**Joan Willemain, LICSW**

**WA State Approved Supervisor**

**9226 12th Ave SW, Seattle | [jpwillemain@gmail.com](mailto:jpwillemain@gmail.com)  | 206-631-9964**

**Group Supervision Request Form**

Please complete this form and email to me or mail to the address above. I will respond to you as quickly as possible. We can also speak by phone to share preliminary info. Once your request is accepted, I will forward you all necessary forms to proceed. For more information and assistance, please see the link on my website to the DOH Social Work Licensing Requirements, and my spreadsheet to organize your licensing requirements.

Name Cell Ph

Address

Email Work Ph

1. Please describe your interest in and goals for group clinical supervision and where you are on your path to licensure.

2. How many group hours do you currently need? (70 is max-allowed)

3. Are you interested in evening consult groups, weekend topic workshops, or both?

4. How soon are you hoping to start supervision?  Do you foresee any gaps in attending (vacations, parenthood, etc.)?

5. Please describe your current position.  Are you in a community-based position or private practice? (Please note, I am unable to provide supervision for private practice, but will provide supplementary group consult to clinicians who are meeting regularly with an individual supervisor).

6. Do you anticipate staying in this position while you get licensed?

7. Do you anticipate any problems with getting direct hours or have other concerns?

8. Do you currently have an Agency Supervisor, or a private Approved Individual Supervisor? If not, are you looking for a referral or interviewing these?

Signature Date