

# **Restoring Destiny Mental Health Services**

## **Maryland LMSW Clinical Supervision Screening Form**

### **SECTION 1 — Contact Information**

Full Name:

Pronouns:

Email Address:

Phone Number:

County of Residence:

Employer:

Job Title:

### **SECTION 2 — Maryland Licensure Verification**

License Number:

License Expiration Date:

In Good Standing with MD Board?

Yes

No

If not in good standing, explain

SECTION 3 — Clinical Background

Clinical Duties Summary:

Populations Served:

Clinical Strengths:

Areas for Growth:

SECTION 4 — Supervision Goals

Supervision Goals:

Preferred Supervision Format:

Preferred Schedule:

## SECTION 5 — Logistics

Employer Contract Needed? Yes

Employer Contract Needed? No

Virtual Supervision Only? Yes

Virtual Supervision Only? No

## SECTION 6 — Ethical Considerations

Ethical/Disciplinary Concerns:

## SECTION 7 — Supervision Examples

Expectations of Supervisor:

Preferred Learning Style:

Digital Signature (type name):

Date: