

APPLICATION CHECK LIST

Licensed Baccalaureate Social Worker (LBSW)

<i>For Office Use Only</i>
Budget #ZZ131
Fund # 165
#: _____
\$: _____

- ___ Application for licensure \$91.00
- ___ Official college transcript verifying BSW from a CSWE accredited program.
Exam approval will be given without a transcript if accompanied with a Dean's letter from your college or university during your final semester.

Please Note: License approval will require an official transcript with a conferred degree.

- ___ Jurisprudence Exam (Effective September 1, 2006)
To receive a **temporary license** you must submit the above documentation along with letter requesting a temporary license and an additional license fee.
- Please Note: Temporary licenses will only be issued to applicants with conferred degrees.**

Upgrade from LBSW to Licensed Master Social Worker (LMSW)

- ___ Application for licensure \$25.00
- ___ Official college transcript verifying MSW from a CSWE accredited program

Licensed Master Social Worker (LMSW)

- ___ Application for licensure \$91.00 and \$91.00 Application Fee
- ___ Official college transcript verifying MSW from a CSWE accredited program
Exam approval will be given without a transcript if accompanied with a Dean's letter from your college or university during your final semester.
- Please Note: License approval will require an official transcript with a conferred degree.**
- ___ Jurisprudence Exam (Effective September 1, 2006)
To receive a **temporary license**, you must submit the above documentation along with letter requesting a temporary license and an additional \$30.00 temporary license fee.
- Please note: Temporary licenses will only be issued to applicants with conferred degrees.**

Licensed Clinical Social Worker or Licensed Master Social Worker - Advanced Practitioner (LCSW or LMSW-AP)

- ___ Application for licensure \$111.00
- ___ Official college transcript verifying MSW from a CSWE accredited program (If you are currently an LMSW you do not need to send)
- ___ Verification of Supervision for LCSW/LMSW-AP form (one for each approved supervisor)
- ___ Social Work Employment History form documenting post-master's experience
- ___ Jurisprudence Exam (Effective September 1, 2006)

Upgrade from LMSW to Licensed Clinical Social Worker (LCSW)

- ___ Application for licensure \$25.00
- ___ Verification of Supervision for LCSW/LMSW-AP form (one for each approved supervisor)
- ___ Social Work Employment History form documenting post-master's experience

APPLICATION OF SOCIAL WORK LICENSURE/UPGRADE

PLEASE PRINT OR TYPE:

Name: Mr. / Ms. (Circle one)

Last _____ First _____ Middle _____

Address: Street _____ City _____ State _____ ZIP _____

Home Phone No.: _____

Date of Birth: _____

Social Security No.: _____ Driver's License No.: _____ State _____

Employer: _____ Supervisor _____

Business Address: Street _____ City _____ State, ZIP _____

Business Phone No.: _____ Ext. _____

Send mail to: _____ Home Address _____ Business Address _____

Licensure Requested: ___ Licensed Baccalaureate Social Worker ___ Licensed Master Social Worker
 ___ Licensed Master Social Worker - Advanced Practitioner ___ Licensed Clinical Social Worker

Reciprocity: If you are submitting documentation based on current licensure in another state,
 specify that state: _____

Education (An original transcript verifying qualifying degree must be sent to the TSBSWE office)

INSTITUTION	LOCATION	DATES ATTENDED	MAJOR	DEGREE	NAME ON TRANSCRIPT

Below, list the names and addresses of three individuals familiar with your professional qualifications.*

NAME	ADDRESS

*LBSW or LMSW applicants may include the name of social work faculty advisor and your field instructor.

Please Circle

1. Have you ever been convicted, pled guilty, or pled nolo contendere to any misdemeanor or felony other than juvenile offenses or misdemeanor traffic violations? Yes No
 “Please note: Applicants must provide all information relating to criminal history. Discovery of criminal convictions not disclosed may result in denial of your license and disclosure of discovered information to other licensing boards.”
2. Have you ever been found guilty of unprofessional or unethical conduct in a civil or administrative law proceeding?..... Yes No
3. Have you settled such charges prior to a formal finding? Yes No
4. Are charges pending against you for any of the above? Yes No
5. Have you had a professional license or certification denied, probated, suspended, or revoked? Yes No
6. I have successfully completed the Texas Jurisprudence exam and have enclosed the certificate of completion. Yes ___ No ___

Please note: Applicants must provide all information relating to criminal history. Discovery of criminal convictions not disclosed may result in denial of your license and disclosure of discovered information to other licensing boards.

If you answered YES to any of the preceding questions, you must attach an explanatory statement.

List all professional licenses or certifications that you have held within the last 10 years.

AFFIDAVIT

I hereby certify that I have received a copy of the laws and regulations pertaining to social work licensing in the state of Texas. I understand that I must observe and comply with a code of ethics and standards of practice set forth in the rules.

Under penalties of perjury, I declare and affirm that the statements made in the application, including accompanying statements and transcripts, are true, complete and correct. I understand that any false or misleading information in, or in connection with my application may be cause for denial or loss of licensure.

 Signature of Applicant Date

_____ Enclosed is the **\$91** fee for LBSW or LMSW; the fee for LMSW-AP or LCSW **\$111**; or the **\$25** upgrade fee from LBSW to LMSW or from LMSW to LCSW.

Mail To:

**Texas State Board of Social Worker Examiners
 P.O. Box 12197, Capitol Station
 Austin, TX 78711-2197**

Revised 10/06

SOCIAL WORK EMPLOYMENT HISTORY

Name of Applicant: _____

Start with your current or most recent position and work back. Only list those positions for which your primary duties were the providing of social work services.

Job Title _____ Dates Employed: from _____ to _____ No. Hrs./Week _____

Name of Your Supervisor: _____ Supervisor's license _____

Name of Employer/Agency: _____ Address of Employer _____

Describe Your Duties: _____

Job Title _____ Dates Employed: from _____ to _____ No. Hrs./Week _____

Name of Your Supervisor: _____ Supervisor's license _____

Name of Employer/Agency: _____ Address of Employer _____

Describe Your Duties: _____

Job Title _____ Dates Employed: from _____ to _____ No. Hrs./Week _____

Name of Your Supervisor: _____ Supervisor's license _____

Name of Employer/Agency: _____ Address of Employer _____

Describe Your Duties: _____

Job Title _____ Dates Employed: from _____ to _____ No. Hrs./Week _____

Name of Your Supervisor: _____ Supervisor's license _____

Name of Employer/Agency: _____ Address of Employer _____

Describe Your Duties: _____



Texas State Board of Social Worker Examiners

Supervision Verification for LCSW/LMSW-AP

I. Supervisee's Information

Name: _____ License Category and Number: _____

Supervision Type: Licensed Clinical Social Worker (LCSW) or Licensed Master Social Worker-Advanced Practitioner (LMSW-AP)

II. Supervisor's Qualifications (completed by supervisor)

Name: _____ License Category and Number: _____

Business Address and Telephone: _____

Are you a board-approved supervisor? Yes No Has a plan been filed with the board? Yes No

If not licensed in Texas:

Do you have a masters degree in social work? Yes No

What are your social work credentials? _____

State issued: _____ Date issued: _____

III. Supervision Verification (completed by supervisor)

Dates of supervision: From _____ To _____

Supervisee's work schedule: Full time (30 hours/week) Part time (____Hours/week)

Total number of supervision hours for time period listed above: _____ Individual _____ Group

Supervisee's specific duties:

Assessment of the supervisee's social work practice knowledge, skills and abilities:

Supervisee's therapeutic strengths:

Areas identified as needing improvement:

IV. Recommendation

Recommend for recognition: Yes No Level recommended: LCSW LMSW-AP

If no, please explain:

Supervisor Signature _____ Date _____

Return to: Texas State Board of Social Worker Examiners, 1100 W. 49th St., Austin, TX 78756-3183

Revised 10/2006

VERIFICATION OF LICENSURE IN OTHER STATE

TEXAS STATE BOARD OF SOCIAL WORKER EXAMINERS 1100 W. 49TH STREET AUSTIN, TX 78756-3183 1-512-719-3521 1-800-232-3162 (TEXAS ONLY) FAX NO. 1-512-834-6677
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DIRECTIONS TO APPLICANT: Complete Part I and forward to the state where you hold a license to practice Social Work.

PART I-TO BE COMPLETED BY THE APPLICANT

Name of Applicant	State from which Verification Requested	License No.	Date Issued
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I was granted a license as described above and request that verification of that license be submitted to the Texas State Board of Social Worker Examiners.

You are hereby authorized to release any information in your files, favorable or otherwise, directly to this state's Social Work Board.

Your early attention is appreciated.

Signature Date

PART II-TO BE COMPLETED BY THE STATE BOARD VERIFYING LICENSURE (Please complete this form and return it to the address indicated above. Attach copies of any verification of supervision received after applicant received their MSW.

Name of Licensee	Licensure Level	License No.	Date Issued
Please Verify Requirement Met in Your State ___ BSW from CSWE Accredited School ___ MSW from CSWE Accredited School ___ Two Years Post MSW Supervised Experience			
Exam Taken ___ AASSWB/ASI ___ Other _____	Date Exam Passed	Level Exam Taken	
If no Exam, how obtained? ___ Grandfathered		If endorsement, what state? ___ Endorsement: _____	
License Current? ___ Yes ___ No	Expiration Date _____	Complaints and/or Disciplinary Action ___ Yes* ___ No	

*Explain Complaints or Disciplinary Actions:

Signature	Date
Name (please type or print)	
Title Telephone No.	

Board Seal

THANKS! THAT'S ALL.