## Board of Oncology Social Work Renewal Application Supervisor Attestation of Oncology Specific Social Work Load Requirements

I,	am the immediate super	rvisor of who is a
☐ Clinical Applicant	□Non-Clinical Applicant	
and do hereby affirm th	at to the best of my knowledge, he/sho	e has met the following criteria:
Clinical Applicants O	nly: Please Initial appropriate categor	ries.
1. Applicant has hours per week.	paid oncology specific social work en	mployment which is no less than 20 paid
2. Applicant's cu	rrent job is either one of the following	g: (please initial appropriate category)
11	nt is employed full time (32-40 hours/ ocused in Oncology Social Work, Palli	/ 11
11	nt is working part-time (20-31 hours/value care or end of life	week), 100% of applicant's work is in
Non-Clinical/Non-Dir	ect Service Applicants Only: Please	Initial appropriate categories
Applicant has a no	on-direct, non-clinical position which i	is full time (defined as 32-40 hours/week)
which includes a mining	num of 50% of time spent on oncology	y, palliative care and/or end of life program
development, clinical s	upervision, research and/or teaching.	
Please Respond to thi	s Question For All Applicants: Please	e Initial appropriate categories
I certify that appl	icant participates in the following once	ology program activities:
Please initial all that ap	ply.	
☐ Community in	olvement through leadership or organ	nizing programs offered through ACS,
Leukemia & Lym	phoma Society, Cancer Support Com	munity, etc.
	co-facilitation a support group for indi	
	on-CEU oncology related presentation	related educational presentations in the ns

☐ Oncology specific formal presentations to social work and/or interdisciplinary colleagues in
your own settings (care rounds, case conferences do not apply)
☐ Demonstrated preceptorship of a MSW level social work student in an oncology, palliative of
hospice care setting
☐ Demonstrated participation in some aspect of research in oncology, cancer survivorship,
palliative or end of life care
☐ Demonstrated active leadership role in AOSW or APOSW through committees/SIG activities
Board, State Representative, etc.
☐ Participation in your institution's Cancer Care Committee
☐ Active individual participation in oncology community prevention and screening programs
☐ Oncology related publication in oncology related newsletters, lay magazines, newspapers
☐ New program development to meet a new need or enhance patient care
Name of Employer
Direct Supervisor's Printed Name
Supervisor Title Degree/Credential
Supervisor Title
Direct Supervisor's Signature
Contact Number
Email