

## Workgroup for Social Work Licensure Requirements

**Date:** September 25, 2024 **Time:** 10:00 am - 12:00 pm

**Video call link:** <http://meet.google.com/ssg-yifw-oag>  
**Or dial: (US) + 1 224-880-0704 PIN: 704 741 753#**

### Agenda

- I. Administrative Updates:**
  - A. Roll Call
  - B. Vote on Meeting Minutes
  - C. Update on Meeting Cadence
  - D. Workgroup Staff Updates
  
- II. Discussion -**
  - A. Review of June Meeting Discussion Points
  - B. Discussion of Recommendations for the Final Report
    1. **Temporary licensure for applicants for a BSW or MSW license**
    2. **No cost supervision for BSW and MSW licensees**
    3. **Grandfathering for those who have not passed the ASWB exam**
    4. **Alternative pathways to LCSW-C Licensure**
  - C. Direction/Focus Moving Forward
  
- III. Public Comment**
  
- IV. Closing and Next Steps**
  
- V. Potential Meeting Schedule Moving Forward**
  - A. Wednesday Schedule
    1. October 30th
    2. November 27th
    3. December 17th
    4. January 29th
  - B. Thursday Schedule
    1. October 31st
    2. November 28th
    3. December 18th
    4. January 30th



## REGISTRATION OF SUPERVISION toward LCSW LICENSURE Electronic INITIAL Application Checklist Instructions

**IMPORTANT NOTICE:**

To expedite the processing of your ONLINE Initial application for **Registration of Supervision (Supervisee in Social Work)** toward licensure as a **Licensed Clinical Social Worker (LCSW)**, please upload any documentation you are required to provide by using the new **documents** upload feature in the online application portal. **Documents you wish to upload online must be uploaded prior to submitting your online application fee.**

The selected application is used for those who purpose is to obtain supervised post-master’s degree experience hours towards **clinical** licensure, who are applying for supervision approval for the **first time, or** applying for new approval after the four years of supervision previously approved has expired. *Only one (1) supervisor can be registered with this application. A new and different application, fee and supporting documentation is required to register **each** additional supervisor or change of a supervisor that is not currently approved by the Board.*

Prior to **uploading or emailing** the enclosed forms and required supporting documentation to the Board for consideration, we recommend that you review the [Licensure Process Handbook](#), and the [Regulations Governing the Practice of Social Work](#) available on the Board’s website at [www.dhp.virginia.gov/Boards/SocialWork/](http://www.dhp.virginia.gov/Boards/SocialWork/) to ensure you are applying for the correct application type and have met the requirements for this application type. Pursuant to 18VAC140-20-30(B) of the [Regulations Governing the Practice of Social Work](#), all fees submitted to the Board are **non-refundable**.

A complete application packet provides the best opportunity to avoid delays in the application review process. You should make every effort to upload or email all the below information to the Board office for consideration. **It is preferred that emailed supporting documents be provided to the Board in pdf file format.** Your application packet is **NOT** considered complete until all applicable supporting documentation has been received by the Virginia Board of Social Work.

CHECK MARK	CHECKLIST OF REQUIRED DOCUMENTATION	SUBMISSION METHODS TO THE BOARD
	<b>1. VERIFICATION OF SUPERVISOR’S TRAINING</b>	
<input type="checkbox"/>	If your supervisor is not listed on the <a href="#">Approved Supervisor Registry</a> , you must provide evidence that your supervisor has completed the required training in supervision. The training certificate(s) must show the following: <ul style="list-style-type: none"> <li>a. Training content: Supervision;</li> <li>b. Provider: Listed in 18VAC140-20-105;</li> <li>c. Time frame: Within 5 years immediately preceding your registration of supervision application; and</li> <li>d. Hours:               <ul style="list-style-type: none"> <li>• <b>Initial training:</b> 14 hours of continuing education or 3 credit-hour graduate level course, or</li> <li>• <b>After initial training:</b> 7 hours for continuing education training.</li> </ul> </li> </ul>	<b>UPLOAD or EMAIL</b> (Preferably upload)
	<b>2. SUPERVISORY CONTRACT</b>	
<input type="checkbox"/>	Signed contract that outlines the expectations and responsibilities of the supervisor and supervisee. <i>(A template Supervisory Contract can be found on the Board’s website at <a href="http://www.dhp.virginia.gov/Boards/SocialWork/ApplicantResources/SupervisorInformation/">http://www.dhp.virginia.gov/Boards/SocialWork/ApplicantResources/SupervisorInformation/</a>)</i>	<b>UPLOAD or EMAIL</b> (Preferably upload)
	<b>3. OFFICIAL SCHOOL TRANSCRIPT</b>	
<input type="checkbox"/>	An <b>official</b> transcript (paper or electronic) showing proof of a <b>Master’s</b> degree from a school of social work accredited by the <a href="#">Council on Social Work Education</a> (CSWE) is required. For faster processing, it is encouraged that transcripts be electronically sent directly to the Board at <a href="mailto:socialwork@dhp.virginia.gov">socialwork@dhp.virginia.gov</a> via a	<b>E-MAIL or MAIL</b> (Preferably via

	<p><b>secured electronic transcript service</b> used by the school (for example: eScript or parchment). If your school is unable to send your transcript electronically, the official transcript must be <b>mailed</b> directly to the Board in a sealed envelope from the school. <b>Photocopied transcripts will not be accepted. All official transcripts must include a conferred date.</b> <i>If you have been previously approved by the Board for supervision, a duplicate transcript is not required.</i></p>	<p>E-mail &amp; must come directly from the school/issuing institution)</p>
	<p><b>Foreign Educated ONLY:</b> Graduates of foreign institutions must establish the equivalency of their education through the Foreign Equivalency Determination Services of the <a href="#">Council on Social Work Education (CSWE)</a></p>	
<b>4. VERIFICATION OF EDUCATION/PRACTICUM (required form attached)</b>		
<input type="checkbox"/>	<p>You must provide verification of your practicum and clinical course of study. Please have the <b>Verification of Education &amp; Field Placement/Practicum Form</b> completed by the graduate school program official or administration office and sent directly back to you and included in your application packet. <i>If you have been previously approved by the Virginia Board for supervision, a duplicate form is not required.</i></p>	<p><b>UPLOAD or EMAIL</b> (Preferably upload)</p>
<b>5. PROOF OF NAME CHANGE (if applicable)</b>		
<input type="checkbox"/>	<p>Documentation must be provided to show each name change(s) if your name has ever been legally changed from the time you attended school or were licensed in other jurisdictions or other than what is listed on your application. Acceptable forms of documentation include a copy of a marriage license, court order or divorce decree.</p>	<p><b>UPLOAD or EMAIL</b> (Preferably upload)</p>
<b>6. CRIMINAL CONVICTIONS, PAST ACTIONS or POSSIBLE IMPAIRMENTS (if applicable)</b>		
<input type="checkbox"/>	<p>If you answer “YES” to any of these questions on your application, please include a detailed explanation <b>and</b> supporting documentation. <i>Please refer to <a href="#">Guidance Document 140-2</a>, available on the Board’s website, for a list of required documentation that will be needed regarding criminal convictions, past actions, or possible impairments.</i></p>	<p><b>UPLOAD or EMAIL</b> (Preferably upload)</p>

**GENERAL INFORMATION**

- Applications are processed in the order received. Please allow adequate processing time for applications. Applications that are complete, fully documented and meet the minimum requirements for the [Regulations Governing the Practice of Social Work](#) will be reviewed within **30 days** of receipt of a **complete** application packet.
- Periodically log into the DHP license application portal at: <https://www.license.dhp.virginia.gov/apply/Login.aspx> to monitor progress of your application and remember “unchecked” items may have been received but are pending review.
- Check your license status by going to: [License Lookup](#) (\*license information is posted in real time).
- Please notify the Board in writing within 30 days of a name change or address change by completing the [Name/Address Change Form](#) .
- **A Registration of Supervision application by Add/Change, fee and supporting documentation must be submitted for each addition or change in supervisor that is not currently approved by the Board.**
- An incomplete application for licensure will be retained on file for one (1) year. If not completed within one year of receipt, a new application and fee will be necessary.
- Providing false or misleading information as well as omitting information in response to information requested in the application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing registration or license.
- Pursuant to [Virginia Code § 54.1-2400.02](#) addresses of licensees/supervisees are made available to the public. Normally, the Address of Record is the publicly disclosed address. If you do not want your Address of Record to be made public, you may provide a second, publicly disclosable address (e.g. work or practice address). If you would like your Address of Record to be publicly available, please complete both sections with same address on the application.
- Pursuant to [Virginia Code § 54.1-116 \(A\)](#), you are required to submit your social security number or your control number issued by the Virginia Department of Motor Vehicles\*. If you fail to do so, the processing of your application will be suspended, and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided for by law. Federal and state law requires that this number be shared with other agencies for child support enforcement activities. **NO LICENSE WILL BE ISSUED TO ANY INDIVIDUAL WHO HAS FAILED TO DISCLOSE ONE OF THESE NUMBERS.**

**YOU SHOULD NOT BEGIN COUNTING HOURS TOWARDS LICENSURE UNTIL YOU HAVE RECEIVED WRITTEN BOARD APPROVAL**



## VERIFICATION OF EDUCATION & FIELD PLACEMENT/PRACTICUM HOURS

**IMPORTANT NOTICE:**

Pursuant to 18VAC140-20-49(B) of the [Regulations Governing the Practice of Social Work](#), this form should be used and completed by the graduate school program official or administration office to verify the applicant's clinical course of study and field placement/practicum. The completed form can be emailed directly from the school to the Board at [socialwork@dhp.virginia.gov](mailto:socialwork@dhp.virginia.gov) or returned to the applicant for inclusion in their application packet that must be sent to the Virginia Board of Social Work.

**TO BE COMPLETED BY APPLICANT:** Complete the top portion of this form only.

Last Name: <b>Jones</b>	First Name: <b>Keisha</b>	Middle/Maiden Name: <b>Antonette</b>	Suffix:
Date of Birth: (MM/DD/YYYY) <b>05 24 / 19 91 /</b> <b>   </b> <b>   </b> <b>   </b>		Last 4 digits of Social Security Number: <b>XXX-XX- 2 2 2 5</b>	
Applicant's Student ID Number: <b>5210336</b>		Email Address: <b>keishajones1014@gmail.com</b>	

**TO BE COMPLETED BY GRADUATE SCHOOL PROGRAM OFFICIAL OR ADMINISTRATIVE OFFICE:** Please provide official verification of information requested below. The completed form containing **original or electronic** signature can be emailed directly to the Board at [socialwork@dhp.virginia.gov](mailto:socialwork@dhp.virginia.gov) or returned to the applicant for inclusion in their application packet being sent to the Virginia Board of Social Work.

**Part I:**

Did the above applicant complete a minimum of **600 hours** of **advanced** clinical practicum that focused on diagnostic, prevention, and treatment services?

Yes     No (If not, how many hours were completed? \_\_\_\_\_ )

Did the above applicant's field placement/practicum supervisor hold a licensed clinical social worker (LCSW) license **or** hold a master's or doctorate degree in social work with a minimum of three years of experience in clinical social work services after earning a graduate degree set forth in Regulation 18VAC140-20-49 of the Virginia Regulations?

Yes     No (If not, explain on separate document and provide it with this form)

**Part II:** Please verify if the following **advanced** coursework was **successfully** completed by the applicant as part of a "clinical course of study:" (Check all that apply)

<input checked="" type="checkbox"/> Human Behavior and the Social Environment	<input checked="" type="checkbox"/> Social Justice and Policy
<input checked="" type="checkbox"/> Psychopathology	<input checked="" type="checkbox"/> Diversity Issues
<input checked="" type="checkbox"/> Research	<input checked="" type="checkbox"/> Clinical Practice with Individuals, Families and Groups

Printed Name of School The Catholic University of America

Printed Name of Program Official \_\_\_\_\_

Title of Program Official \_\_\_\_\_

Signature of Program Official \_\_\_\_\_ Date \_\_\_\_\_

**ORIGINAL, ELECTRONIC OR E-SIGNATURE REQUIRED**