REVISED 07/09

STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS
P O BOX 2649
HARRISBURG, PA 17105
717-783-1389
st-socialwork@state.pa.us **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. 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).

2. 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.****

3. 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.

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.

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.

6. 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. An applicant must not have been convicted of a felony under the Controlled Substance, Drug, Device and Cosmetic Act or its equivalent in another state (See section 7(a)(5) of Act 39) unless at least ten (10) years have elapsed from the date of conviction.

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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 APPLICATION 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

NAME: _____
LAST FIRST MIDDLE MAIDEN

ADDRESS: _____
STREET

_____
CITY STATE ZIP

_____
SOCIAL SECURITY NUMBER DATE OF BIRTH

_____
DAYTIME PHONE NUMBER EMAIL ADDRESS

EDUCATION – NAME AND ADDRESS OF ALL EDUCATIONAL INSTITUTIONS

(Post High School) Name and Address	Degree	Date Conferred

NAME AS IT APPEARS ON DIPLOMA OR DEGREE:

_____

Have you previously applied for a license to practice social work in Pennsylvania? Yes [ ] No [ ]

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 [ ]

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

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.

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 ever been convicted of a felony or any other crime in any state or federal court or the equivalent thereof (or do you have any criminal charges pending or unresolved)?		
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 State Board of Social Workers, Marriage and Family Therapists and Professional Counselors 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.

REVISED 07/09

RECOMMENDATIONS

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

APPLICANT NAME _____
LAST FIRST MIDDLE MAIDEN

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 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 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.

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

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

VERIFICATION OF SOCIAL WORK EDUCATION
FOR APPLICANTS ENROLLED IN THEIR FINAL SEMESTER
Applicant for **EXAMINATION**

Applicant: *Complete (by printing in blue ink) top section and send form to school.* ***DO NOT COMPLETE IF YOU HAVE ALREADY GRADUATED.***

NAME: _____
Last First M.I. Maiden

ADDRESS: _____
Street

_____
City State
Zip Code

SOCIAL SECURITY #_____ DATE OF BIRTH _____

This section to be completed by the Dean, Registrar or Chairperson of the CSWE accredited School of Social Work or Social Welfare in which the applicant is enrolled in the final semester of their MSW program.

I certify that _____ is currently enrolled in the final semester of the
(name of applicant)

Master's program in Social Work or Social Welfare at _____ and is
(Name of CSWE accredited Institution)

expected to graduate on _____.
(date)

_____
(Signature of Dean/Registrar/Chairperson of MSW Program)

SCHOOL SEAL
(Mandatory)

_____
(Date)

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.