



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
**BUREAU OF HEALTH LICENSURE AND REGULATION**  
**DIVISION OF HEALTH RELATED BOARDS**  
665 MAINSTREAM DRIVE  
NASHVILLE, TN 37243

**TENNESSEE BOARD OF SOCIAL WORKER LICENSURE**

**PROFESSIONAL REFERENCE**

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Social Security Number

You must put your social security number on this form for the application to be complete. State and federal law require social security numbers on this application. Tenn. Code. Ann. § 36-5-1301(a), as authorized by 42 U.S.C. § 405(c)(2)(C)(i). The number will be used to verify your identity, to ask questions about your financial responsibility, and for any other purpose allowed by state or federal law. When you provide your social security number on this application and sign the form, you are agreeing that Department of Health may use your social security number in furtherance of federal and state law, for example, to collect delinquent fees.

I hereby certify that \_\_\_\_\_ has completed a total of three thousand (3000) hours of advanced generalist non-clinical experience under the supervision of a licensed clinical social worker or licensed advanced practice social worker (3000 hours non-clinical experience over not less than a two (2) year period with at least one hundred (100) of the three thousand (3000) hours must be between supervisor and supervisee).

Employment information regarding the applicant follows:

Place of  
Employment

Dates of  
Employment

Name and Degree  
of Supervisor

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature)\*

\_\_\_\_\_  
(Title)

**\* This letter must be signed by an LCSW who last provided the applicant's supervision. If the signatory is not licensed in Tennessee, enclose documentation of the other state license.**

**Please return this form to the applicant or to the address below:**

Board of Social Worker Licensure  
665 Mainstream Drive  
Nashville, TN 37243