

[Your Name]
[Your Title/License]
[Your Organization/Practice Name]
[Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Recipient's Organization]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],
I am writing to confirm the supervision arrangement for [Supervisee's Name], who is currently pursuing their Licensed Clinical Social Worker (LCSW) credential. As their supervisor, I am committed to providing ongoing support and guidance necessary for their professional development in alignment with state requirements.

- Supervision Details:
- ****Supervisee's Name****: [Supervisee's Full Name]
 - ****Supervisee's License Number****: [Supervisee's License Number]
 - ****Duration of Supervision****: [Start Date] to [End Date]
 - ****Frequency of Supervision Sessions****: [e.g., weekly, bi-weekly]
 - ****Location of Supervision****: [In-person/Online/Hybrid]

During our supervision sessions, we will cover case reviews, ethical practices, intervention strategies, and professional growth objectives. I will ensure that all necessary documentation and evaluations are completed in accordance with licensure requirements.

If you have any questions or require further information, please do not hesitate to contact me.

Sincerely,
[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your License Number]
[Your Credentials]