



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
**STATE BOARD OF SOCIAL WORKER LICENSURE**  
35 STATE HOUSE STATION  
AUGUSTA, MAINE 04333-0035  
FAX: (207) 624-8637

Page 1 of 2

**AGREEMENT TO PROVIDE CONSULTATION  
REQUIRED FOR LICENSURE**

This is to notify the Board of Social Worker Licensure that \_\_\_\_\_ intends to enter a consultation agreement with \_\_\_\_\_ as their consultant.

The above named consultant is accountable for the professional development of the consultee. The consultant will assume responsibility for the assessment of the competence and ethics of the consultee during the consultation period. The consultant has an obligation to assess the consultee and to share this assessment with the Board. The above named consultant agrees to provide consultation as stated below and return the Verification of Consultation Form to the consultee when the required consultation is completed.

Consultation is regularly scheduled case discussion and evaluation focusing on raw data, goals and objectives from the social worker's practice

Consultation may be completed in-person, or via live, synchronous video technology, or any combination thereof, and may be completed either individually or in a group of not more than eight (8) members. Audio-only technology is not permitted.

**Please check the appropriate box below:**

**Licensed Social Worker—Conditional**

- Non-DHHS social workers must receive consultation from social workers who are a LCSW, CSW-IP, LMSW or a LSW with a bachelor's degree in social work, or social welfare, with at least 2 years of experience as a LSW.
- DHHS social workers must receive consultation from social workers who are a LMSW or a LSW who has been licensed for at least 4 years.
- A total of 96 hours of consultation must be provided for 3200 hours of social work employment, while licensed, in not less than two nor more than four years.

**Licensed Social Worker**

- Non-DHHS social workers must receive consultation from social workers who are a LCSW, LMSW, or CSW-IP.
- DHHS social workers must receive consultation from social workers who are LMSW, a LSW who has been licensed for at least 4 years, or a LSW who has been licensed for 2 years, has been designated as a supervisor trainee, and is concurrently receiving 48 hours of consultation with a LMSW.
- A total of 96 hours must be provided for 3200 hours of social work employment in not less than two nor more than four years.

**Licensed Master Social Worker - Conditional Clinical**

- Consultants must be a LCSW, CSW-IP, LCPC, LMFT, licensed Psychologist, licensed Psychiatrist, or similarly-credentialed licensee in any of the aforementioned professions from any state or country.
- Four hours of consultation per month; Consultation must be provided while practicing social work in a clinical setting. At least three of the four hours per month must be individual consultation.
- A total of 96 hours within 3200 hours of social work employment in not less than two nor more than four years is required for licensees whose MSW degree is in a clinical concentration. For licensees whose MSW degree is in a non-clinical concentration, 192 hours of consultation within 6400 hours of social work employment in not less than four years is required.
- Credit for consultation experiences shall be given only for practice in an organized public or private agency, school, institution or organization which provides the opportunity for contact with other professional disciplines and work experience with a broad range of clients.

**AGREEMENT TO PROVIDE CONSULTATION FOR LICENSURE**  
**Page 2 of 2**

| <b>Consultant Data</b>      |                        |           |
|-----------------------------|------------------------|-----------|
| Name of Consultant:         |                        |           |
| Mailing Address:            |                        |           |
| City:                       | State:                 | Zip Code: |
| License Number:             | Work Telephone Number: |           |
| Type of Social Work Degree: |                        |           |

| <b>Consultee Data</b>           |                        |           |
|---------------------------------|------------------------|-----------|
| Name of Consultee:              |                        |           |
| Mailing Address:                |                        |           |
| City:                           | State:                 | Zip Code: |
| License Number (If Applicable): | Work Telephone Number: |           |

| <b>Applicant's Employment Data</b> |                               |           |
|------------------------------------|-------------------------------|-----------|
| Place of Employment:               |                               |           |
| Mailing Address:                   |                               |           |
| City:                              | State:                        | Zip Code: |
| Telephone Number:                  | Beginning Date of Employment: |           |

| <b>Affirmation</b>   |             |
|--|-------------|
| <p>We have read, understood and accepted the conditions of this relationship as defined by the Rules of the Board of Social Worker Licensure and by the Statutes of the State of Maine. Since the consultee is practicing social work by the virtue of the services provided by the consultant, any changes in the relationship must be registered with the board.</p> |             |
| Consultant Signature: _____  | Date: _____ |
| Consultee Signature: _____   | Date: _____ |