

**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](mailto:st-socialwork@pa.gov)

[www.dos.state.pa.us/social](http://www.dos.state.pa.us/social)

**APPLICATION FOR A LICENSE BY EXAMINATION  
TO PRACTICE CLINICAL SOCIAL WORK**

**(THIS APPLICATION MUST BE SUBMITTED FOR PRE-APPROVAL TO TAKE THE ASWB CLINICAL EXAMINATION)**

**QUALIFICATIONS FOR LICENSURE AND TO TAKE THE ASWB CLINICAL EXAMINATION:** (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 from a school which is accredited by the Council on Social Work Education **OR** a Doctoral Degree in Social Work from a school of social work which is accredited. **Request the school to send an official transcript of your Master's or Doctoral degree DIRECTLY to the Board office in an official sealed school envelope.**
4. Holds a current license as a social worker in the Commonwealth of PA.
5. Completed 3 years or 3000 hours of supervised clinical experience as set forth in section 47.12c(b) or 47.12c(c) of the Board's regulations **after** completing the Master's Degree in Social Work. **A total of 3000 hours of supervised clinical experience must be completed.** As per Section 47.12c(b)(2) 1500 hours shall be supervised by a supervisor meeting the qualifications in Section 47.1a(1) and, if experience was completed prior to January 1, 2006, Section 47.1a(1) or (3). No more than 1500 hours may be supervised by an individual meeting the requirements of Section 47.1a(2). **Pages 4, 5 and 6 of the supervised clinical experience form must be received by the supervisor(s) in a sealed envelope.**
6. Please provide a curriculum vitae (a list of activities from graduation to the present.)
7. Passed the Clinical Examination of the Association of Social Work Boards (ASWB formerly AASSWB), PO Box 1508, Culpeper, VA 22701. Telephone – 888 5SW-Exam [888-579-3926] or FAX 540-829-0142 Examination is acceptable if taken and passed previously. **Request your licensure examination scores to be sent DIRECTLY to the Board from ASWB (AASSWB).**
8. If licensed in another state, request each state licensing agency where you have ever held a license to practice (active, inactive, expired, etc..) to send a letter of good standing **DIRECTLY** to the Board office in an official sealed state board envelope.
9. 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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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

APPLICATION FOR A LICENSE BY EXAMINATION  
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PLEASE INDICATE IF YOU NEED TO TAKE THE ASWB CLINICAL EXAMINATION ( ) YES ( ) NO

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.

Name: \_\_\_\_\_  
Last First Middle Maiden

Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip

Current PA Social Work License Number \_\_\_\_\_ Applicant's Email \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month Day Year

School of Social Work: \_\_\_\_\_

Address of School: \_\_\_\_\_  
City State Zip

Date of Graduation: \_\_\_\_\_  
Month Day Year

NAME AS IT APPEARS ON DIPLOMA OR DEGREE

\_\_\_\_\_

If you have already taken the ASWB clinical exam, please provide the date of **clinical** examination by ASWB

(AASSWB): \_\_\_\_\_  
Month Day Year

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.







Form must be completed by supervisor; any attachments must be signed and dated by supervisor. As per Section 47.12c(b) (1) At least one-half of the experience shall consist of providing services in one or more of the following areas:

**Please check all that apply**

- (i) Assessment
- (ii) Psychotherapy
- (iii) Other psychosocial-therapeutic interventions
- (iv) Consultation
- (v) Family therapy
- (vi) Group therapy

For any additional supervised clinical experience completed, please provide a detailed list of duties performed. A copy of a job description is not acceptable.

I verify that the statements in this verification of Clinical Supervised Experience 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 or revocation of my license. I also verify that I have complied with Section 47.12d of Title 49 Standards for supervisors.

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date