STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS

P O BOX 2649 HARRISBURG, PA 17105 717-783-1389

st-socialwork@pa.gov

Fax 717-787-7769

www.dos.state.pa.us/social

APPLICATION FOR A LICENSE TO PRACTICE SOCIAL WORK
(THIS APPLICATION MUST BE SUBMITTED FOR PRE-APPROVAL TO TAKE THE
ASWB MASTER'S EXAMINATION)

QUALIFICATIONS TO TAKE THE ASWB MASTER'S EXAMINATION

- 1. Applicant must be of good moral character. Have 2 recommendations completed on page 3.
- 2. To be eligible for the ASWB Master's examination, the applicant must be in the final semester or hold a Master's Degree or a Doctoral Degree in social work or social welfare from a school accredited by the Council on Social Work Education (CSWE).
- 3. If the applicant is in his/her final semester, have the CSWE school complete the Verification of Social Work Education for Applicants Enrolled in Their Final Semester form. The form must be sent directly from the educational institution to the Board in an official sealed school envelope. **In order for a license to be issued, an official transcript showing a Master's degree in social work or social welfare must be sent directly from the educational institution to the Board in an official sealed school envelope.**
- 4. For an applicant that has graduated and received a Master's degree, request an official transcript showing a Master's degree in social work or social welfare to be sent directly from the educational institution to the Board.
- 5. International graduates must request the Council on Social Work Education (CSWE) send a credential evaluation directly to the Board at the above address. Contact CSWE at 703-683-8080 or by mail at 1600 Duke Street, Alexandria, VA 22314.
- 6. If licensed in another state, request each state licensing agency where you have ever held a license to practice (active, inactive, expired, etc..) send a letter of good standing directly to the Board office in an official sealed state board envelope.
- 7. If documents will be submitted to the Board under a name different from your present name, submit a copy of a legal document showing the name change (marriage certificate, divorce decree, court order, etc..)

QUALIFICATIONS FOR A LICENSE

- 1. Application fee- \$25.00 and is non-refundable. Check/money order should be made payable to "Commonwealth of PA". A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for nonpayment. "If the application process has not been completed within one year from the date it was received, applicants will be required to submit an updated application (another application processing fee) and supporting documents as necessary."
- 2. Applicant must be of good moral character. Have 2 recommendations completed on page 3.
- 3. Applicant must hold a Master's Degree or a Doctoral Degree in social work or social welfare from a school accredited by the Council on Social Work Education.
- 4. Request an official transcript showing a Master's degree in social work or social welfare be sent directly from the educational institution to the Board. Bachelor's level transcripts are not required.
- 5. Applicant must pass the Master's Examination (formerly the Intermediate Examination) of the Association of Social Work Boards (ASWB) Phone 1-888-579-3926 or fax 540-829-0142. The Clinical Examination given by the Association of Social Work Boards will be accepted towards licensure as a social worker, only if taken and passed prior to May 11, 2007.

- International graduates must request the Council on Social Work Education (CSWE) send a credential evaluation directly to the Board at the above address. Contact CSWE at 703-683-8080 or by mail at 1600 Duke Street, Alexandria, VA 22314.
- 7. If licensed in another state, request each state licensing agency where you have ever held a license to practice (active, inactive, expired, etc..) send a letter of good standing directly to the Board office in an official sealed state board envelope.
- 8. If documents will be submitted to the Board under a name different from your present name, submit a copy of a legal document showing the name change (marriage certificate, divorce decree, court order, etc..)

TO REQUEST AN EXTENSION TO TAKE THE EXAMINATION

If your expiration date to take the ASWB examination has expired or you have failed the ASWB Master's Examination and your expiration date will expire, prior to the 90 days that ASWB requires that you wait to re-take the examination, the following documentation will need to be resubmitted to the Board for pre-approval to take the examination.

- 1. \$25.00 application fee if application is required, if application has not be completed within one year from the date the application was received. (Refer to #1 under Qualifications for a License).
- 2. Application pages 1-2.
- 3. Recommendation page 3 is required, if application has not been completed and a license issued within one year from the date of signatures. (Refer to #3 under Qualifications for a license).
- 4. Updated letter(s) of good standing from each state where a license is held. (Refer to #7 under Qualifications for a License.)
- 5. If the Verification of Social Work Education form was submitted in order for you to be made eligible to take the ASWB Master's examination, an official transcript received directly from the school in an official school sealed envelope will be required, before you will be made eligible again to take the examination.

APPLICATIONS NOT COMPLETED WITHIN SIX MONTHS
WILL REQUIRE UPDATES OF CERTAIN DOCUMENTS.
Pages 1-2 of the application and letters of good standing
are valid for six months.
Page 3 (Recommendation form) is only valid for 1 year from
dates of signature.

STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS, AND PROFESSIONAL COUNSELORS

Regular Mailing Address P O Box 2649 Harrisburg, PA 17105-2649 Phone: 717-783-1389

Fax: 717-787-7769

Courier Delivery Address 2601 North Third Street Harrisburg, PA 17110

APPLICATION FOR A LICENSE TO PRACTICE SOCIAL WORK AND TO TAKE THE ASWB MASTER'S EXAMINATION

Application fee is \$25.00 and is non-refundable. Make check payable to Commonwealth of Pennsylvania. A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Please indicate if you need to take the ASWB Master's Examination ()Yes () No) Extension NAME: LAST MAIDEN FIRST MIDDLE ADDRESS: STREET CITY ZIP STATE SOCIAL SECURITY NUMBER DATE OF BIRTH DAYTIME PHONE NUMBER **EMAIL ADDRESS EDUCATION - NAME AND ADDRESS OF EDUCATIONAL INSTITUTION Date MSW Degree Conferred/or will** be conferred Month/Year Will any documentation submitted in connection with this application be received in a name other than the name under which you are applying? Yes [] No [] If Yes, please list the other name or names below (Submit a copy of the legal document evidencing the name change (i.e., marriage certificate, divorced decree or court order); Have you passed the Master's examination of the Association of Social Work Boards (ASWB)? Yes [] No [] Have you passed the Clinical examination of the Association of Social Work Boards (ASWB)? Yes [] No []

Please note-if you have taken the exam in another state, you must have your scores sent directly to this office by calling ASWB at 1-888-579-3926.

If yes, please indicate the date and state the exam was taken

The following questions must be answered, please check the appropriate box.	Yes	No
1.Do you hold or have you ever held, a license, certificate, permit, registration or authorization to practice a profession or occupation in any state or jurisdiction? If yes, please list all professions and states where you have been licensed and request a letter of good standing be sent from each state board to the Pennsylvania Board. ———————————————————————————————————		
2 .Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a professional or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
3.Do you currently have any disciplinary charges pending against our professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
4.Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, of for disciplinary reasons agreed not to apply or reapplication for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5.Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6.Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7. Do you have any mental or physical condition that would prevent you from practicing social work with reasonable skill?		
8. Have you every been found guilty of immoral or unprofessional conduct?		
9. Have you ever violated standards of profession practice or conduct?		
10. Do you currently engage in or have you ever engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
11. If you answered "Yes" to question10, are you currently participating in the Pennsylvania Professional Health Monitoring Program?		
12. Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
13. Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?		
14. Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		

IF YOU HAVE ANSWERED YES TO ANY QUESTIONS FROM 2 THROUGH 14, PLEASE ATTACH AN 8 $\frac{1}{2}$ X 11 SHEET OF PAPER EXPLAINING THE SITUATION IN DETAIL. INCLUDE COURTHOUSE CERTIFIED COPIES OF ANY DOCUMENTS EXPLAINING THE SITUATION, IF APPLICABLE.

VERIFICATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties form tampering with public records or information under 18 Pa.C.S.§ 49.11. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

APPLICANT'S SIGNATURE	DATE

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa.C.S. § 4304.1(a). At the request of the Department of Public Welfare (DPW), the licensing boards must provide to DPW information prescribed by DPW about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

REVISED 06/14

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RECOMMENDATIONS

PPLICANT NAMELAST	FIRST	MIDDLE	MAIDEN
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nereby certify that to the best of order the addicting influence of ense to practice social work in the	alcohol, a narcotic or	other habit-forming of	
GNATURE OF RECOMMENDING	PROFESSIONAL	DATE	STATE WHERE LICENSE
INT OR TYPE NAME	PROFESSIO	N	LICENSE NUMBER
DRESS			DAYTIME TELEPHONE
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GNATURE OF RECOMMENDING	PROFESSIONAL	DATE	STATE WHERE LICENSEL
RINT OR TYPE NAME	PROFESSIO	N	LICENSE NUMBER

RETURN FORM TO APPLICANT. Form must be submitted with current, original signatures.

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VERIFICATION OF SOCIAL WORK EDUCATION

FOR APPLICANTS ENROLLED IN THEIR FINAL SEMESTER
Applicant for **EXAMINATION**

NAME:	Last	First	M.I.	Maiden
ADDRESS:				
ADDINESS.	Street			
	City	St	e	Zip Code
SOCIAL SEC	CURITY#	С	TE OF BIRTH	
		Dean, Registrar or Chairpe t is enrolled in the final sen		
Social Welfa	re in which the applicar	t is enrolled in the final sen	ester of their MSW progr	am.
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SCHOOL SHALL RETURN AN <u>ORIGINAL</u> COMPLETED FORM <u>DIRECTLY TO BOARD OFFICE IN OFFICIAL ENVELOPE</u>. (DO NOT send a copy of this form or use envelope if provided by applicant)

UPON RECEIPT OF THE MSW DEGREE, AN OFFICIAL TRANSCRIPT MUST BE SUBMITTED TO THE BOARD OFFICE.