

**Supervisor Attestation of Oncology Social Work
Experience and Job Duties**

I, _____, immediate supervisor of
_____, do hereby affirm that to the
best of my knowledge, _____
has worked for at least three years post masters in the oncology,
palliative or hospice social work profession. I further attest that
_____ provides a minimum of 50%
oncology, palliative and/or hospice social work services as a
portion of his/her job duties.

Signature _____

Title _____

Date _____

Contact Number _____