



THE  
ALABAMA  
STATE  
BOARD OF  
SOCIAL  
WORK  
EXAMINERS

## APPLICATION FOR SOCIAL WORK LICENSURE

### CHECK CORRESPONDING SOCIAL WORK LICENSE FOR RECIPROCITY.

- Bachelor Social Worker    Master Social Worker    Independent Clinical Social Worker

#### 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 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 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 will be required.

#### Supporting Documentation and Fees:

Submit the following documents and fees with your application:

- *Applicable Fee - \$75 money order, cashier check or business check- non refundable fee, **no other form of payment is accepted.***
- *Certification of Education - **Official transcript must be sent directly from the school to the Board's Office. We will not accept faxed or emailed transcripts.***
- *Verification of licensure and score sheet from ASWB (if applying for Reciprocity)*
- *MILITARY SPOUSE RECIPROCITY APPLICANTS ONLY: Must submit a copy of Social Work license from other state(s) along with official military orders showing relocation to and stationed in Alabama.*
- *Certification of supervision – LICSW ONLY (form attached).*
- *Immigration Compliance 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.

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Applicant's 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 it to be on your license. You must notify the Board of Social Work Examiners, in writing, of any address or name changes after you file this application in order to receive any further information.

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 if in Alabama: _____ Identify Preferred mailing address. <input type="checkbox"/> Current <input type="checkbox"/> Permanent <input type="checkbox"/> Business <b>Note: The preferred mailing address shall be available to the public.</b>				
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. High School attended:	2. School location (city, and state jurisdiction)	3. Date of Graduation: _____ Or Date of GED _____ (check one)  Jurisdiction where earned (State):  _____  /_____ Month           Year			
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, state, country)	DATES OF ATTENDANCE		GRADUATED? YES/NO  If no, number of credit hours earned?	DEGREE EARNED/MAJOR
		FROM:	TO:		
		Month/Year	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 (List applicable number from above)	Date of Original <i>(Initial)</i> Issuance	If license is not current and in good standing, explain below or on a separate sheet
Jurisdiction of original (Initial) licensure:					
Jurisdiction of current licensure where you most recently have been practicing:					
Other jurisdictions of licensure:					

**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	Jurisdiction (State)	Date of Examination	Passed/Failed/Other (If other, please explain)

## 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:
Date of Employment: FROM: ____ / ____ TO: ____ / ____	Hours worked per week:	Reason for employment termination/resignation?
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:
Date of Employment: FROM: ____ / ____ TO: ____ / ____	Hours worked per week:	Reason for employment termination/resignation?
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:
Date of Employment: FROM: ____ / ____ TO: ____ / ____	Hours worked per week:	Reason for employment termination/resignation?
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:
Date of Employment: FROM: ____ / ____ TO: ____ / ____	Hours worked per week:	Reason for employment termination/resignation?
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 (except question 27) **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"/> 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. Has 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 any 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 any 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 entity?	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"/>
26. <b>MILITARY SPOUSE RECIPROCITY APPLICANTS ONLY:</b> If applying for reciprocity and are a military spouse, please check the box that best applies: Are you married to and living with an active duty member of the United States Armed Forces who is or will be relocated to and stationed in the State of Alabama under official military orders?	YES <input type="checkbox"/> NO <input type="checkbox"/>
27. Are you a U.S. Citizen either by birth or naturalization?	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/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)

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

Send signed application and application fee (money order or cashier's check) to:

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

# IMMIGRATION COMPLIANCE REQUIREMENTS

*(This original form and required attachments must be submitted to the Board)*

## IMMIGRATION:

Act No. 2011-535 as amended by Act No. 2012-491 and now codified as Section 31-13-1, et seq., of the Code of Alabama 1975 is referred to as Alabama's Immigration Law or the Beason-Hammon Act and imposes certain requirements on persons applying for or renewing a professional license. Specifically, Section 31-13-29 of the Code of Alabama 1975 requires that applicants applying for or renewing a professional license must demonstrate his or her United States citizenship, or if not a United States Citizen, his or her lawful presence in the United States. The Immigration Law also provides that a citizen shall not be required to demonstrate citizenship for subsequent transactions. Please see the reverse side of this form for two lists of documents, one to demonstrate a person's United States citizenship or the other to demonstrate lawful presence in the United States. You must select your appropriate status, choose the appropriate document(s) from the list of documents, staple a copy of the selected document(s) to this form and return all this information to this office before your application can be approved.

*Check the appropriate section for US citizen or non-citizen, **and** check the document that you are submitting to prove US citizenship or lawful presence in the US.*

**NAME:** \_\_\_\_\_ **SS#** \_\_\_\_\_

\_\_\_\_\_ **I am a United States (US) Citizen. I am submitting the attached copy of my document to prove citizenship:**

- \_\_\_\_\_ Driver's License or Non-Driver's Identification (ID) card issued by Alabama (AL) Dept of Public Safety or equivalent governmental agency of another state within US, provided that the governmental agency of another state requires proof of lawful presence in US as condition of issuance
- \_\_\_\_\_ Birth Certificate indicating birth in US or one of its territories
- \_\_\_\_\_ Pertinent pages of a valid or expired US Passport identifying the person and person's passport number, or the person's US passport
- \_\_\_\_\_ US Naturalization documents or number of the certificate of naturalization
- \_\_\_\_\_ Other documents or methods of proof of US citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, as amended
- \_\_\_\_\_ Bureau of Indian Affairs card number, tribal treaty card number or tribal enrollment number
- \_\_\_\_\_ Consular report of birth abroad of a citizen of the US
- \_\_\_\_\_ Certificate of citizenship issued by the US Citizenship and Immigration Services
- \_\_\_\_\_ Certification of report of birth issued by US Dept of State
- \_\_\_\_\_ An American Indian card, with KIC classification, issued by US Dept of Homeland Security
- \_\_\_\_\_ Final adoption decree showing person's name and US birthplace
- \_\_\_\_\_ Official US military record of service showing applicant's place of birth in the US
- \_\_\_\_\_ Extract from a US hospital record of birth created at the time of the person's birth indicating the place of birth in the US
- \_\_\_\_\_ AL-verify
- \_\_\_\_\_ Valid Uniformed Services Privileges and ID Card
- \_\_\_\_\_ Other form of ID that the AL Dept of Revenue authorizes, through an administrative rule promulgated pursuant to the AL Admin Procedure Act, to be used to demonstrate or confirm a person's US citizenship or lawful presence in US as condition of issuance

\_\_\_\_\_ **I am NOT a United States Citizen. I am submitting the attached copy of my document to prove lawful presence:**

- \_\_\_\_\_ Valid, unexpired (a) Alabama driver's license or (b) Alabama non-driver ID card
- \_\_\_\_\_ Valid tribal enrollment card or other form of tribal ID bearing a photograph or other biometric identifier
- \_\_\_\_\_ Any valid US federal or state government issued ID document bearing a photograph or other biometric identifier, including a valid Uniformed Services Privileges and ID Card if issued by an entity that requires proof of lawful presence in US before issuance. Please specify \_\_\_\_\_
- \_\_\_\_\_ Foreign passport with an unexpired US Visa and a corresponding stamp or notation by the US Dept of Homeland Security indicating the bearer's admission to the US
- \_\_\_\_\_ Foreign passport issued by a visa waiver country with the corresponding entry stamp and unexpired duration of stay annotation or an I-94W form by US Dept of Homeland Security indicating bearer's admission to US

I certify under penalty of perjury that all representations made on this form and attachments are true and accurate.

**REQUIRED SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



THE  
ALABAMA  
STATE  
BOARD OF  
SOCIAL  
WORK  
EXAMINERS

**Proof of Supervision**  
**Only needed for LICSW Level**

Supervisee: \_\_\_\_\_ License # \_\_\_\_\_ SSN: \_\_\_\_\_

Supervisor: \_\_\_\_\_ State/Lic #: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dates of supervision: From \_\_\_\_\_ To \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

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 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
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  
Post Office Box 301620  
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 and street):	
City:	
State/Province:	Zip/Postal Code:

License type:	
License number:	
Date issued: (month, day, year)	Expiration date: (month, day, year)

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 & date: \_\_\_\_\_

Licensing Board, please mail to:  
Alabama State Board of Social Work Examiners  
Post Office Box 301620  
Montgomery, Alabama 36130-1620

**DO NOT WRITE BELOW THIS LINE – AGENCY USE ONLY**

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

License or registration was issued based upon:     Examination     Endorsement     Grandparenting     Reciprocity

License Number: \_\_\_\_\_ Level: \_\_\_\_\_ License Expires: \_\_\_\_\_  
MM/DD/YYYY

Exam passed: \_\_\_\_\_ State/Province: \_\_\_\_\_ Date exam taken: \_\_\_\_\_

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3. Did your board verify that this individual holds a social work degree? <input type="checkbox"/> Yes <input type="checkbox"/> No On what degree was the license based? <input type="checkbox"/> BSW <input type="checkbox"/> MSW <input type="checkbox"/> Social Work Doctorate <input type="checkbox"/> 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: <input type="checkbox"/> Active <input type="checkbox"/> Lapsed <input type="checkbox"/> Expired <input type="checkbox"/> Inactive <input type="checkbox"/> 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 affect a board licensure decision?

Board Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Social Work Licensing Board: \_\_\_\_\_

Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

(BOARD SEAL)

Alabama State Board of Social Work Examiners  
Post Office Box 301620  
Montgomery AL 36130-1620

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