REVISED 05/12

STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS
P.O. BOX 2649
HARRISBURG, PA 17105-2649
Email st-socialwork@pa.gov www.dos.state.pa.us/social

APPLICATION FOR A LICENSE BY ENDORSEMENT WITHOUT EXAMINATION AS A CLINICAL SOCIAL WORKER
(A current clinical social work license in another state is required)

QUALIFICATIONS: (Satisfactory Proof must be submitted to the Board that all of the following have been met)

1. Application fee- $45.00 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. Be of good moral character. Have 2 recommendations completed on page 3.

3. Hold a Master's Degree in social work or social welfare or a doctoral degree in social work from a school accredited by the Council on Social Work Education. **Please request the school to submit an official transcript of your Master's or Doctoral degree DIRECTLY to the Board office in an official sealed school envelope.**

4. 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.

5. Hold a current clinical social work license in another state.

6. Request each state licensing agency where you have ever held a license to practice (active, inactive, expired, etc) to send letter(s) of good standing **directly** to the PA Board in an official state board envelope.

7. Completed a minimum of 3,000 hours of supervised clinical experience. Request state where you hold a current license as a clinical social worker to submit a statement to the Board verifying the completion of 3,000 hours of supervised clinical experience **OR** have the state provide copies of your supervised clinical experience verifying the completion of 3,000 hours of supervised clinical experience as set forth in section 47.16(5) of the Board's regulations **OR** If you hold current certification from the Academy of Certified Social Workers (ACSW) issued prior to January 1, 2001, by the National Association of Social Workers, a letter will need to be submitted by the National Association of Social Workers (National Headquarters) verifying current ACSW certification. As long as the ACSW certification meets the requirements indicated above, the certification will be accepted in lieu of the 3000 hours of supervised clinical experience.

8. Passed the Clinical Examination of the Association of Social Work Boards (ASWB formerly AASSWB), PO Box 1508, Culpepper, VA 22701. Telephone – 888-5SW-Exam [888-579-3926] or FAX 540-829-0142. Examination is acceptable if taken and passed previously. Scores are required to be sent from the ASWB **directly** to the PA Board.

9. Please provide a curriculum vitae (a list of activities from graduation to the present).

10. If documents will be submitted to the Board under a name different from your present name, submit a copy of legal document showing the name change (marriage certificate, divorce decree, court order, etc).

APPLICATIONS NOT COMPLETED WITHIN SIX MONTHS WILL REQUIRE UPDATES OF CERTAIN DOCUMENTS. Pages 1-3 of the application and letters of good standing are only valid for six months.

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Email: st-socialwork@pa.gov **Website: www.dos.state.pa.us/social**

Mailing address
P.O. BOX 2649
HARRISBURG, PA 17105-2649

Courier Delivery Address:
2601 North Third Street
Harrisburg, PA 17110

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Name:

_____
Last First Middle Maiden

Address:

_____
Street

_____
City State Zip

Applicant's Email _____ Date of Birth:_____
Month Day Year

Social Security Number: _____ Telephone Number _____

School of Social Work: _____

Address of School: _____
City State Zip

Date of Graduation: _____
Month Day Year

NAME AS IT APPEARS ON DIPLOMA OR DEGREE

_____

The following questions must be answered, please check the appropriate box.	Yes	No
1. Do you hold or have you held a professional license for any profession in this state or any other 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. Has any disciplinary action been taken or are any charges pending, or any investigation occurring, against any professional license in this or any other state or jurisdiction?		
3. Have you ever withdrawn an application, had an application denied, refused or agreed not to apply for licensure in another jurisdiction?		
4. Have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
5. Have you ever been found guilty of immoral or unprofessional conduct?		
6. Have you ever violated standards of professional practice or conduct?		
7. Are you now, or have you within the past five years, been actively addicted to the intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? (Note: You may answer "NO" if you are currently a participant in or have successfully completed the requirements of the Board's Health Monitoring Program.)		
8. Do you have any mental or physical condition that would prevent you from practicing social work with reasonable skill?		

IF YOU HAVE ANSWERED YES TO ANY QUESTIONS FROM 2 THROUGH 8, PLEASE ATTACH AN 8 ½ 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 form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way and that the statements in this application are true and correct to the best of my knowledge, information and belief. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. Section 4911 and 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 or revocation of my license.

_____ _____

APPLICANT'S SIGNATURE DATE

Note that disclosing your social security number on this application is mandatory in order for the Board 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). In order to enforce domestic child support orders, the Commonwealth's licensing boards must provide to the Department of Public Welfare information prescribed by DPW about the licensee, including the social security number. Additionally, disclosing the number is mandatory in order for this board to comply with the reporting requirements of the federal Healthcare Integrity and Protection Data Bank. Reports to the HIPDB must include the licensee's social security number.

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RECOMMENDATIONS

TO BE COMPLETED BY **TWO** LICENSED CLINICAL SOCIAL WORKERS, **OR** OTHER LICENSED HEALTH CARE PROFESSIONALS. **(THE CLINICAL SOCIAL WORKERS OR OTHER HEALTH CARE PROFESSIONALS CAN BE LICENSED IN ANY STATE)**

APPLICANT NAME _____

LAST **FIRST** **MIDDLE**

I hereby certify that to the best of my knowledge, the applicant is of good moral character and he/she is not currently under the addicting influence of alcohol, a narcotic or other habit-forming drug. I recommend the applicant for a license to practice clinical social work in the Commonwealth of Pennsylvania.

_____

SIGNATURE OF RECOMMENDING PROFESSIONAL **DATE** **STATE WHERE LICENSED**

_____

PRINT OR TYPE NAME **PROFESSION** **LICENSE NUMBER**

_____

ADDRESS **DAYTIME TELEPHONE**

I hereby certify that to the best of my knowledge, the applicant is of good moral character and he/she is not currently under the addicting influence of alcohol, a narcotic or other habit-forming drug. I recommend the applicant for a license to practice clinical social work in the Commonwealth of Pennsylvania.

_____

SIGNATURE OF RECOMMENDING PROFESSIONAL **DATE** **STATE WHERE LICENSED**

_____

PRINT OR TYPE NAME **PROFESSION** **LICENSE NUMBER**

_____

ADDRESS **DAYTIME TELEPHONE**

Return completed form to applicant. The entire form is to be submitted by the applicant with pages 1 & 2 of the application.