



MARYLAND

Department of Health

MARYLAND BOARD OF SOCIAL WORK EXAMINERS

4201 Patterson Avenue,
Baltimore, Maryland 21215 – 2299

Web Site: www.health.maryland.gov/bswe

Phone Number: 410-764-4788

Toll Free: 1-877-526-2541

Fax: 410-358-2469

LCSW & LCSW-C BY EXAMINATION

September 2018

Dear Applicant:

PLEASE NOTE: The application instructions include everything you need to know about applying for approval to take the licensing examination and obtaining a license in Maryland.

Please review all of the material very carefully.

Enclosed is an application for licensure by **EXAMINATION** as a Licensed Certified Social Worker (LCSW) or Licensed Certified Social Worker-Clinical (LCSW-C).

Be certain that you understand the requirements as the **license application fee is non-refundable.** If you have or had a social work license in another jurisdiction and became licensed by taking the examination required by the Maryland Board, you need to apply by endorsement

In order to take the required examination Advanced Generalist for the LCSW or Clinical for the LCSW-C an application must be submitted for review and approved by the Board for the applicant to sit for the examination.

PLEASE SUBMIT ORIGINAL COPIES OF ALL FORMS and keep a copy for your records.

If you have any questions, please contact the Board office at 410-764-4788 - toll free 1-877-526-2541.

MARYLAND BOARD OF SOCIAL WORK EXAMINERS

In order to practice social work in Maryland an individual must be licensed by the Maryland Board. The Board will not accept any social work experience obtained in Maryland for advanced licensure which is obtained prior to an LMSW and/or when the social work supervisor is not registered and Board approved.

Social work practice in Maryland is governed by the Maryland Social Workers Act, Title 19 of the Health Occupations Article of the Annotated Code of Maryland and the Code of Maryland Regulations (COMAR) Title 10 Subtitle 42 Chapters 01 through 09. Licensure requirements are found in §19-101, §19-302, §19-303, §19-304 and §19-305 and COMAR 10.42.01.01 through 10.42.01.14. Supervision requirements are found in COMAR 10.42.01.08. Title 19 and COMAR 10.42 should be thoroughly reviewed prior to submitting an application. The following information is provided as a synopsis of the licensing requirements and is not a substitute for thoroughly reviewing the statute and the regulations.

LICENSING REQUIREMENTS: An applicant shall be an individual who meets the general requirements of §19-302 (a)(1)(2)(3)(4)(5) and the following

Experience Obtained Out-of-State:

All social work experience obtained out-of-state must be obtained post MSW and post “licensure”, **if** the applicant was required to be licensed, certified or registered. All supervision required for licensure at the LCSW or LCSW-C level must have been provided by a licensed social worker whose credentials are comparable to the Maryland LCSW or LCSW-C.

Experience Obtained In Maryland:

The social work experience obtained for the LCSW or LCSW-C must be obtained post LMSW, ***under a written contract for supervision, (using the Board’s form) and while under the supervision of a qualified, registered and Board approved supervisor.** The Contractual Agreement Form for Supervision must be signed by all parties before supervision is initiated.

Certified Social Worker (LCSW) applicant shall have:

- 1) an active LMSW license;
- 2) obtained two years, consisting of not less than 104 weeks, of at least 3,000 hours of supervised social work experience;
- 3) 100 hours of periodic face-to-face supervision in the practice of social work which is obtained under a *written contract for supervision; and
- 4) social work supervision provided by a qualified, registered and Board approved supervisor who is licensed at the Licensed Certified Social Worker level or the Licensed Certified Social Worker-Clinical level.

Certified Social Worker-Clinical (LCSW-C) applicant shall have:

- 1) an active LMSW license;
- 2) documentation of twelve academic credit hours of clinical course work from a social work program accredited by the Council on Social Work Education;
- 3) two years, consisting of not less than 104 weeks, of at least 3,000 hours of supervised clinical social work experience in direct service to clients. Half (1,500) of the required hours shall consist of face-to-face client contact;
- 4) 144 hours of periodic direct face-to-face supervision while obtaining clinical social work experience which is obtained under a *written contract for supervision;
- 5) supervision in the assessment, formulation of a diagnostic impression, and treatment of mental disorders and other conditions and the provision of psychotherapy; and
- 6) social work supervision provided by a qualified, registered and Board approved supervisor who is licensed at the Licensed Certified Social Worker-Clinical level.

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4201 PATTERSON AVENUE, BALTIMORE, MARYLAND 21215-2299
410-764-4788 or Toll Free: 1-877-526-2541 <http://www.health.maryland.gov/bswe/>

LCSW & LCSW-C BY EXAMINATION - APPLICATION INSTRUCTIONS

ALL DOCUMENTATION MUST BE ORIGINAL, ON THE FORMS CURRENTLY IN USE BY THE BOARD AND SUBMITTED AS A COMPLETE APPLICATION PACKET

DOCUMENTATION CONTAINING WHITE OUT OR CORRECTIONS WILL NOT BE ACCEPTED

ALL SECTIONS OF THE FORMS SHOULD BE COMPLETED IN BLUE INK

CHECK LIST:

Please use the following check list to be certain your application packet is complete.

- Check or money order, payable to the Maryland Board of Social Work, for \$100
- Application form
- Summary Sheet
- Supervision Verification Form
- Contractual Agreement Form for supervision (if experience & supervision obtained in Maryland)
- Resume
- Official MSW transcript with the date the MSW degree was awarded/conferred
- Criminal History Records Check (CHRC)**
 - First submit your completed application then complete the CHRC
 - **If a CHRC was done for another purpose, a “NEW” CHRC is required for licensing.**

CHECK LIST CONTINUED FOR: “Service Members”, “Veterans” or “Military Spouses”, please review the **Veterans Full Employment Act 2013** section of the instructions and include the following documentation.

- A copy of the applicant’s out-of-state social work license.
- Proof that the applicant is a service member, veteran or military spouse. If the applicant is a service member or veteran, proof that the applicant is assigned to a duty station in Maryland or has established legal residence in Maryland.
- If the applicant is a military spouse, proof that the applicant’s spouse is assigned to a duty station in Maryland or has established legal residence in Maryland.

PLEASE DO NOT SEND THE ITEMS LISTED ABOVE SEPERATELY

PLEASE NOTE: Applicants will be **notified** of the status of their applicant through the **email address** provided on the application form. Please be sure your email address is legible, accurate and current. Set your computer to accept emails from the Board so the notifications do not go into **SPAM**. Please provide the Board with changes in your email address. **PLEASE DO NOT CLICK THE 'UNSUBSCRIBE' LINK FROM AN EMAIL SENT FROM THE BOARD.**

DOCUMENTATION:

All documentation and required forms must be mailed to the Board in **one** application packet. The applicant must use the forms currently in use by the Board. It is recommended that applicants keep copies of all the documentation and communications submitted to the Board.

APPLICATION FORM:

All items on the application form must be completed and the "Applicant's Affidavit" must be signed and dated. It does not need to be notarized.

SOCIAL SECURITY NUMBER:

The disclosure of your Social Security Number is mandatory in order to approve your application. Any application received without the Social Security Number will not be approved. The Board is required by Federal and Maryland laws to collect this information for the following purposes:

- ▶ Administration of the Child Support Enforcement Program (Md. Family Law Code Ann., § 10-119.3)
- ▶ Identification by the Maryland Department of Assessments and Taxation of new businesses in Maryland (Md. Health Occ. Code Ann., § 1-210)
- ▶ Verification of identity with respect to final adverse actions related to your license or certificate (42 U.S.C. § 1320a-7e(b)(2)(B)).

NAME

Your name will appear on all documents and correspondence as you list it on the application form. Please note:

- 1) the name must be your **legal** name
- 2) the name on your driver's license or identification card must match
- 3) the license will be issued in the name listed on your application

VETERANS FULL EMPLOYMENT ACT 2013 – EFFECTIVE JULY 1, 2013

Under this ACT the Board shall issue an expedited temporary license to a service member, veteran or military spouse. A temporary license issued under this section shall be valid for 6 months.

“**Service member**” means an individual who is an active duty member of the Armed Forces of the United States; a reserve component of the Armed Forces of the United States; or the National Guard in any State.

“**Veteran**” means a former service member who was discharged from active duty, under circumstances other than dishonorable, within 1 year before the date on which the application for a license is submitted. A veteran **DOES NOT** include an individual who has completed active duty and has been discharged for more than 1 year before the application for a license is submitted.

“Military Spouse” means the spouse of a service member or veteran and includes a surviving spouse of a veteran or a service member who died within 1 year before the date on which the application for a license is submitted.

RACE / ETHNIC IDENTIFICATION

Check all that apply.

American Indian or Alaska Native (A person having origins in any of the original peoples of North or South American, including Central America and who maintain tribal affiliations or community attachments)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asian, or the Indian subcontinent including, for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)

Black or African American (A person having origins in any of the black racial groups of Africa)

Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

Answer the question with a yes or a no.

Are you of Hispanic or Latino origin? (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)

QUESTIONS #1 THROUGH #5

Answer all questions with a yes or no. For each question answered with a yes, please attach a detailed narrative/explanation. For question #4 also provide a certified copy of the police/court record and final disposition AND, as soon as possible, initiate the Criminal History Records Check.

CRIMINAL HISTORY RECORDS CHECK

A Criminal History Records Check through the Department of Public Safety and Correctional Services - Criminal Justice Information Systems - Central Repository is required under the social work statute. An excerpt from the Board's statute is below and section (e) (2) outlines what the Board should consider when reviewing the reports. All reviews are conducted on a case by case basis.

Article - Health Occupations Title 19. Social Workers. Subtitle 3. Licensing.

§19-302.2. Criminal history records checks.

(a) In this section, “Central Repository” means the Criminal Justice Information System Central Repository of the Department of Public Safety and Correctional Services.

(b) As part of an application to the Central Repository for a State and national criminal history records check, an applicant shall submit to the Central Repository:

(1) A complete set of legible fingerprints taken on forms approved by the Director of the Central Repository and the Director of the Federal Bureau of Investigation;

(2) The fee authorized under § 10–221(b)(7) of the Criminal Procedure Article for access to State criminal history records; and

(3) The processing fee required by the Federal Bureau of Investigation for a national criminal history records check.

(c) In accordance with §§ 10–201 through 10–228 of the Criminal Procedure Article, the Central Repository shall forward to the Board and to the applicant the criminal history record information of the applicant.

(d) If an applicant has made two or more unsuccessful attempts at securing legible fingerprints, the Board may accept an alternate method of criminal history records check as permitted by the Director of the Central Repository and the Director of the Federal Bureau of Investigation.

(e) (1) Information obtained from the Central Repository under this section:

(i) Is confidential and may not be disseminated; and

(ii) May be used only for the licensing purpose authorized by this title.

(2) In using information obtained from the Central Repository under this section to determine whether to issue a license, the Board shall consider:

(i) The age at which the crime was committed;

(ii) The circumstances surrounding the crime;

(iii) The length of time that has passed since the crime was committed;

(iv) Subsequent work history;

(v) Employment and character references; and

(vi) Other evidence that demonstrates whether the applicant poses a threat to the public health or safety.

(f) The subject of a criminal history records check under this section may contest the contents of the printed statement issued by the Central Repository as provided in § 10–223 of the Criminal Procedure Article.

If an applicant wishes to contest the results, the applicant must submit a written explanation, to the Board, within 6 months of the date of the report and provide legal documentation which refutes the results.

SUPERVISION VERIFICATION FORM:

Applicants must submit supervision verification form(s) which document the required hours of social work experience obtained under social work supervision.

For the LCSW-C applicant the experience must be clinical social work experience and the supervision must have been provided by a Board approved (if the experience was obtained in Maryland) Licensed Certified Social Worker-Clinical.

CONTRACTUAL AGREEMENT FORM:

Effective July 1, 2004, per COMAR 10.42.08, all social work supervisors are required to be qualified, registered and Board approved and initiate a written contract for supervision with the LMSW, using the Board's form, before supervision and experience for advanced licensure is obtained in Maryland. **The form must be the original.**

A "Contractual Agreement-Supervision for LCSW and LCSW-C Licensure" form needs to be attached to each corresponding Supervision Verification Form(s) which documents social work supervision obtained in Maryland since July 1, 2004.

SUMMARY SHEET:

List **only** the social work experience and social work supervision which you obtained to meet the advanced licensure requirements. Information on the summary sheet must match the information on the Supervision Verification Form(s).

If dates of supervision “overlap” remember that the weeks and hours worked per week cannot be counted twice. The example below shows a two year period of social work experience and social work supervision at two employment sites and three supervisors:

(1)	(2)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Site	From	To	Weeks	Hrs per/week	Totals	Supervisor	Client Hrs	Sup. Hrs
Mem Hsp	1/1/2010	12/31/2012	104	40	4,160	Smith	*	104
Mem Hsp	5/1/2010	8/31/2010				Henry	*	27
Family Ctr	9/1/2012	12/31/2012	16	5	80	Brooks	*	24
		Totals	104		4,240			155

* NOTE: Column (7) documents the number of face-to-face client contacts hours required for clinical, LCSW-C, license.

RESUME:

The applicant’s resume should document a complete employment history. However, for licensing purposes, the resume must provide a detailed description of the social work practice associated with employment sites and time frames found on the Supervision Verification Form(s).

The applicant for licensure at the LCSW-C level must document and describe **clinical** social work experience. Clinical social work experience is defined in the social work statute and in regulations. Please review Title 19, §19-302 (e) (3) and COMAR 10.42.01.05 D (1) to (9) and 10.42.01.06.

OFFICIAL TRANSCRIPT:

The official seal of the college/university is required on all transcripts with the date the MSW degree was awarded/conferred. The official transcript must be submitted in a sealed envelope with the application’s packet. Please do not request the college/university to mail the official transcript directly to the Board.

For LCSW-C applicants, the official transcript must include at least 12 academic credit hours in clinical course work. The curriculum of the course work must include specific mental health content in theories, practice modalities and diagnosis.

FOREIGN DEGREES:

Applicants who possess foreign degrees must have their credentials reviewed by the Council on Social Work Education (CSWE) prior to making application to the Board. CSWE’s written determination and a copy of the foreign transcript must be submitted with the application. www.cswe.org or 703-683-8080

ASSOCIATION OF SOCIAL WORK BOARDS (ASWB) EXAMINATIONS:

Without exception, all applicants must pass the examination administered by ASWB which is required for the licensure level. www.aswb.org

The examination fee is paid to the ASWB; the examinations are taken on computers and can be scheduled Monday through Saturday. The applicant knows immediately if she/he passed or failed the examination. The Board receives an official score report from ASWB within one to two weeks.

OFFICIAL SCORE REPORT:

Once a week the Board receives, from ASWB, the pass and fails scores of all the Maryland applicants who took the test the prior week.

An applicant who passed the required examination for another jurisdiction must contact ASWB at 1-888-579-3926 and request that an Official Score Report be sent directly to the Board.

EXAMINATION REVIEW:

The Board adheres to ASWB's policy which does not permit candidates to review failed examinations.

OFFICIAL ADDRESS OF RECORD:

Please note that the address provided to the Board is the official address of record and is considered part of a public record.

NOTIFICATION OF CHANGE IN NAME OR STREET ADDRESS OR EMAIL ADDRESS:

It is the responsibility of the applicant/licensee to notify the Board promptly of any change in contact information. For a change in address, postal and / or email, please use the form on the Board's website. For a change in name, please mail or fax a copy of legal documentation to the Board. The Board's newsletter and various notifications are sent to licensees using the email address. **PLEASE DO NOT CLICK THE 'UNSUBSCRIBE' LINK FROM AN EMAIL SENT FROM THE BOARD.**

USE OF DATES:

When a date is requested, please enter a date (month/day/year). Do NOT use the expression "to the present." It is appropriate to enter a date and also indicate "ongoing."

FEES:

A \$100.00 non-refundable application fee, payable to the Maryland Board of Social Work Examiners, by check or money order, is due with the application.

A \$75 non-refundable initial license fee is required after the applicant passes the examination.

DO NOT SUBMIT THE \$75.00 FEE WITH THE APPLICATION

CJIS – CRIMINAL JUSTICE INFORMATION SYSTEM:
AND
CHRC – CRIMINAL HISTORY RECORDS CHECK:

I FOR APPLICANTS WHO RESIDE IN MARYLAND:

- 1) LIVESCAN PRE-REGISTRATION FORM – LOCATED ON THE NEXT PAGE
- 2) TAKE THIS FORM TO A FINGERPRINTING LOCATION IN MARYLAND
- 3) **DO NOT MAIL THIS FORM TO THE BOARD OF SOCIAL WORK**
- 4) **DO NOT SEND ANY RECEIPTS TO THE BOARD OF SOCIAL WORK**
- 5) THE BOARD RECEIVES THE CHRC ELECTRONICALLY AND DIRECTLY FROM CJIS

FOR FAST AND ACCURATE SERVICE

1. If you are requesting a background check for licensing purposes you must use the Maryland Board of Social Work Examiner' name and authorization numbers, listed below:

CJIS #1300005486 & FBI ORI – MD920513Z

2. If your background check is being sent to a government agency you may also need an ORI number.
3. You must bring a valid form of government identification. (Examples: driver's license, Certificate of Naturalization, passport, Alien Registration Card, or Military Identification)
4. Take the [Livescan Pre-registration Application](#) to any fingerprinting center.
5. Bring payment: major credit cards, checks, and money orders are accepted. Cash is not accepted at the State Operated Fingerprinting Centers.

Government Operated Services: The fee is \$30.00 for a full background check State and FBI.

Commercial Fingerprinting Services (Private Providers): The fee is \$30.00 plus an additional amount set by the private provider.

For a listing of providers, both State and Private please go to

<http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml>

II FOR APPLICANTS WHO DO NOT RESIDE IN MARYLAND:

- 1) Send an Email message, Beverly Lewis, Licensing Coordinator
beverly.lewis@maryland.gov
- 2) Provide your legal name and mailing address.
- 3) A fingerprint card will be mailed to you with an envelope addressed to CJIS.
- 4) **DO NOT MAIL THE COMPLETED FINGERPRINT CARD TO THE BOARD**

DO NOT MAIL

THE FORM ON THE NEXT PAGE

TO THE BOARD

PRINT OUT THE FORM

COMPLETE IT

TAKE IT WITH YOU

TO A FINGER PRINTING PROVIDER

For a listing of providers, both State and Private please go to
<http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml>



STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
CRIMINAL JUSTICE INFORMATION SYSTEMS - CENTRAL REPOSITORY

LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION (PLEASE TYPE OR PRINT CLEARLY)

Name

Date of Birth SSN Gender: Male Female (Please Check)

Height: ft. inches Weight lbs. Eye Color Hair Color

Race American Indian/ Alaska Native Asian Black/African American Native Hawaiian/Pacific Islander
 White Other (Please Check)

Place of Birth Citizenship

Current Address

City State Zip Code

Daytime Phone Evening Phone Driver's License

AGENCY INFORMATION

Agency Authorization #: 1300005486 Reason fingerprinted? Social Work License

ORI # (if required): MD920513Z

Position Applied for: N/A

Request Type: (Choose only one)

<input type="checkbox"/> Adult Dependent Care	<input type="checkbox"/> Government Licensing or Certification
<input type="checkbox"/> Attorney /Client	<input type="checkbox"/> Immigration / Visa
<input type="checkbox"/> Child Care	<input type="checkbox"/> Individual Challenge
<input type="checkbox"/> Criminal Justice	<input type="checkbox"/> Individual Review
<input type="checkbox"/> Gold Seal / Adoption	<input type="checkbox"/> MSP Licensing
<input type="checkbox"/> Gold Seal / Letter / Visa	<input type="checkbox"/> Private Party Petition
	<input type="checkbox"/> Public Housing

Mail Response to:

(Mailing option only available for Visa Gold Seal and /or Individual Review)

Name

Address

City State Zip Code



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APPLICATION FOR LICENSURE BY EXAMINATION

FOR OFFICE USE ONLY

Application For Licensure As:

Fee

- Certified Social Worker (LCSW) Advanced Generalist Exam.....\$100.00
- Certified Social Worker- Clinical (LCSW-C) Clinical Exam.....\$100.00

PERSONAL INFORMATION

Your **NAME** must be your **LEGAL NAME** and it will appear on all documents as listed below.

Last Name And Generational Indicator (JR., III etc.)

[Grid for Last Name and Generational Indicator]

First Name And Middle Name / Initial

[Grid for First Name and Middle Name / Initial]

Maiden Name

[Grid for Maiden Name]

Address Line One

[Grid for Address Line One]

Address Line Two (Apt #)

[Grid for Address Line Two]

City

[Grid for City]

State

[Grid for State]

Zip Code

[Grid for Zip Code]

[Grid for Zip Code]

Home Phone

[Grid for Home Phone]

[Grid for Home Phone]

[Grid for Home Phone]

Extension

[Grid for Extension]

Work Phone

[Grid for Work Phone]

[Grid for Work Phone]

[Grid for Work Phone]

Cell Phone

[Grid for Cell Phone]

[Grid for Cell Phone]

[Grid for Cell Phone]

Email Address **(NOTIFICATIONS RE: STATUS OF APPLICATION WILL BE SENT BY EMAIL)**

[Grid for Email Address]

[Grid for Email Address]

Date of Birth
mm / dd / yyyy

[Grid for Date of Birth]

[Grid for Date of Birth]

[Grid for Date of Birth]

Gender Male Female

Social Security #

[Grid for Social Security #]

[Grid for Social Security #]

[Grid for Social Security #]

Military Status

- Veteran (Within 1 year of honorable discharge)
- Active Service
- Military Spouse

Race / Ethnic Identification – Please check all that apply

Are you of Hispanic or Latin origin? Yes No

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian / Pacific Islander
- White
- Other

Date Received: _____

Amount _____

Check / Mo # _____

Licensure By Examination

Testing Service _____

Date of Exam _____

Exam Level _____

Applicant's Score _____

CHRC **POS** **NEG**

Date Received _____

Initials _____

INITIAL LICENSE FEE

Date Received: _____

Amount: _____

Check / Mo # _____

License Number _____

Board Code

25 26 36

Date OTL _____

Date Ent. Lic DB _____

Date WC Mailed _____

BJL LCB GJH

This side MUST be completed for license to be issued.

EDUCATION

Name on Official Transcript _____

Year MSW Obtained _____

College / University _____ State _____

LICENSES / REGISTRATIONS/ / CERTIFICATIONS HELD

List ALL (Active, Inactive or Non-Renewed) HELD in ANY state including Maryland.

State	License Number	License Type	Issuance Date	Expiration Date	History of Discipline		FOR BOARD USE ONLY
MD					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	

ANSWER ALL QUESTIONS

*If question #4 is Yes- Please initiate the criminal history records checks as soon as possible.

FOR EACH QUESTION ANSWERED WITH A YES PLEASE ATTACH A DETAILED EXPLANATION.

FOR QUESTIONS # 4 ALSO PROVIDE A CERTIFIED COPY OF THE POLICE/COURT RECORD AND FINAL DISPOSITION.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1) Have you provided social work services while under the influence of alcohol, a narcotic, a controlled dangerous substance, or other drug that is in excess of prescribed amounts or without valid medical indication?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2) Has any State Licensing or Disciplinary Board, or a comparable body in the Armed Services denied your application for licensure, reinstatement, renewal, or taken any action against your license, including but not limited to reprimand, suspension, or revocation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3) Have you ever voluntarily surrendered your license due to a violation of state licensing law(s)?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4) Have you pled guilty to, nolo contendere to, been convicted of, or received probation before judgement for any criminal act excluding misdemeanor traffic violations? (Misdemeanor traffic violations include driving while under the influence of alcohol, while impaired by alcohol, or while impaired by a drug, or a combination drugs and therefore, do not need to be reported to the Board.)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5) Has a claim for damages been awarded or settled against you resulting from a malpractice suit?

If any question is marked YES:

Did you submit the required documentation in a previous application

If yes, in what year _____ and please include, with this application, a copy of the documentation you previously submitted.

ALL FORMS / DOCUMENTATION MUST BE ORIGINALS

APPLICANT'S AFFIDAVIT

I do hereby affirm that all statements made herewith are true and correct to the best of my knowledge and belief. In addition, I have read section §19-302.2 Criminal History Records Check - CHRC (included in the instructions) and understand my rights and responsibilities regarding a CHRC. Furthermore, I voluntarily consent to a thorough review of my present and past employment and other activities for the purpose of verifying qualifications for licensure.

Date _____

Signature _____



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SUPERVISION VERIFICATION FORM

LCSW & LCSW-C BY EXAMINATION

Name of Supervisee

Name of Supervisor

Date Board Approved

► If you as the supervisor are not Board approved the Board will not be able to accept the applicant's hours of social work experience and the hours of supervision you provided to the supervisee / applicant.

All Information Shall Be Provided By The Social Work Supervisor.

Name and address of the **supervisee's/applicant's** social work **practice site** where supervisee worked:

Name of Agency (1) Address Line 1

Address Line 2 City State Zip Code

Dates of supervision: From (2) to (3) = Total number of weeks (4)

(For hours obtained in MD, the date supervision began cannot pre-date the issuance date of the applicant's LGSW)

Supervisee number of hours worked per week (5) X weeks worked = Total Hours (6)

Supervision hours provided: Individual Group (Group size cannot exceed 6 supervisee) = Total Hours (7)

ONLY FOR LCSW-C DIRECT FACE-TO-FACE CONTACT

X = Total (8)
Average number of hours Week

Each area of clinical social work experience must have a **percentage of time** spent in this area while working directly with clients. The percentage total cannot exceed 100%.

".....in the assessment, formulation of a diagnostic impression, and treatment of mental disorders and other conditions and the provision of psychotherapy under the terms and conditions that the Board determines by regulation." § 19-302(e)(3) and in COMAR 10.42.01.02(5) **(5) "Clinical social work experience" means: (a) Completing assessments; (b) Formulating diagnostic impressions; (c) Treating mental disorders and other conditions; and (d) Providing psychotherapy.**

% Assessment

% Formulation of Diagnostic Impression

% Treatment of Mental Disorder & Other Conditions

% Providing Psychotherapy

MD Social Work Lic # Date of Lic Issued: Date Board Approved

Out of State SW Lic # State Issued On Lic Title

AFFIDAVIT

I do solemnly declare and affirm, under the penalties of perjury, that the information contained on this Supervision Verification Form is true and correct.

PLEASE SIGN IN BLUE INK



MARYLAND BOARD OF SOCIAL WORK EXAMINERS

4201 Patterson Avenue, Baltimore, Maryland 21215
Phone #: 410-764-4788 Toll Free #: 1-877-526-2541
<http://www.health.maryland.gov/bswe/>

SUPERVISION VERIFICATION FORM LCSW & LCSW-C BY EXAMINATION

Name of Supervisee
Name of Supervisor Date Board Approved

► If you as the supervisor are not Board approved the Board will not be able to accept the applicant's hours of social work experience and the hours of supervision you provided to the supervisee / applicant.

All Information Shall Be Provided By The Social Work Supervisor.

Name and address of the **supervisee's/applicant's** social work **practice site** where supervisee worked:

Name of Agency (1) Address Line 1

Address Line 2 City State Zip Code

Dates of supervision: From (2) to (3) = Total number of weeks (4)

(For hours obtained in MD, the date supervision began cannot pre-date the issuance date of the applicant's LGSW)

Supervisee number of hours worked per week (5) X weeks worked = Total Hours (6)

Supervision hours provided: Individual Group (Group size cannot exceed 6 supervisee) = Total Hours (7)

ONLY FOR LCSW-C DIRECT FACE-TO-FACE CLIENT CONTACT X = Total (8)
Average number of hours Week

Each area of clinical social work experience must have a **percentage of time** spent in this area while working directly with clients. The percentage total cannot exceed 100%.

".....in the assessment, formulation of a diagnostic impression, and treatment of mental disorders and other conditions and the provision of psychotherapy under the terms and conditions that the Board determines by regulation." § 19-302(e)(3) and in COMAR 10.42.01.02(5) **(5) "Clinical social work experience" means: (a) Completing assessments; (b) Formulating diagnostic impressions; (c) Treating mental disorders and other conditions; and (d) Providing psychotherapy.**

% Assessment % Formulation of Diagnostic Impression
 % Treatment of Mental Disorder & Other Conditions % Providing Psychotherapy

MD Social Work Lic # Date of Lic Issued: Date Board Approved

Out of State SW Lic # State Issued On Lic Title

AFFIDAVIT

I do solemnly declare and affirm, under the penalties of perjury, that the information contained on this Supervision Verification Form is true and correct.

PLEASE SIGN IN BLUE INK



MARYLAND BOARD OF SOCIAL WORK EXAMINERS

4201 Patterson Avenue, Baltimore, Maryland 21215
Phone #: 410-764-4788 Toll Free #: 1-877-526-2541
<http://www.health.maryland.gov/bswe/>

SUPERVISION VERIFICATION FORM LCSW & LCSW-C BY EXAMINATION

Name of Supervisee
Name of Supervisor Date Board Approved

► If you as the supervisor are not Board approved the Board will not be able to accept the applicant's hours of social work experience and the hours of supervision you provided to the supervisee / applicant.

All Information Shall Be Provided By The Social Work Supervisor.

Name and address of the **supervisee's/applicant's** social work **practice site** where supervisee worked:

Name of Agency (1) Address Line 1
Address Line 2 City State Zip Code

Dates of supervision: From (2) to (3) = Total number of weeks (4)

(For hours obtained in MD, the date supervision began cannot pre-date the issuance date of the applicant's LGSW)

Supervisee number of hours worked per week (5) X weeks worked = Total Hours (6)

Supervision hours provided: Individual Group (Group size cannot exceed 6 supervisee) = Total Hours (7)

ONLY FOR LCSW-C DIRECT FACE-TO-FACE CLIENT CONTACT X = Total (8)
Average number of hours Week

Each area of clinical social work experience must have a **percentage of time** spent in this area while working directly with clients. The percentage total cannot exceed 100%.

".....in the assessment, formulation of a diagnostic impression, and treatment of mental disorders and other conditions and the provision of psychotherapy under the terms and conditions that the Board determines by regulation." § 19-302(e)(3) and in COMAR 10.42.01.02(5) **(5) "Clinical social work experience" means: (a) Completing assessments; (b) Formulating diagnostic impressions; (c) Treating mental disorders and other conditions; and (d) Providing psychotherapy.**

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SUMMARY SHEET
LCSW & LCSW-C

Applicant's Name

License Number

LIST ONLY THE WORK EXPERIENCE AND SUPERVISION DOCUMENTED ON THE SUPERVISION VERIFICATION FORM(S)

If dates of supervision "overlap" remember that the weeks and hours worked per week cannot be counted twice. The example below shows a two year period of social work experience and social work supervision at two employment sites and three supervisors:

(1) AGENCY / EMPLOYMENT SITES	(2) DATES FROM	(3) DATES TO	(4) WEEKS	(5) HOURS	(6) TOTAL	SUPERVISORS	(7) HOURS SUPERVISION	(8) HOURS OF CLIENT CONTACT
Mem Hsp	01/01/2010	12/31/2012	104	40	4160	Smith	104	
Mem Hsp	05/01/2010	08/31/2010				Henry	27	
Family Ctr	09/01/2012	12/31/2012	16	5	80	Brooks	24	
		Total	104	Total	4260		155	

NOTE: Column (8) documents the number of face-to-face client contacts hours required for clinical, LCSW-C, license.

THE NUMBER OF HOURS IN COLUMNS #5 AND #7 CANNOT BE THE SAME NUMBER OF HOURS
PLEASE NOTE: THE WEEKS CANNOT BE DUPLICATED AS INSTRUCTED ON PAGE 3 IN THE INSTRUCTIONS

(1) AGENCY / EMPLOYMENT SITES	(2) DATES FROM	(3) DATES TO	(4) WEEKS	(5) HOURS	(6) TOTAL	SUPERVISORS	(7) HOURS SUPERVISION	(8) HOURS OF CLIENT CONTACT
			x	=				
			x	=				
			x	=				
			x	=				
			x	=				
			x	=				
*Indicates minimum requirements in that column		Total	Not less than *104 weeks	Total	Not less than *3000 hrs			

Total of Supervision
 Not less than *144 hours

Total of Client Hrs
 Not less than * 1,500 hours (for LCSW-C level)

I do solemnly declare and affirm, under the penalties of perjury, that the above information is true and correct.

Signature _____

Date

Use Blue Ink to sign