

# Emergency Crisis Plan

[Required of ALL LCSWA licensees PRIOR to beginning clinical practice.]

**Prior to engaging in clinical practice, all LCSWA licensees must submit to the Board, a written description of their Emergency Crisis Plan regardless of practice setting, outlining who the LCSWA will contact in the event they need clinical consultation. This plan should be comprehensive and include a clearly outlined hierarchy of initial contact person(s), where they are located (onsite, offsite, etc.); and emergency backup contact(s) and where they are located, as well as estimated response time for clarification of “immediate access” as required under [Title 21, Chapter 63 of the N.C. Administrative Code, Section .0210 \(c\) & \(d\)](#).**

**[If the Associate Licensee is practicing in more than one setting, a crisis plan must be submitted for each practice setting, along with the [Employment Verification form](#) including job description. Any changes to the crisis plan require resubmission of a revised plan.]**

Location of LCSWA Practice:

- Agency/Business Name: \_\_\_\_\_  
Check applicable block:     Public/Govt. Agency     Private-Non-profit     Private-For profit  
    Other (Explain) \_\_\_\_\_
- Agency/Business Address: \_\_\_\_\_
- Agency/Business Phone: \_\_\_\_\_

Please describe Emergency Crisis Plan below or attach separate piece of paper:

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LCSWA (Associate) Signature

\_\_\_\_\_  
LCSWA license number

\_\_\_\_\_  
Date

\_\_\_\_\_  
LCSW Supervisor Signature

\_\_\_\_\_  
License number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Consultant (backup) signature

\_\_\_\_\_  
License type & number

\_\_\_\_\_  
Date