



# MARYLAND

## Department of Health

### MARYLAND BOARD OF SOCIAL WORK EXAMINERS

4201 Patterson Avenue,  
Baltimore, Maryland 21215 – 2299

Web Site: [www.health.maryland.gov/bswe](http://www.health.maryland.gov/bswe)

Phone Number: 410-764-4788

Toll Free: 1-877-526-2541

Fax: 410-358-2469

## **REINSTATEMENT APPLICATION ONLY FOR A LICENSE WHICH EXPIRED ON OCTOBER 31, 2019**

November 1, 2019

Dear Applicant:

Use this application if your license expired on October 31, **2019**. In order for the Board to reinstate your license you must have the required number of continuing education credit hours.

► The Maryland Board of Social Work Examiner's web site, <http://www.health.md.gov/bswe>, lists the license number, status and expiration date under the section labeled "verifications".

Please read all of the material carefully and thoroughly, especially the instructions and continuing education information

The following must be submitted to the Board:

- 1) The reinstatement application;
- 2) The appropriate fee; (see next page)
- 3) The continuing education credit report form; and
- 4) Copies of all documentation for the required continuing education credit hours.

**APPLICATIONS ARE GENERALLY PROCESSED IN 7 TO 14 BUSINESS DAYS**

**Due to Title protection, an individual may not practice social work or refer to herself/himself as a social worker until the license is reinstated.**

Sincerely,  
Licensing Unit

**NO EXTENSION WILL BE AUTHORIZED  
FROM 11/1/19 -4/30/20 FOR A LICENSE WHICH  
EXPIRED ON 10/31/2019**

Enclosures

DHMH – MARYLAND BOARD OF SOCIAL WORK EXAMINERS  
4201 Patterson Avenue, Baltimore, MD 21215-2299

Phone No: 410-764-4788 Toll Free 1-877-526-2541 <http://www.health.maryland.gov/bswe/>

**INSTRUCTIONS**

**SIGNATURE LINE**

**PLEASE BE SURE TO SIGN AND DATE THE FORM IN THE SPACE PROVIDED**

**PAYMENT AND FEES**

Please make your check or money order payable to the Maryland Board of Social Work Examiners. Include the license number on your check or money order.

LEVEL'S	REINSTATEMENT
LBSW	\$125.00
LMSW	\$225.00
LCSW	\$300.00
LCSW-C	\$300.00

**NOTIFICATION OF CHANGE IN NAME / STREET & EMAIL ADDRESSES**

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.**

**SOCIAL SECURITY NUMBER, RACE, AND DATE OF BIRTH**

This information is required and will be used for identification purposes only.

**QUESTIONS #1 THROUGH #6**

Answer all questions with a yes or no. For each questions answered with a yes, please attach a detailed explanation. For question #4 also provide a certified copy of the police/court record and final disposition.

**CONTINUING EDUCATION**

**NO EXTENSION WILL BE AUTHORIZED FROM  
11/1/19 - 4/30/20 FOR A LICENSE WHICH  
EXPIRED ON 10/31/2019**

**Reinstatement**

**40 (30 for LBSW's)** continuing education credit hours obtained in the 2 years preceding the submission of the application for reactivation or reinstatement.

The section concerning continuing education must be completed. **Check yes** if the required credit hours have been completed. **STAPLE COPIES OF THE CONTINUING EDUCATION DOCUMENTATION** to the completed Continuing Education Credit Report form.

**THE FOLLOWING INFORMATION IS NOT INTENDED TO SUBSTITUTE  
FOR READING COMAR 10.42.06**

**CONTINUING EDUCATION REFERENCE INFORMATION**

**CATEGORY I**

- Programs given by Board-authorized sponsors, with individual sessions of at least 1 hour.
- Real-time transactions between teachers and learners and may include face-to-face transactions and interactive technology (webinar).
- Courses, seminars, workshops, symposiums, conferences, staff development, attendance at programs offered at professional or scientific meetings
  
- At least 20 (15 for LBSWs) of the required 40 (30 for LBSWs) units must be earned in Category I.
- All 40 (30 for LBSWs) units may be earned in Category I.
- At least 3 Category I units must be earned in ethics and professional conduct, including boundary issues or pertaining to the standards of practice and laws governing the profession of social work in Maryland.

**Documentation – for Category I**

- An official transcript for academic courses; or
- A certificate of participation, which is signed and dated by the approved sponsor indicating continuing education units earned.

**Category II Activities**

- Programs which are less structured or are not Board-authorized.
- Workshops, conferences, in-service trainings, structured peer-case conferences among, audio-visual instructional programs, journal clubs, preparation and presentation of a scientific or professional paper at a meeting of a professional or scientific organization; authoring, editing or reviewing a professional publication; preparing and presenting approved face to face programs.
- Home-study programs of instruction, audiovisual and Internet on-line courses provided by a Board-authorized Category I sponsors.
- Twenty (20) (15 for LBSWs) of the required 40 (30 for LBSWs) units may be earned in Category II.

**Documentation – for Category II**

- A certificate of participation, if available; or
- If a certificate of participation is not available: the dates when the program was presented; the name(s) of the presenter(s); topics presented; and an outline of the presentation (this could be from your notes or agenda). **(This documentation qualifies for Category II only)**
- Post-test passing score for audio-visual and home study programs or a certificate of participation if available. Proof of presentation made, reprints of publications, letters from educational institutions when credit is claimed for the instruction of students;
- Date, time and length, list of participants with sign in sheet, topic and number of continue education units earned for structured peer-case conferences and journal club activities.

**ETHICS REQUIREMENT:**

3 Category I or Category II continuing education units (every two years) in “ethics and professional conduct, including boundary issues.”

**HOME STUDY, AUDIOVISUAL AND INTERNET ON-LINE PROGRAMS:**

All of these programs must be offered by a Board Authorized Sponsor and the licensee may obtain a maximum of 20 (15 for LBSW’s) Category II units.

**DIRECTORIES OF BOARD APPROVED SPONSORS:**

- Maryland Board of Social Work Examiners: <http://www.health.maryland.gov/bswe/>
- The Association of Social Work Boards: [www.aswb.org](http://www.aswb.org)
- The National Association of Social Workers: [www.socialworkers.org](http://www.socialworkers.org)

**COMPARISON OR CONVERSION CHART**

	<u>*Units</u>
1 Academic Credit.....	5 units
1 Academic <u>Audit</u> Credit.....	3 units
1 Clock Hour.....	1 unit
1 Contact Hour... ..	.1 unit
1 50 Minute Class Hour... ..	.1 unit

\*Continuing Education Unit(s): to determine the number of equivalent hours consider the number of units in the program excluding all breaks (mid-morning, lunch time and mid-afternoon).



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**FOR OFFICE USE ONLY**

**REINSTATEMENT APPLICATION**

License No

Expiration Date 10/31/2019

Expiration Date

LBSW-\$125.00  LMSW- \$225.00  LCSW- \$300.00  LCSW-C \$300.00

Date Received \_\_\_\_\_

Amount \_\_\_\_\_

Check / Mo # \_\_\_\_\_

Amount Due \_\_\_\_\_

Refund Due \_\_\_\_\_

Reviewed \_\_\_\_\_ Inl \_\_\_\_\_

WF \_\_\_\_\_

**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.)

First Name And Middle Name / Initial

Maiden Name

Address Line One

Address Line Two ( Apt # )

City

State

Zip Code

Home Phone

Extension

Work Phone

Cell Phone

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

Date of Birth  
mm / dd / yyyy

Gender  Male  Female

Social Security #

**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 Approved \_\_\_\_\_

DAE GJH

EXT  4  6  8

10  12

Date Ent. Lic. DB \_\_\_\_\_

LCB GJH

## EDUCATION

This side **MUST** be completed for license to be issued.

Degree  BSW  MSW Graduation Year \_\_\_\_\_

College / University \_\_\_\_\_ State \_\_\_\_\_

## CONTINUING EDUCATION

Complete And Submit the Continuing Education Report Form

Attach Copies of all of the Certificates

## LICENSES / REGISTRATIONS/ / CERTIFICATIONS HELD

License number , issuance and expiration date can be found on the Board's website

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	

## 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?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	6) Since your license expired, have you <b>IDENTIFIED YOURSELF</b> as a social worker in Maryland, <b>WORKED IN A POSITION WITH THE TITLE</b> social work(er) in Maryland, or <b>WORKED IN</b> a position which required social work licensure, in Maryland? <b>IF YES</b> , please attach a detailed explanation, the dates of employment, a copy of the job description and qualifications, and the name of your social work supervisor.

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.

## APPLICANT'S AFFIDAVIT

**ALL FORMS / DOCUMENTATION MUST BE ORIGINALS**

I do hereby affirm that all statements made herewith are true and correct to the best of my knowledge and belief. Furthermore, I voluntarily consent to a thorough review of my present and past employment and other activities for the purpose of verifying my qualifications for licensure.

Date \_\_\_\_\_ Signature \_\_\_\_\_



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Continuing Education Report Form for **REINSTATEMENT** of A License which Expired on **October 31, 2019**

NAME  LICENSE NO

EMAIL

(1) Attach Certificates, (2) Group certificates by Categories I or II (3) List programs & certificates in chronological order by date (4) Staple copies of the certificates to the report form

**CATEGORY I** (*Half of the credit hours **must be** in Category I - **all** of the required credit hours **may be** in Category I*)

**Ethics Requirement:** 3 of the 40 (30 for LBSWs) credit hours in *Category I or Category II*

Date (From)	Date (To)	SPONSOR NAME	COURSE TITLE	HOURS

**Supervision Requirement:** 3 of the 40 credit hours in *Category I or Category II*

Date (From)	Date (To)	SPONSOR NAME	COURSE TITLE	HOURS

### CATEGORY I

Date (From)	Date (To)	SPONSOR NAME	COURSE TITLE	HOURS



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CATEGORY II (**May earn** half of the required credit hours in Category II)

(20 (15 for LBSWs) credit hours may be obtained from home-study / on-line programs)  
(Supervision / consultation is NOT accepted as a continuing education activity)

Date (From)	Date (To)	SPONSOR NAME	COURSE TITLE	HOURS

CATEGORY I TOTAL	
CATEGORY II TOTAL	
<b>GRAND TOTAL</b>	

### COMPARISON OR CONVERSION CHART

	* Credit Education Unit(s)
1 Academic Credit	5 credit Units
1 Academic <u>Audit</u> Credit	3 credit Units
1 Clock Hour	1 credit Unit
1 Contact Hour	1 credit Unit
1 60 Minute Class Hour	1 credit Unit

\* Continuing Education Hours(s): to determine the number of equivalent credit hours consider the number of hours in the program excluding all breaks (mid-morning, lunch time and mid-afternoon).

**I certify that I have earned the required hours of continuing education as required by the Board of Social Work Examiners**

Signature \_\_\_\_\_

Date