



THE
ALABAMA
STATE
BOARD OF
SOCIAL
WORK
EXAMINERS

APPLICATION FOR PRIVATE INDEPENDENT PRACTICE CERTIFICATION

I AM APPLYING FOR PRIVATE INDEPENDENT PRACTICE CERTIFICATION

- Social Casework Clinical Social Work Community Organization
 Social Work Research Social Work Administration

Important Notice:

Completion of this application form is necessary for consideration for certification under Code of Alabama 1975, §34-30-1 - §34-30-58. Disclosure of this information is voluntary. However, failure to disclose all requested information may result in this form not being processed and may subsequently result in denial of this application. **All candidates for certification have an obligation to update and supplement the information and responses on this application if they change.** Failure to supplement the information and responses provided on this application may result in denial or other appropriate action. All information provided must be accurate. Please note that the information provided on this application is subject to the public information laws of this jurisdiction.

Carefully follow the directions on this application form. In addition, note the following:

1. Type or print legibly with black or blue ink only.
2. The Certification fee is NOT refundable.
3. The Applicant must apply for each level for which they qualify.
4. Disclosure of your U.S. social security number, if you have one, is mandatory. This disclosure is mandated by Code of Alabama 1975, Section 30-3-194. The social security number will be provided to the Department of Human Resources to assist in the identification of persons who are delinquent in complying with a child support order, spousal support/alimony order or in the repayment of educational loans.

Supporting Documentation and Fees:

Submit the following documents and fees with your application:

- *Applicable Fee (\$75. - non refundable fee, money order or cashier check only - no personal checks).*
- *Certification of Supervision*
- *Employment Verification Form*

Your application is **NOT** considered complete until all supporting documents and fee have been received by the Alabama State Board of Social Work Examiners. The Board of Social Work Examiners must review and approve all PIP Applications. You may call the Board office to find when the next Board Meeting is scheduled; meetings are usually scheduled for the 4th Friday of each month or check on line at: www.socialwork.alabama.gov
Incomplete applications expire 12 months from the date of receipt.

Applicant's Signature

PART I: Applicant Identifying Information

Complete this section of the form by providing all of the requested information. You must notify the Board of Social Work Examiners, in writing, of any address changes after you file this application in order to receive any further information. Please print your name as you want it printed on your certification.

1. Last Name	2. First Name	3. Middle	4. Suffix	5. Social Security Number
6. Current Address (If PO Box, Must provide street address as well)				
7. Permanent Mailing Address including postal code (if different from Current address listed above)				
8. Business Mailing Address				
9. Please list County: _____ Identify Preferred mailing address. <input type="checkbox"/> Current <input type="checkbox"/> Permanent <input type="checkbox"/> Business Note: The preferred mailing address shall be available to the public.				
10. Identify any maiden name, surname, or any other names or aliases you have been known by or used and identify the reason for your name change.				
11. Place of Birth (List City, County, State or other Jurisdiction, Country)			12. Date of Birth MM/DD/YYYY	13. <input type="checkbox"/> Male <input type="checkbox"/> Female
14. Contact Information				
(a) Telephone Numbers:				
Daytime:				
Evening:				
(b) E-mail address (optional) :				
(c) Fax number (optional):				

PART II. Work History/Practical Experience

Complete each of the following items. Documentation of work history since receiving your social work graduate degree in the area(s) that you are requesting Private Independent Practice (PIP) is required as well as supervision. List all employment chronologically. If you have never been employed, insert "N/A" for Not Applicable in Box 1. You are authorized to photocopy this form if additional space is required.

1. Name of Business/ Institution:		Job Title:	
Address/Phone Number of Business/Institution:		Description of Duties Performed related to PIP request:	
Name of Supervisor and licensure:			
Date of Employment: FROM: ____ / ____ / ____ TO: ____ / ____ / ____	Hours Worked per Week: Type of Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
		Reason for employment termination/resignation?	

2. Name of Business/ Institution:		Job Title:
Address/Phone Number of Business/Institution:		Description of Duties Performed related to PIP request:
Name of Supervisor and licensure:		
Date of Employment: FROM: ____ / ____ TO: ____ / ____	Hours Worked per Week: Type of Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Reason for employment termination/resignation?		
3. Name of Business/ Institution:		Job Title:
Address/Phone Number of Business/Institution:		Description of Duties Performed related to PIP request:
Name of Supervisor and licensure:		
Date of Employment: FROM: ____ / ____ TO: ____ / ____	Hours Worked per Week: Type of Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Reason for employment termination/resignation?		
4. Name of Business/ Institution:		Job Title:
Address/Phone Number of Business/Institution:		Description of Duties Performed related to PIP request:
Name of Supervisor and licensure:		
Date of Employment: FROM: ____ / ____ TO: ____ / ____	Hours Worked per Week: Type of Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Reason for employment termination/resignation?		

PART III. Personal History Information

Please answer each of the following questions by putting a check (✓) in the appropriate box on the right. You must answer each question with a “Yes” or “No” response as no other response is acceptable. All “Yes” answers **MUST** be explained in detail in a separate **SIGNED** and **NOTARIZED** affidavit. The affidavit should include all relevant dates and identify the relevant jurisdiction and/or entity involved. Failure to disclose any of the requested information may result in the denial of your application or other appropriate action. *If an affidavit regarding this issue is on file with the board, check the appropriate box and do not send an additional affidavit with this application. Upon review of the application, the board can request a new or updated affidavit prior to making a determination on the application.*

1. Have you ever had any application for any professional license refused or denied by any licensing authority?	YES <input type="checkbox"/> NO <input type="checkbox"/> YES, Affidavit on file <input type="checkbox"/>
2. Have you ever been refused or denied the privilege of taking an examination required for any professional licensure?	YES <input type="checkbox"/> NO <input type="checkbox"/> YES, Affidavit on file <input type="checkbox"/>
3. Have you ever been dropped, suspended, placed on probation, expelled, fined or requested to resign from any post secondary educational program in which you were enrolled?	YES <input type="checkbox"/> NO <input type="checkbox"/> YES, Affidavit on file <input type="checkbox"/>
4. Have you ever been placed on probation, restrictions, suspension, revocation, modification, allowed to resign, requested to leave temporarily or permanently, or otherwise acted against by any professional training program prior to completing the training?	YES <input type="checkbox"/> NO <input type="checkbox"/> YES, Affidavit on file <input type="checkbox"/>
5. Have you ever voluntarily surrendered your Social Work license?	YES <input type="checkbox"/> NO <input type="checkbox"/> YES, Affidavit on file <input type="checkbox"/>
6. Have you ever allowed your Social Work license to lapse, or had a limited license issued by any licensing authority?	YES <input type="checkbox"/> NO <input type="checkbox"/> YES, Affidavit on file <input type="checkbox"/>
7. Have you ever voluntarily surrendered any other professional license?	YES <input type="checkbox"/> NO <input type="checkbox"/> YES, Affidavit on file <input type="checkbox"/>
8. Have you ever allowed any other professional license to lapse, or had a limited license issued by any other licensing authority?	YES <input type="checkbox"/> NO <input type="checkbox"/> YES, Affidavit on file <input type="checkbox"/>
9. Has your Social Work license ever been revoked?	YES <input type="checkbox"/> NO <input type="checkbox"/> YES, Affidavit on file <input type="checkbox"/>
10. Have you ever been the subject of disciplinary action with regard to your Social Work practice?	YES <input type="checkbox"/> NO <input type="checkbox"/> YES, Affidavit on file <input type="checkbox"/>
11. Have your Social Work practice ever been restricted or terminated by any licensing authority, association, licensed Medical facility, or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures?	YES <input type="checkbox"/> NO <input type="checkbox"/> YES, Affidavit on file <input type="checkbox"/>
12. Have you ever had any other professional license revoked?	YES <input type="checkbox"/> NO <input type="checkbox"/> YES, Affidavit on file <input type="checkbox"/>
13. Have you ever been the subject of disciplinary action by any licensing agency with regard to any other professional license?	YES <input type="checkbox"/> NO <input type="checkbox"/> YES, Affidavit on file <input type="checkbox"/>
14. To your knowledge have any unresolved or pending complaints ever been filed against you with any Social Work licensing agency, Health association, or hospital/clinic?	YES <input type="checkbox"/> NO <input type="checkbox"/> YES, Affidavit on file <input type="checkbox"/>
15. Is there any disciplinary action pending against you by any licensing jurisdiction, the USDA, Drug Enforcement Agency, or any state drug enforcement authority? If YES, where and when?	YES <input type="checkbox"/> NO <input type="checkbox"/> YES, Affidavit on file <input type="checkbox"/>
16. Have you ever been charged with or convicted (including a nolo contendere plea or guilty plea) of a felony (or criminal offense) in any state or in federal court (other than minor traffic violations) whether or not sentence was imposed or suspended? If YES, in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature of the offense date of discharge, if applicable, as well as a statement from the probation or parole officer.	YES <input type="checkbox"/> NO <input type="checkbox"/> YES, Affidavit on file <input type="checkbox"/>
17. Have you ever been pardoned from a felony (or criminal) conviction?	YES <input type="checkbox"/> NO <input type="checkbox"/> YES, Affidavit on file <input type="checkbox"/>
18. Have you ever had a record expunged from a felony (or criminal) conviction?	YES <input type="checkbox"/> NO <input type="checkbox"/> YES, Affidavit on file <input type="checkbox"/>
19. Have you ever been charged with or convicted (including a nolo contendere plea or guilty plea) of child/adult abuse whether or not sentence was imposed or suspended?	YES <input type="checkbox"/> NO <input type="checkbox"/> YES, Affidavit on file <input type="checkbox"/>
20. Have you ever been charged with or convicted (including a nolo contendere plea or guilty plea) of a violation of any federal or state drug law(s) or rule(s) whether or not sentence was imposed or suspended?	YES <input type="checkbox"/> NO <input type="checkbox"/> YES, Affidavit on file <input type="checkbox"/>

21. Have you ever been named as a defendant to a civil suit related to your profession (<i>i.e. malpractice</i>)?	YES <input type="checkbox"/> NO <input type="checkbox"/> YES, Affidavit on file <input type="checkbox"/>
22. Have you ever been court-martialed or discharged other than honorably from the armed service?	YES <input type="checkbox"/> NO <input type="checkbox"/> YES, Affidavit on file <input type="checkbox"/>
23. Have you ever been terminated from a position with a city, county, state or federal position?	YES <input type="checkbox"/> NO <input type="checkbox"/> YES, Affidavit on file <input type="checkbox"/>
24. Have you ever been asked or chosen to resign in order to avoid termination?	YES <input type="checkbox"/> NO <input type="checkbox"/> YES, Affidavit on file <input type="checkbox"/>
25. Since becoming a licensed social worker, have you been out of compliance with the Code of Ethics?	YES <input type="checkbox"/> NO <input type="checkbox"/> YES, Affidavit on file <input type="checkbox"/>

PART IV. Certifying Statement

"By virtue of filing this application, I do solemnly swear or affirm that I am of good moral character, and that I understand the instructions and terms as set forth in this application form, that I have personally completed this form, that the information given in this application is true, correct, and complete to the best of my knowledge. I hereby authorize the Alabama State Board of Social Work Examiners to verify any and all information contained in this application, including information maintained in applicable data banks, and to transmit this information to the licensing authority of the state to which this application is made. I authorize the licensing authority of the state where application is submitted to review state files pertaining to my licensure/certification and practice, and all law enforcement records, administrative records, motor vehicle records, and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the licensing authority. **I further certify that I have read the Code of Ethics as prescribed by the Alabama State Board of Social Work Examiners and will adhere to said code of ethics from this date forward.**"

Signature of Applicant (Do not print)

Subscribed and sworn to before me this _____

day of _____, 20_____.

Printed Name of Applicant

Notary Public

Date

My commission expires: _____

Send signed and notarized application and application fee to:

**ALABAMA STATE BOARD OF SOCIAL WORK EXAMINERS
PO BOX 301620
MONTGOMERY, AL 36130-1620**

**PROOF OF SUPERVISION
FOR
PRIVATE INDEPENDENT PRACTICE**

Supervisee: _____ License # _____ SSN: _____

Supervisor: _____ State/Lic #: _____ SSN: _____

Address: _____ Phone #: _____

Dates of supervision: From _____ To _____ .

I provided _____ hours of supervision per month for a total of _____ months of supervision.

The supervision was provided: In the employing agency YES NO
 Outside the agency of employment YES NO

Supervision was provided in the social work methods of (check as appropriate):

_____ Social Casework _____ Social Work Research _____ Social Work Administration

_____ Community Organization _____ Clinical Social Work _____ Other (specify)

Please rate the licensee on the following practice characteristics. Please mark every category.

CHARACTERISTICS	SATISFACTORY	UNSATISFACTORY	N/A
Casework Skills			
Clinical Social Work Skills			
Community Organization Skills			
Social Work Research Skills			
Social Work Administration			
Personal Integrity			
Consulting Skills			
Insight Into Client's Problems			
Ability to Work with Co-Workers			
Ability to Relate to Co-Workers			
Ability to be Objective on the Job			
Ability to Keep Material Confidential			
Ability to Practice Independently			
Recognition of Own Limits			
Ethical Conduct			
Concern for the Welfare of Clients			
Sense of Responsibility			

*Explain any rating of "Unsatisfactory" and any additional comments on a separate sheet and attach it to this form. The Private Independent Practice (PIP) certification allows a social worker to practice independently (without supervision) in the following area(s): social casework, clinical social work, community organization, social work research, and social work administration. The above social worker has requested certification for Private Independent Practice from the Alabama Board of Social Work Examiners for the following area(s):

SOCIAL CASEWORK	CLINICAL SOCIAL WORK	COMMUNITY ORGANIZATION	SOCIAL WORK RESEARCH	SOCIAL WORK ADMINISTRATION
<input type="checkbox"/> Requested	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested

<i>Do you, as a supervisor, have any reservations in recommending this licensee be granted certification as a private independent practitioner in any of the requested areas as noted above? If YES, please clarify your answer on a separate sheet and attach it to this form.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
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Signature of Supervisor: _____ Date: _____

Signature of Supervisee: _____ Date: _____

This evaluation has been discussed with me and I have received a copy of it.

The original of this form must be mail to:
 Alabama State Board of Social Work Examiners
 PO Box 301620
 Montgomery AL 36130-1620

ALABAMA BOARD OF SOCIAL WORK EXAMINERS
 PO BOX 301620
 MONTGOMERY AL 36130-1620
 Telephone: 334/242-5860
 Fax: 334/242-0280



THE
 ALABAMA
 STATE
 BOARD OF
 SOCIAL
 WORK
 EXAMINERS

**CURRENT EMPLOYMENT VERIFICATION FORM
 (Private Independent Practice)**

PLEASE PRINT IN INK OR TYPE

TO BE COMPLETED BY THE APPLICANT:

Applicant: _____, SSN: _____

Place of Employment: _____
 (Name of Agency, Organization, Person)

Dates of employment: From _____ To _____
 (Month/Year) (Month/Year)

SIGNATURE: _____

TO BE COMPLETED BY THE EMPLOYER:

I do hereby verify that the information stated above is accurate.

-OR-

I do not consider the above information to be correct.

To your knowledge has any of the following occurred concerning the licensee:

Ever been the subject of disciplinary action with regard to his/her Social Work practice?	YES <input type="checkbox"/> NO <input type="checkbox"/> Decline to Answer <input type="checkbox"/>
Ever had his/her Social Work practice restricted or terminated by any licensing authority, association, licensed Medical facility, or voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures?	YES <input type="checkbox"/> NO <input type="checkbox"/> Decline to Answer <input type="checkbox"/>
Ever been any unresolved or pending complaints filed against the applicant with any Social Work licensing agency, Health association, or hospital/clinic?	YES <input type="checkbox"/> NO <input type="checkbox"/> Decline to Answer <input type="checkbox"/>
Is there any disciplinary action pending against the applicant by any licensing jurisdiction, the USDA, Drug Enforcement Agency, or any state drug enforcement authority?	YES <input type="checkbox"/> NO <input type="checkbox"/> Decline to Answer <input type="checkbox"/>
Is there any disciplinary action pending or has been administered to this employee by your organization that warranted or may warrant (if pending) a written reprimand, suspension, or termination of duties or employment?	YES <input type="checkbox"/> NO <input type="checkbox"/> Decline to Answer <input type="checkbox"/>
Ever been charged with or convicted (including a nolo contendere plea or guilty plea) of a felony (or criminal offense) in any state or in federal court (other than minor traffic violations) whether or not sentence was imposed or suspended?	YES <input type="checkbox"/> NO <input type="checkbox"/> Decline to Answer <input type="checkbox"/>
Ever been charged with or convicted (including a nolo contendere plea or guilty plea) of child/adult abuse whether or not sentence was imposed or suspended?	YES <input type="checkbox"/> NO <input type="checkbox"/> Decline to Answer <input type="checkbox"/>
Ever been pardoned from a felony (or criminal) conviction?	YES <input type="checkbox"/> NO <input type="checkbox"/> Decline to Answer <input type="checkbox"/>
Ever had a record expunged from a felony (or criminal) conviction?	YES <input type="checkbox"/> NO <input type="checkbox"/> Decline to Answer <input type="checkbox"/>

Ever been charged with or convicted (including a nolo contendere plea or guilty plea) of a violation of any federal or state drug law(s) or rule(s) whether or not sentence was imposed or suspended?	YES <input type="checkbox"/> NO <input type="checkbox"/> Decline to Answer <input type="checkbox"/>
Ever been named as a defendant to a civil suit related to your profession (<i>i.e. malpractice</i>)?	YES <input type="checkbox"/> NO <input type="checkbox"/> Decline to Answer <input type="checkbox"/>
Ever been court-martialed or discharged other than honorably from the armed service?	YES <input type="checkbox"/> NO <input type="checkbox"/> Decline to Answer <input type="checkbox"/>
Ever been terminated from a position with a city, county, state or federal position?	YES <input type="checkbox"/> NO <input type="checkbox"/> Decline to Answer <input type="checkbox"/>
Ever been asked or chosen to resign in order to avoid termination?	YES <input type="checkbox"/> NO <input type="checkbox"/> Decline to Answer <input type="checkbox"/>

*If YES, was answered to any of the above questions please clarify your answer on a separate sheet and attach it to this form.

The Private Independent Practice (PIP) certification allows a social worker to practice independently (without supervision) in the following area(s): social casework, clinical social work, community organization, social work research, and social work administration. The above social worker has requested certification for Private Independent Practice from the Alabama Board of Social Work Examiners for the following area(s):

SOCIAL CASEWORK	CLINICAL SOCIAL WORK	COMMUNITY ORGANIZATION	SOCIAL WORK RESEARCH	SOCIAL WORK ADMINISTRATION
<input type="checkbox"/> Requested	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested

ADDITIONAL COMMENTS:

My knowledge in this matter is based on: Personnel Records _____ My own knowledge _____.

Signature of Employer/or Employer's Representative: _____

Title: _____

Date of Signature: _____