW, LCSW-QS

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Clinical Supervision Agreement for Licensure

This agreement is established by Jerline Baltimore, acting in the capacity of Consultant and Qualified Clinical Supervisor at Social Work Development Center, LLC, and _____ (Registered Intern), ISW # _____, to outline a formal professional relationship guided by the terms and conditions stated below.

1. Responsibilities of the Supervisee:

- a. Adhere to the standards outlined in the Florida Department of Health Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling and Regulations governing the Practice of Social Work.
- b. Inform their supervisor about their clinical social work supervision with Jerline Baltimore, MSW, LCSW-QS.
- c. Supply Jerline Baltimore, MSW, LCSW-QS, with a job description and agency policies related to social work.
- d. Attend each session prepared to present cases and offer feedback for discussion, maintaining professional and ethical conduct.
- e. Keep clients' identities and identifying information confidential.
- f. Notify your workplace supervisor and Jerline Baltimore, MSW, LCSW-QS, if a client is at risk or poses a danger to themselves or others.
- g. Notify your workplace supervisor and Jerline Baltimore, MSW, LCSW-QS, immediately of any involvement with the Department of Children and Families (DCF) or actions taken under the Baker Act.
- h. Record each supervision session in a log.

2. Supervision Requirements:

- a. State Requirement: The Florida Mental Health Board mandates a minimum of two hours of supervision per month for clinical social work interns.
- b. Consultant/Supervisor Requirement: As part of the fast-track licensing program aimed at expediting licensure; Jerline Baltimore requires interns to complete a minimum of four hours of supervision per month. This requirement not only ensures a higher level of readiness and competence in clinical practice but also emphasizes the importance of timely completion to maintain progress and adherence to the program schedule.
- c. Extended Supervision: Should the supervision extend beyond two years, the supervisee will be subject to the post-licensure rate. If this extension is due to exam scheduling requirements, please notify me to discuss additional accommodation.
- d. Rate Adjustments: Rates for supervision are subject to change at any time. Any changes will be communicated to the supervisee with reasonable notice prior to implementation.

3. Responsibilities of the Supervisor:

- a. Maintain a Board-approved LCSW and QS designation in Florida for the entire supervision period.
- b. Focus supervision on the raw data from the supervisee's clinical work, providing verbal and written feedback each session.
- c. Adhere to the NASW Code of Ethics during supervision, using hypothetical scenarios to discuss common ethical dilemmas.
- d. Offer guidance, support, consultation, and challenges to facilitate reflection on issues affecting their practice, including formal evaluations quarterly.

4. Duration and Termination of Clinical Supervision:

- a. Duration: This agreement is effective upon signing and continues until terminated by either party.
- b. Termination: Either party may terminate this agreement at any time for any reason.
- c. Notice Requirement: Termination requires a written notice, which must be provided via email or text, and can be given at any time.
- d. Completion of Obligations: Upon termination, both parties agree to promptly complete any outstanding administrative tasks and documentation related to supervision sessions.

5. Telehealth Protocols and Disclosure (If relevant, please refer to separate page agreement): Both parties must comply with all applicable laws, regulations, and ethical guidelines governing telehealth in clinical social work practice.

This agreement outlines the terms of clinical supervision between the identified parties. It may be amended at any time with mutual consent. Any party may terminate this agreement by providing written notice via email or text to the other parties. The agreement is effective from the date of signing and remains in force until it is either amended or terminated.

Supervisor's Signature / Date:

Supervisee's Signature / Date



Please email the completed Clinical Supervision Contract to jerlinebaltimore@gmail.com with the subject line "Your Name + Clinical Supervision Contract."

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Supervision Goal-Setting Form

1. What are your current goals for supervision? Please provide details on what you hope to achieve from our sessions.
2. What specific areas of social work interest you the most, and how do you plan to gain experience in those areas?
3. What areas of your social worker or psychotherapist skills would you like to improve? Please share any areas of development you would like to focus on.
4. In what ways do you hope our supervision sessions will support your career growth and professional development as a social worker?
5. Looking ahead, where do you see yourself in your social work career in the next 5-10 years? What steps do you plan to take to achieve these goals?
6. What challenges do you anticipate in your social work career, and how do you plan to address them?