

NASW-IL Monthly Tracking Log for Supervised Hours Toward Illinois LCSW Licensure

Tracking Hours for Supervised Clinical Practice and Professional Work Experience

PURPOSE:

The primary objective of supervision in pursuit of the LCSW license is educational. Both the supervisor and the supervisee share joint responsibility for the supervision process, ensuring that each party is well-prepared and actively engaged. The supervisee's practical experience is primarily derived from their current practice setting, supplemented by any additional experience pertinent to clinical social work. Supervision aims to facilitate exposure to the broadest range of practice aspects available within the supervisee's current professional environment.

Although maintaining a log of hours is mandatory, this specific document is neither approved nor required by the Illinois Department of Financial & Professional Regulation (IDFPR). You have the flexibility to record your hours in any format that fulfills the licensure requirements. This document, which we recommend completing monthly, is intended to help both the supervisee and supervisor track the supervised clinical practice hours required for LCSW licensure in Illinois while fulfilling the log requirement. This document aligns with the structure of the newly updated IDFPR VE-SW Form (Verification of Employment/Experience Form). While the supervisor is only required to complete the VE-SW form upon the conclusion of the supervisee's mandated clinical practice hours, we still advise completing that form (in duplicate) annually to ensure comprehensive documentation.

Supervisors are encouraged to adopt a comprehensive approach when evaluating supervisees' experiences and to facilitate opportunities for varied experiences whenever possible. However, both the applicant and the supervisor should remain aware that the primary goal is to achieve sufficient competency in clinical social work practice, enabling the applicant to qualify for a license to practice clinical social work independently. **PLEASE NOTE:** For clinical supervision hours, only categories 1 and 2 listed on page 2 are eligible. For hours applied toward the Alternative to the Exam pathway, categories 1 through 8 are accepted.

The supervisee is responsible for maintaining a log of their time spent. It is recommended that this log be reviewed periodically throughout the supervision process to ensure comprehensive tracking and reflection on the supervisee's progress.

Upon completion of the required supervision hours, the supervisee can access the necessary forms and further guidance on the IDFPR website at <https://idfpr.illinois.gov/>.

NOTE: A supervisee may engage with multiple clinical supervisors, either consecutively or simultaneously, to fulfill their required supervision hours, although your total weekly hours cannot exceed 40 hours per week. In these instances of multiple clinical supervisors, each supervisor must complete a VE-SW Form upon concluding their supervision period with the supervisee. You can view other requirements and a supervision FAQ at <https://www.naswil.org/supervision> and at <https://idfpr.illinois.gov/>.

PROFESSIONAL EXPERIENCE ELIGIBLE FOR CLINICAL AND ALTERNATIVE TO EXAM HOURS

PLEASE NOTE: For **CLINICAL SUPERVISION HOURS**, only categories 1 and 2 listed on page 2 are eligible.

For hours applied toward the Alternative to the Exam pathway, categories 1 through 8 are accepted.

This list is not exhaustive. For clarification or additional information, please contact the IDFPR.

1. PSYCHOSOCIAL ASSESSMENTS

- Social histories, Individual Education Plans (IEPs), intake evaluations, etc.
- Administering instruments/surveys (such as: Vanderbilt Assessment Scale, Beck Assessment Tool for Depression, Columbia-Suicide Severity Rating Scale, etc.)
- Sharing information with clients
- This category may include acquiring the skills to do psychosocial assessments including: observing others, reading about the topic, and learning how to write reports.

2. THERAPEUTIC INTERVENTIONS

- Clinical sessions (individual, couple, and group)
 - » Interviews with clients
 - » Skill building
 - » Collateral work with parents/families, school personnel, medical personnel, etc.
- This category may include acquiring the skills to do therapeutic interventions including: reading about interventions, attending trainings, and observing others.
- Documentation time

3. CASEWORK SERVICES

- Case management
- Coordination of care and/or referral
 - » Collaboration with collateral family members, other disciplines (e.g., school and medical personnel)
 - » Making referrals for goods and services

4. COMMUNITY ORGANIZATION

- Organization of or participation in community food or clothing drives
- Working with other disciplines such as police
- Interagency engagement or other efforts that benefit clients at the practice setting

5. MANAGEMENT/SUPERVISION

- Work with auxiliary service workers
- Shift supervisor at a residential setting

6. EDUCATIONAL EXPERIENCES

- Supervision
- Workshops, seminars, consultation, in-service meetings
- Presenting cases
- Reading that is practice-/client-focused
- Preparation time

7. RESEARCH

- Research for a presentation or in-service (for teachers, parents, etc.)
- Participation in clinical research
- Grant involvement

8. TEACHING

- Teaching skills to groups in a practice setting (agency, school, community engagement, etc.)
 - » Training of peers, staff, parents, siblings, students, etc.
 - » Training groups in SEL (Social Emotional Learning)
- Preparation time

Clinical Supervision Hours Tracking Log

For Supervised Clinical Practice Hours Toward the Illinois LCSW License

COMPLETE MONTHLY

THIS FORM IS NOT REQUIRED BY IDFPR. Its purpose is to assist the supervisee and supervisor as they keep track of the hours that qualify for the supervisee's supervised clinical practice experience. This form is organized according to the IDFPR VE-SW Form (Verification of Employment /Experience Form) which is the required form the supervisor must complete for the supervisee to submit along with their Illinois LCSW license application upon completion of supervision.

Month/Year: _____

Name of Supervisee: _____ Job title: _____

Supervisor Name: _____

Supervisor LCSW License number: _____ License State: _____ Date License Awarded: _____

Name of and Address of Worksite: _____

Total number of clinical work hours acquired this month (maximum of 40hr/week): _____

Date of Supervision: _____ Choose or Circle One: Individual or Group

Length of supervision: _____

Date of Supervision: _____ Choose or Circle One: Individual or Group

Length of supervision: _____

Date of Supervision: _____ Choose or Circle One: Individual or Group

Length of supervision: _____

Date of Supervision: _____ Choose or Circle One: Individual or Group

Length of supervision: _____

Total hours of supervision this month (state requires minimum of 4 hours): _____

The applicant's performance was satisfactory or better (Choose or circle answer): YES / NO

The above indicated clinical experience has been documented by myself and has been performed by the applicant pursuant to my order, control, and full professional and legal responsibility as a supervisor. I do hereby declare that the information contained herein is true and correct.

Name of Supervisor: _____ Supervisor Signature: _____ Date: _____

FOR SUPERVISEE USE ONLY:

Total acquired hours _____ out of 3,000 (for MSW) or 2,000 (for DSW)

Add total hours for this month and all previous hours from prior months.



Alternative to the LCSW Exam Hours Tracking Log

For Supervised Professional Experience Toward the Illinois LCSW License

COMPLETE MONTHLY

THIS FORM IS NOT REQUIRED BY IDFPR. Its purpose is to assist the applicant as they keep track of the supervised professional experience hours required if utilizing the alternative to the LCSW exam. This form is organized according to the IDFPR VE-SW Form (Verification of Employment /Experience Form) which is the required form the applicant must complete to submit along with their Illinois LCSW license application upon completion of professional experience.

Month/Year: _____

Name of Applicant: _____ Job title: _____

Supervisor Name: _____

Supervisor LCSW License number: _____ License State: _____ Date License Awarded: _____

Name of and Address of Worksite: _____

Total number of hours acquired this month (maximum of 40hr/week): _____

The applicant's performance was satisfactory or better (Choose or circle answer): YES / NO

The applicant completed the supervised PROFESSIONAL experience under my supervision. The experience being counted and reported reflects the hours worked during the month/year being reported on this form. The experience I am verifying was separate from (and in addition to) the 3000 hours (2000 for doctorate degree applicants) completed or counted for supervised clinical experience per Rules 68 IAC Section 1470.20(a).

Name of Supervisor: _____ Supervisor Signature: _____ Date: _____

FOR APPLICANT USE ONLY:

Total acquired hours _____ out of 3,000.

Add total hours for this month and all previous hours from prior months.

