

FPSW Supervisor Application

CONTACT INFORMATION

Name: _____

Mailing Address (Home): _____ City: _____

State/Zip: _____ Email: _____

Home Phone: (_____) _____ Cell: (_____) _____

Which phone number should we use to arrange an interview? Home Cell

Emergency Contact: _____ Phone: _____

Primary Language: _____ Fluency in Other Languages: _____

Agency Currently Employed/Title: _____

Business Address: _____ City: _____

State/Zip: _____ Work Phone: (_____) _____

MINIMUM FPSW SUPERVISOR EXPECTATIONS

1) Are you currently a Licensed Independent Practitioner (i.e., psychiatrist, psychologist, LCSW, LISW, LPCC, LMFT, or psychiatrically certified nurse practitioner) practicing under the scope of your NM licensure?

YES or NO If YES, what is your current license? _____

2) Do you have at minimum four (4) years relevant experience in the delivery of case management, Comprehensive Community Support Services, or Family Peer Support Services with the target population?

YES or NO If YES, please describe:

3) Do you have at minimum one (1) year of demonstrated supervisory experience?

YES or NO If YES, please describe:

ADDITIONAL REQUIREMENTS - CHECK ALL REQUIREMENTS:

- Will supervise Family Peer Support Worker(s). How many will you supervise? _____
- 18 years of age or older
- Valid New Mexico mailing address
- Valid New Mexico Driver's License
- High school diploma or GED

TRAINING PARTICIPATION AGREEMENT - INITIAL EACH ITEM

- _____ I will attend, be on time, and actively participate in all three days of training and understand that I cannot miss any training session for any reason.
- _____ I will participate in discussions and role-plays using my supervisor experiences.
- _____ I understand that I am not guaranteed employment as a result of participating in this training.

I need the following accommodations for the training: _____

REFERENCES

Current Supervisor

_____	_____
Name	Phone
_____	_____
Address	City/Zip

Employee Who You Currently Supervise

_____	_____
Name	Phone
_____	_____
Address	City/Zip

AFFIRMATION

Your and your Supervisor's signatures below affirm that the information you provided is accurate.

Applicant's Signature: _____

Print Name: _____ Date: _____

Supervisor's Signature: _____

Print Name: _____ Date: _____