

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 Expectations

Expectations of Supervisor:

Preferred Learning Style:

Digital Signature (type name):

Date: