



THE
ALABAMA
STATE
BOARD OF
SOCIAL
WORK
EXAMINERS

APPLICATION FOR SOCIAL WORK LICENSURE

I AM APPLYING FOR A SOCIAL WORK LICENSE AS: (check one)

Bachelor Social Worker Graduate Social Worker Certified Social Worker

Important Notice:

Completion of this application form is necessary for consideration for licensure 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 licensure 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 licensure and application fees are NOT refundable.
3. The Applicant must apply for the highest 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.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit proof of legal name change – a copy of your marriage license, divorce decree, affidavit or court order.

Supporting Documentation and Fees:

Submit the following documents and fees with your application:

- *Applicable Fee (\$75 Money Order, Cashier Check or Certified Check - non refundable fee, **no other form of payment accepted**) Re-Examination Fee is \$75 Money Order, Cashier Check or Certified Check also.*
- *Certification of Education (transcript must be sent directly from the school to the Board's Office)*
- *Certification of Supervision (if applying for LCSW by Reciprocity)*
- *Employment Verification Form (if applying for LCSW)*
- *Verification of Licensure and scores from ASWB (if applying for Reciprocity)*

Your application is **NOT** considered complete until all supporting documents and fees have been received by the Alabama State Board of Social Work Examiners. When your application is complete the Board will send to you a Candidate Handbook. The Handbook will explain the exam process and procedures. Should you fail the exam and wish to sit again a 90 day waiting period is required as well as re-payment of fees to the Board (\$75) and ASWB (\$175). Applications **expire** 12 months from the date of approval.

Applicants Signature: _____

PART I: Applicant Identifying Information

Complete this section of the form by providing all of the requested information. Please print your name exactly as you wish for it to be on your license. 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.

1. Last Name	2. First Name	3. Middle Name	4. Suffix (JR.)	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. Identify Preferred mailing address. <input type="checkbox"/> Current <input type="checkbox"/> Permanent <input type="checkbox"/> Business				
Please list County of preferred mailing address:			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: Education Information

1. Name of Last Secondary School Attended:	2. Last Secondary School Location (City and State/Jurisdiction):	3. Date of Graduation ____ or Date G.E.D. Earned ____ (Check One) Jurisdiction where earned: _____ _____/_____ Month Year
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4. Post Secondary Education History:
Starting with your undergraduate education, list all schools, colleges, and universities attended, whether completed or not, in chronological order.

COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (City and State or Country)	DATES OF ATTENDANCE		GRADUATED? Yes/No If no, number of credit hours earned?	DEGREE EARNED/ MAJOR
		FROM Month/Year	TO Month/Year		

PART III: Record of Licensure Information

If you have ever been licensed, certified or registered to practice in the profession for which you are now making application, or held *any other* professional license, certification or registration complete the information requested below. You must identify the method by which you obtained your professional license(s) – i.e. 1. licensure by examination, 2. score transfer, 3. endorsement, 4. grandparent/waiver provision, or 5. reciprocity – in the appropriate column. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. You must include jurisdictions both within and outside the United States. Failure to disclose all licenses, certifications or registrations held may result in denial of your application or other appropriate action.

Jurisdiction	Title of License	License Number/ Name on License	How License Obtained <small>(List applicable no. from above)</small>	Date of <u>Original</u> <u>(Initial)</u> Issuance	If license is not current and in good standing, explain below or on separate sheet
<i>Jurisdiction of Original (Initial) Licensure:</i>					
<i>Jurisdiction of Current Licensure where you most recently have been practicing:</i>					
<i>Other Jurisdictions of Licensure:</i>					

PART IV: Record of Licensure Examination

If you have ever taken a licensure examination, in this state or any other state, for the profession for which you are now making application, you must complete the information requested below. Each examination attempt must be shown. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

Name of Examination <u>Note:</u> If an Examination is administered in parts, each part should be listed separately.	Jurisdiction	Date of Examination	Passed/Failed/Other <small>(If Other, please explain.)</small>

PART V. Work History/Practical Experience

Complete each of the following items. List all employment chronologically since graduation from an accredited college or university to the present, beginning with the date of graduation. 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.

Explain any breaks in employment history of greater than 6 months.

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

PART VI. 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.

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"/>
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"/>
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"/>
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"/>
5. Have you ever voluntarily surrendered your Social Work license?	YES <input type="checkbox"/> NO <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"/>
7. Have you ever voluntarily surrendered any other professional license?	YES <input type="checkbox"/> NO <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"/>
9. Has your Social Work license ever been revoked?	YES <input type="checkbox"/> NO <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"/>
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"/>
12. Have you ever had any other professional license revoked?	YES <input type="checkbox"/> NO <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"/>
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"/>
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"/>
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"/>
17. Have you ever been pardoned from a felony (or criminal) conviction?	YES <input type="checkbox"/> NO <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"/>
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"/>

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"/>
21. Have you ever been named as a defendant to a civil suit related to your profession (i.e. malpractice)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
22. Have you ever been court martialled or discharged other than honorably from the armed service?	YES <input type="checkbox"/> NO <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"/>

PART VII. 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 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 to:

**ALABAMA STATE BOARD OF SOCIAL WORK EXAMINERS
100 NORTH UNION STREET, SUITE 736
PO BOX 301620
MONTGOMERY, AL 36130-1620**



**THE
ALABAMA
STATE
BOARD OF
SOCIAL
WORK
EXAMINERS**

Proof of Supervision

Only needed for
Reciprocity applying
LCSW Level.

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.

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

- Social Casework Social Group Work Administration
 Community Organization Clinical Other (specify)

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

CHARACTERISTICS	SATISFACTORY	UNSATISFACTORY	N/A
Individual Counseling Skills			
Appropriate Referral Making			
Group Counseling Skills			
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			
Ethical Conduct			
Concern for the Welfare of Clients			
Sense of Responsibility			
Recognition of Own Limits			
Ability to Keep Material Confidential			

Explain any rating of "Unsatisfactory" and any additional comments on a separate sheet and attach to this form.

Signature of Supervisor: _____ Date: _____

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

Signature of Supervisee: _____ Date: _____

The original of this form must be mail to:
Alabama State Board of Social Work Examiners
100 North Union Street, Suite 736
Montgomery AL 36130-1620



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ALABAMA BOARD OF SOCIAL WORK EXAMINERS
100 NORTH UNION STREET SUITE 736
MONTGOMERY AL 36130-1620
Telephone: 334/242-5860
Fax: 334/242-0280

Only needed for
the LCSW Level

EMPLOYMENT VERIFICATION FORM

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.

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: _____

The original of this form must be mailed to:
Alabama State Board of Social Work Examiners
100 N Union Street Suite 736
Montgomery AL 36130-1620

Verification of Licensure

Applicant: Please forward this verification of licensure request to each state, territory or province in which you have ever had a social work license, certification or registration. **NOTE: Some boards of social work charge fees for verifying licensure. Please check with the appropriate licensing board and remit the fees with this form.**

First name:

Middle name(s):

Last name:

Suffix:

Name on original license
(if different from above):

Mailing Address (Number & Street):

City:

State/Province:

Zip/Postal Code:

License Type:

License Number:

Daytime Telephone Number:

Date Issued:

MM DD YYYY

Expiration Date:

MM DD YYYY

I have applied for licensure in the state of Alabama. I hereby authorize the state/territory/province of _____ to provide the following information to Alabama.

Applicant Signature and Date _____

When this form is completed by the Licensing Board please mail to:

Alabama State Board of Social Work Examiners
100 North Union Street Suite 736
Montgomery AL 36130-1620

DO NOT WRITE BELOW THIS LINE—AGENCY USE ONLY

1. This is to certify that the above-named individual was issued a license or registration to practice as a:
Social Worker, Masters/Graduate Social Worker, Independent Social Worker, Clinical/Certified Social Worker
Other, please explain: _____

2. License or registration was issued based upon: Examination, Endorsement, Grandparenting, Reciprocity
Exam passed: _____ State/Province: _____ Date exam taken: _____
Other, please explain: _____

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3. Did your board verify that this individual holds a social work degree? Yes No On what degree was the license based? BSW MSW Social Work Doctorate Other (please specify below) Degree _____ Subject?
4. Was the degree issued by a program accredited by CSWE or CASSW? Yes No
5. Did this license require documented post-masters-degree supervised experience? Yes No If yes, how much experience was required? _____ years _____ hours Qualifications of the individual who provided supervision:
6. The license or registration is currently: Active Lapsed Expired Inactive Other, please explain:
7. Has this individual ever been subject to disciplinary action that is public information? Yes No
8. Is there any pending disciplinary action against this individual that is public information? Yes No
9. Are there any unresolved complaints that are public information regarding this individual? Yes No
10. If questions 7, 8, or 9 were answered "yes", please provide an explanation below:
11. Is there any other information that your agency can share with us about the candidate that might effect a board licensure decision?

Board Signature: _____

Title: _____

Social Work Licensing Board: _____

Date: _____

Email Address: _____

Office Phone Number: _____

(BOARD SEAL)