

## **SUPERVISING CLINICIAN DATA**

**Name and title of Supervisor:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Contact number:** \_\_\_\_\_

**Contact email:** \_\_\_\_\_

**Licensing State(s) & Date(s) Licensed:**

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**Have you completed the required supervision training for each state you are licensed?**

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**Areas of Social Work Specialization:**

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**Social Work Certifications and/or Trainings:**

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***Please return completed form via email to Laura Taylor, MSW Field Coordinator, at  
lctylor1@memphis.edu***