

ONLINE APPLICATION HANDBOOK

VIRGINIA BOARD OF SOCIAL WORK

The DHP mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.

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NOTE: The information contained in this handbook is subject to change at any time.
All current information can be found at <http://www.dhp.virginia.gov/social>

Table of Contents

REGISTRATION OF SUPERVISION INITIAL APPLICATION	3
REGISTRATION OF SUPERVISION ADD/CHANGE APPLICATION.....	11
LICENSED SOCIAL WORKER BY EXAM APPLICATION.....	18
LICENSED SOCIAL WORKER BY ENDORSEMENT APPLICATION.....	27
LICENSED CLINICAL SOCIAL WORKER BY EXAM APPLICATION	37
LICENSED CLINICAL SOCIAL WORKER BY ENDORSEMENT APPLICATION	47

Registration of Supervision toward LCSW Licensure INITIAL APPLICATION

*Please review the Licensure Process Handbook and Regulations Governing the Practice of Social Work **prior to** submitting an application for supervision.*

Step 1

Visit http://www.dhp.virginia.gov/social/social_forms.htm for the “Applications and Forms” for the Board of Social Work and select “Click here to begin” in order to access the application.

Registration of Supervision toward LCSW Licensure

[Click here to begin](#) the online application process for Initial and Add/Change Registration of Supervision toward LCSW licensure.

Step 2

Refer to the distinctions between each license on the website.

Note: All application fees are non-refundable; therefore, it is important that you select the correct application.

What is the difference between each online application?

- The **Registration of Supervision** (“Supervisee in Social Work”) application is used when you are accumulating supervised experience hours towards **clinical** licensure. During the online process you will be able to select “initial” or “add/change application” as the obtained by method. You do not need to register your supervision obtained in another jurisdiction.
- The **Licensed Social Worker (“LSW”) by Examination** application is used for those that want to obtain the lower-level casework management and supportive services license. This license is not a pre-requisite for clinical licensure.
- The **Licensed Social Worker (“LSW”) by Endorsement** application is used for those that hold an active substantially equivalent social work case management and supportive services license in another jurisdiction.
- The **Licensed Clinical Social Worker (“LCSW”) by Examination** application is used for those that have *completed* their supervised experience and are required to pass the clinical level ASWB examination for licensure.
- The **Licensed Clinical Social Worker (“LCSW”) by Endorsement** application is used for those that hold an active substantially equivalent clinical social work services license in another jurisdiction. This application *also* applies to individuals who have not passed the ASWB clinical exam but have an active license in another jurisdiction.

Step 3

Once you have established which application you will submit, select “Click here to begin” at the bottom of the page to begin the application.

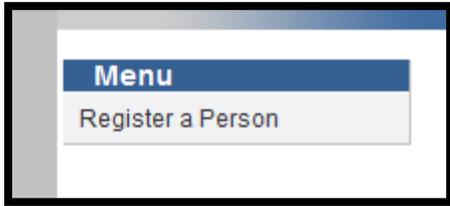
[Click here to begin](#) the online application process

Guide Continues on Next Page

Step 4

If it is the first time that you are accessing the application, select Register a Person in the upper left corner.

Note: If it is not your first time accessing the application, simply enter your User ID and Password into the designated boxes.



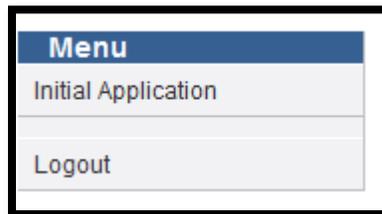
Step 5

After selecting “Register a Person,” enter your last name and Social Security Number in the provided boxes at the bottom of the page and click “Search.”



Step 6

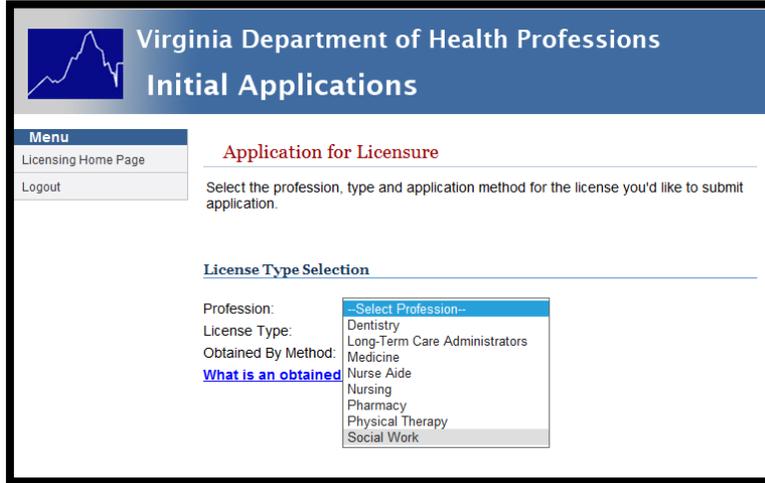
Once you have registered for the application, you will be brought to the Initial Applications Page. Select “Initial Application” in the upper left hand corner.



Guide Continues on Next Page

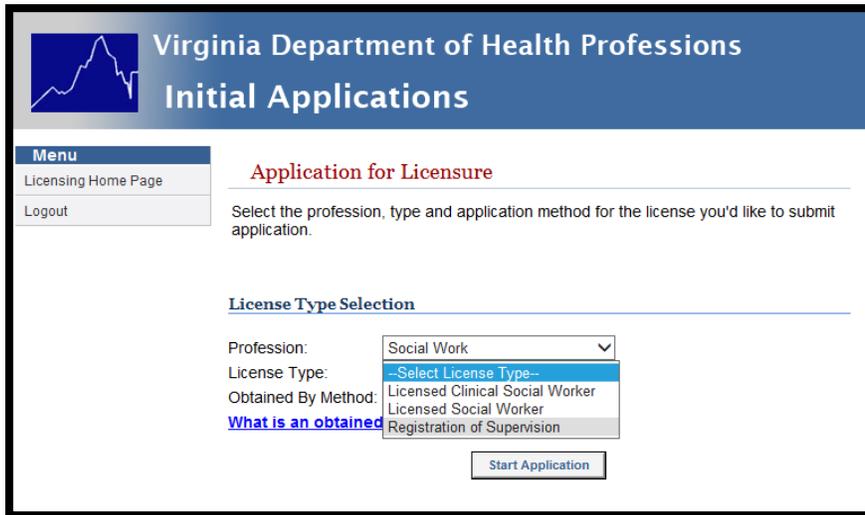
Step 7

For the category “Profession”, select “Social Work.”



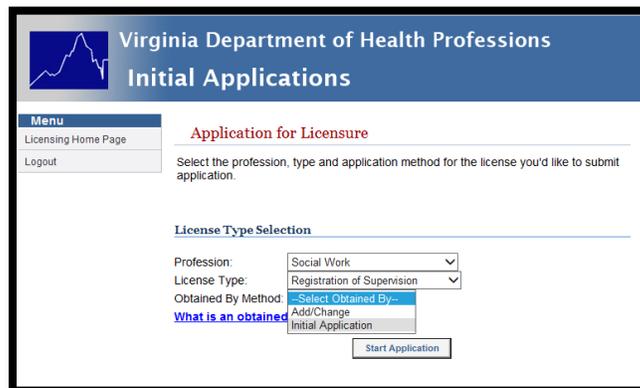
Step 8

For the category “License Type”, select “Registration of Supervision.”



Step 9

If it is the first time that you are registering supervision with the state of Virginia, then for the category “Obtained by Method”, select “Initial Application.”



Step 10

IMPORTANT: In the middle of the page, select “**CLICK HERE**” in order to access the supporting documentation that is necessary to complete your application following the submittal of your online application.

Note: Incomplete applications will not be processed.

In addition to completing this online process applicants are required to complete additional steps, [CLICK HERE](#) for the full instructions. You will be given another opportunity at the conclusion of the application process to download this form and instructions.

Step 11

Be sure to thoroughly read the instructions provided, then click the Start button at the bottom of the page.

Instructions for All Applicants:
You will need to complete each of the steps listed on the Application Menu on the left. To begin, please click the Start button below.

Please use the Next and Back buttons at the bottom of each step to navigate through the initial application process. You may click the “Save and finish later” button at any time during the application process. This will allow you to log out of the application, then log back in at a later time without losing any of the information that you have provided.

After completing all of the items in the Application Menu, you will be directed to a brief Workforce Survey, then you will be able to submit your payment.

Your application will not be submitted to the Board of Social Work for review until you have submitted your payment.

Please allow adequate processing time for applications. Applications that are complete, fully documented and meet the minimum requirements of the Regulations Governing the Practice of Social Work will be processed within 30 days after the Credentials Review of your application. The Board office provides individual feedback to each applicant in writing. All fees are non-refundable.

Step 12

Enter your personal information as requested by the categories to the left of the input boxes. Asterisks to the right of the input boxes indicate required fields.

Note: The address provided in this section is subject to disclosure under the Freedom of Information Act (FOIA).

Virginia DHP
Initial Applications

Initial Application Menu

- Demographics
- Address of Record
- Supervision
- Education
- Practicum Information
- Licensure Questions
- Summary

Application

Demographics
INSTRUCTIONS:
This is the most current information we have on file for you. Please modify any incorrect information that is displayed. Required fields are denoted with an asterisk (*).

Personal Information
SSN/Virginia DWP #: [input]
Date of Birth (mm/dd/yyyy): [input]
Maiden Name (if applicable): [input]

Published Address Information
This address is subject to public disclosure under the Freedom of Information Act. You may provide an address other than a residence, such as a Post Office Box or a practice location if you wish.

Is your current address within the United States? [Yes v] [input]

Address Line 1 (ex. 123 Fourth St.): [input]
Address Line 2 (ex. Apt. 100): [input]
Address Line 3: [input]
City: [input]
State: [Virginia v]
Zip Code (ex. 02705 or 027051234): [input]
Phone: [input] [xxxx-xxxx-xxxx]
Email: [input]

Step 13

Enter your address of record. This is considered a private, undisclosed address used for billing and records with the board.

The screenshot shows the 'Application' page with the 'Address of Record' section selected in the 'Initial Application Menu'. The form includes a 'Yes' dropdown for 'Is your current address within the United States?'. Below this are input fields for 'Address Line 1 (ex. 123 Fourth St.)', 'Address Line 2 (ex. Apt. 100)', and 'Address Line 3'. The 'City' field is set to 'Henrico' and the 'State' dropdown is set to 'Virginia'. The 'Zip Code (ex. 02705 or 027051234)' field contains '23233'. There are also fields for 'Daytime Phone' and 'Other Phone' with '(xxx-xxx-xxxx)' placeholders, and an 'Email' field. At the bottom, there are buttons for '<< Back', 'Next >>', and 'Save and finish later'.

Step 14

Using the input fields, enter your proposed supervised experience. You will be prompted to enter the name of your proposed supervisor, your supervisor's license number, the name of the work site that your hours will be obtained while under supervision, the address of the site, the telephone number of the site, and your job title while under supervision.

The screenshot shows the 'Application' page with the 'Supervision' section selected in the 'Initial Application Menu'. The form is titled 'Supervision Work Site' and includes input fields for 'Proposed Supervisor's Name', 'Supervisor's License Number', 'Name of work site for training hours towards licensure', 'Physical Address of work site where training hours towards licensure will be obtained (Street, City, State, Zip Code)', 'Telephone number of work site' (with '(xxx-xxx-xxxx)' placeholder), and 'Job title under supervision'.

Step 15

Using the drop down menu, indicate whether or not this is your initial LCSW Registration of Supervision application.

The screenshot shows the 'Application' page with the 'Education' section selected in the 'Initial Application Menu'. The form asks 'Is this your initial LCSW Registration of Supervision application? (If adding/changing a worksite or supervisor, select "No".)' and features a dropdown menu with 'Yes' and 'No' options. The 'Yes' option is currently selected.

Step 16

If you select “YES,” you will be prompted to enter the name of each educational institution that you have attended after high school, as well as the type of degree which you received from that institution. Please list this information in chronological order. Click “Add” in order to add each institution to your application. If you selected “NO,” then you can proceed to the next step.

The screenshot shows the 'Education' section of the application. On the left is the 'Initial Application Menu' with 'Education' selected. The main area is titled 'Application' and contains the following fields:

- 'Education' section with a question: 'Is this your initial LCSW Registration of Supervision application? (If adding/changing a worksite or supervisor, select "No").' with a 'Yes' dropdown.
- Instruction: 'List in chronological order the name and location of each school or other institution, beyond high school, that you have attended. Required fields are denoted with an asterisk (*).'
- 'Institution Name' dropdown.
- 'If Other, please specify:' text input.
- 'Type of Degree Received' dropdown.
- 'If Other, please explain:' text input.
- Buttons: 'Save', 'Add', 'Delete', 'Clear'.
- Table header: 'Education List' with columns 'Name', 'Other', 'Degree', 'Other'.
- Table content: 'No data available'.

Step 17

Using the drop down menu, indicate whether or not this is your initial LCSW Registration of Supervision application.

The screenshot shows the 'Practicum Information' section of the application. On the left is the 'Initial Application Menu' with 'Practicum Information' selected. The main area is titled 'Application' and contains the following fields:

- 'Practicum Information' section with a question: 'Is this your initial LCSW Registration of Supervision application? (If adding/changing a worksite or supervisor, select "No").' with a dropdown menu.

Step 18

If you select “YES,” then you will be prompted to answer about the practicum experience that you received during graduate school. Please list this information in chronological order. Click “Add” in order to add each institution to your application. If you selected “NO,” then you can proceed to the next step.

The screenshot shows the 'Practicum Information' section of the application. On the left is the 'Initial Application Menu' with 'Practicum Information' selected. The main area is titled 'Application' and contains the following fields:

- 'Practicum Information' section with a question: 'Is this your initial LCSW Registration of Supervision application? (If adding/changing a worksite or supervisor, select "No").' with a 'Yes/No' dropdown.
- Instruction: 'List in chronological order the field instruction you have received (while in graduate school only). Required fields are denoted with an asterisk (*).'
- 'Agency' text input.
- 'Begin Date (mm/dd/yyyy)' text input.
- 'End Date (mm/dd/yyyy)' text input.
- 'Duties of Job (Types of learning experiences as relates to speciality area of practice):' text area.
- Buttons: 'Save', 'Add', 'Delete', 'Clear'.
- Table header: 'Practicum Information' with columns 'Agency', 'Start', 'End', 'Duties'.
- Table content: 'No data available'.

Step 19

Using the drop down menus for each question, select “Yes” or “No” to answer each question provided. With exception to the final question regarding military spouses, each question answered with YES will require you to enter contextual information and/or provide additional documentation regarding the nature of the incident. Please see the Board’s [Guidance Document](#) available on the website for more information.

Note: Failure to disclose any information related to these questions may be grounds for denial, reprimand, or imposition of terms, suspension or revocation of your license and/or registration.

The screenshot shows the 'Application' form with the 'Licensure Questions' section selected in the 'Initial Application Menu'. The questions are as follows:

- 1. Have you ever been denied the privilege of taking an occupational licensure or certification examination? (No)
- 2. Have you ever had any disciplinary action taken against an occupational license to practice or are any such actions pending? (No)
- 3. Have you ever been convicted of a violation of or pled nolo contendere to any federal, state, or local statute, regulation or ordinance or entered into any plea bargaining relating to a felony or misdemeanor? (Excluding traffic violations and driving under the influence.) (No)
- 4. In the last twelve (12) months, have you been unable to practice social work by reason of excessive use of alcohol, drugs, chemicals or any other type of material or as a result of any mental or physical condition? (No)
- 5. Have you ever been censured, warned, or requested to withdraw from your employment, terminated from any health care facility, agency, or practice? (No)

Below the questions is the 'Military Spouse' section:

Military Spouse
Did you relocate with a spouse who is the subject of a military transfer to the Commonwealth of Virginia? (No)

At the bottom of the form are three buttons: '<< Back', 'Next >>', and 'Save and finish later'.

Step 20

Review the information that you have submitted by scrolling through the summaries of each section that you completed. Use the back button to edit any information that may be incorrect.

The screenshot shows the 'Application' form with the 'Demographics' section selected in the 'Initial Application Menu'. The section contains the following information:

Demographics
INSTRUCTIONS:
This is the most current information we have on file for you. Please modify any incorrect information that is displayed. Required fields are denoted with an asterisk (*).

Personal Information

SSN/Virginia DMV #	123456789
ex. 123456789	
Date of Birth (mm/dd/yyyy):	12/30/1990

Maiden Name (if applicable):
Documentation must be provided to show each name change(s) if you name has ever been changed from the time you attended school, were licensed in other jurisdictions or other than what is listed on your application. Photocopies of marriage licenses or court orders are accepted.

Published Address Information
This address is subject to public disclosure under the Freedom of Information Act. You may provide an address other than a residence, such as a Post Office Box or a practice location if you wish.

Is your current address within the United States? Yes

Address Line 1 (ex. 123 Fourth St.): 123 Fourth St.
Address Line 2 (ex. Apt. 100):
Address Line 3:
City: Henrico
State: Virginia
Zip Code (ex. 02705 or 027051234): 23233
Phone:
Email:

Address of Record
The address information you provide below is your address of record with the Board. Please be advised that all notices from the board, to include renewal notices, licenses, and other legal documents, will be sent to the address of record provided. If you provided a different public address in the Demographics step this address is not subject to public disclosure under the Freedom of Information Act and will not be sold or distributed for any other purpose. Please modify any incorrect information for your mailing address. Required fields are denoted with an asterisk ().*

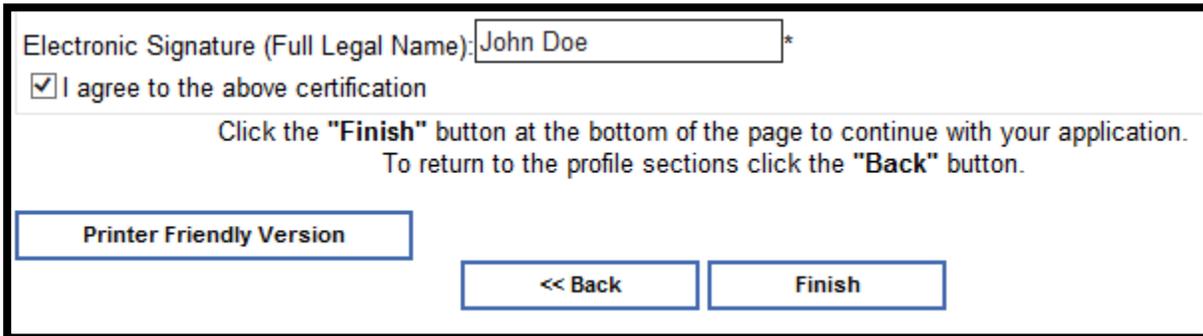
Is your current address within the United States? Yes

Address Line 1 (ex. 123 Fourth St.): 123 Fourth St.
Address Line 2 (ex. Apt. 100):
Address Line 3:

Step 21

Type your name for the electronic signature and mark that you agree to the certification. Then select “Finish” when you are ready to submit your application.

*Note: You **do not** need to send a copy of your online application with your supporting documentation.*



Electronic Signature (Full Legal Name): *

I agree to the above certification

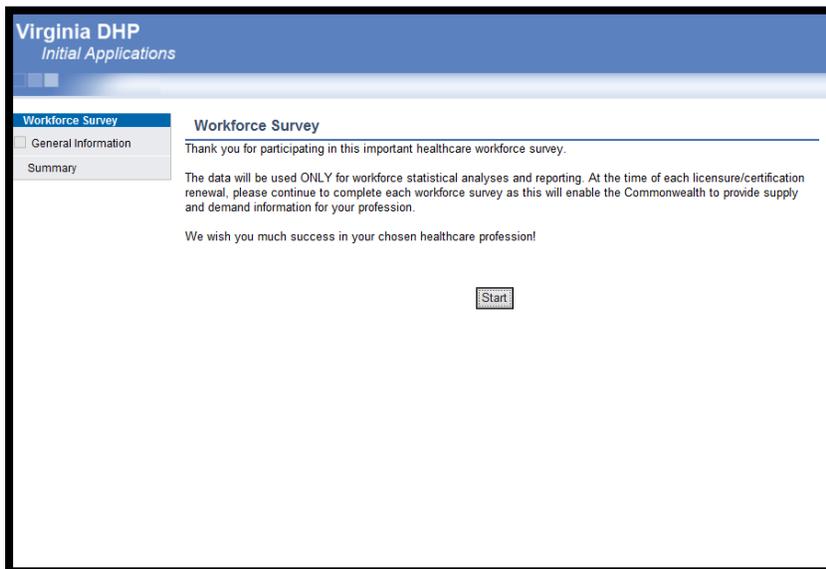
Click the "Finish" button at the bottom of the page to continue with your application.
To return to the profile sections click the "Back" button.

[Printer Friendly Version](#)

[<< Back](#) [Finish](#)

Step 22

Be sure to complete the Workforce Survey, found in the top left of the initial application page, which can be accessed at the end of the Application Process, and then proceed to finish the application and pay your processing fee.



Virginia DHP
Initial Applications

Workforce Survey

- General Information
- Summary

Workforce Survey

Thank you for participating in this important healthcare workforce survey.

The data will be used ONLY for workforce statistical analyses and reporting. At the time of each licensure/certification renewal, please continue to complete each workforce survey as this will enable the Commonwealth to provide supply and demand information for your profession.

We wish you much success in your chosen healthcare profession!

[Start](#)

Registration of Supervision toward LCSW Licensure ADD/CHANGE APPLICATION

Please review the Licensure Process Handbook and Regulations Governing the Practice of Social Work prior to submitting an application for supervision.

Step 1

Visit http://www.dhp.virginia.gov/social/social_forms.htm for the “Applications and Forms” for the Board of Social Work and select “Click here to begin” in order to access the application.

Registration of Supervision toward LCSW Licensure

[Click here to begin](#) the online application process for Initial and Add/Change Registration of Supervision toward LCSW licensure.

Step 2

Refer to the distinctions between each license on the website.

Note: All application fees are non-refundable; therefore, it is important that you select the correct application.

What is the difference between each online application?

- The **Registration of Supervision** (“Supervisee in Social Work”) application is used when you are accumulating supervised experience hours towards **clinical** licensure. During the online process you will be able to select “initial” or “add/change application” as the obtained by method. You do not need to register your supervision obtained in another jurisdiction.
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 - The **Licensed Clinical Social Worker (“LCSW”) by Examination** application is used for those that have *completed* their supervised experience and are required to pass the clinical level ASWB examination for licensure.
 - The **Licensed Clinical Social Worker (“LCSW”) by Endorsement** application is used for those that hold an active substantially equivalent clinical social work services license in another jurisdiction. This application *also* applies to individuals who have not passed the ASWB clinical exam but have an active license in another jurisdiction.

Step 3

Once you have established which application you will submit, select “Click here to begin” at the bottom of the page to begin the application.

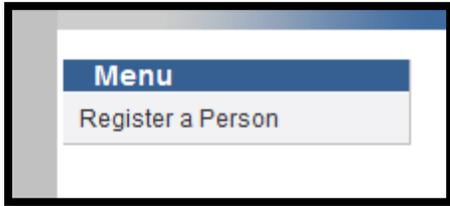
[Click here to begin](#) the online application process

Guide Continues on Next Page

Step 4

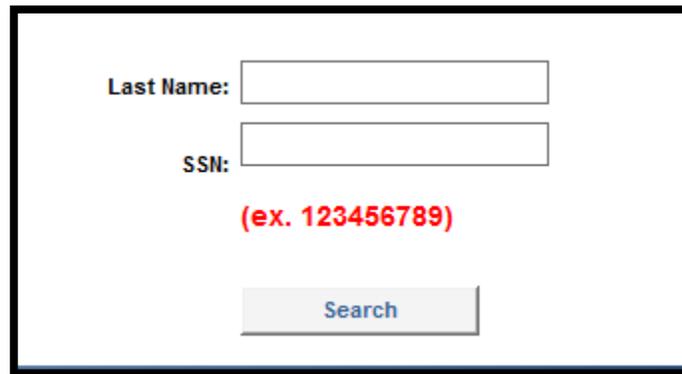
If it is the first time that you are accessing the application, select Register a Person in the upper left corner.

Note: If it is not your first time accessing the application, simply enter your User ID and Password into the designated boxes.



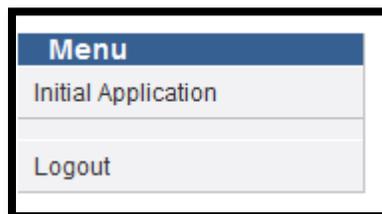
Step 5

After selecting “Register a Person,” enter your last name and Social Security Number in the provided boxes at the bottom of the page and click “Search.”



Step 6

Once you have registered for the application, you will be brought to the Initial Applications Page. Select “Initial Application” in the upper left hand corner.



Guide Continues on Next Page

Step 7

For the category “Profession”, select “Social Work.”

Virginia Department of Health Professions
Initial Applications

Menu
Licensing Home Page
Logout

Application for Licensure

Select the profession, type and application method for the license you'd like to submit application.

License Type Selection

Profession: --Select Profession--
License Type:
Obtained By Method:
[What is an obtained](#)

- Dentistry
- Long-Term Care Administrators
- Medicine
- Nurse Aide
- Nursing
- Pharmacy
- Physical Therapy
- Social Work

Step 8

For the category “License Type”, select “Registration of Supervision.”

Virginia Department of Health Professions
Initial Applications

Menu
Licensing Home Page
Logout

Application for Licensure

Select the profession, type and application method for the license you'd like to submit application.

License Type Selection

Profession: Social Work
License Type: --Select License Type--
Obtained By Method:
[What is an obtained](#)

- Licensed Clinical Social Worker
- Licensed Social Worker
- Registration of Supervision

Start Application

Step 9

If it is the first time that you are registering supervision with the state of Virginia, then for the category “Obtained by Method”, select “Add/Change.”

Menu
Licensing Home Page
Logout

Application for Licensure

Select the profession, type and application method for the license you'd like to submit application.

License Type Selection

Profession: Social Work
License Type: Registration of Supervision
Obtained By Method: --Select Obtained By--
[What is an obtained](#)

- Add/Change
- Initial Application

Start Application

Step 10

IMPORTANT: In the middle of the page, select “**CLICK HERE**” in order to access the supporting documentation that is necessary to complete your application following the submittal of your online application.

Note: Incomplete applications will not be processed.

In addition to completing this online process applicants are required to complete additional steps, [CLICK HERE](#) for the full instructions. You will be given another opportunity at the conclusion of the application process to download this form and instructions.

Step 11

Be sure to thoroughly read the instructions provided, then click the Start button at the bottom of the page.

Instructions for All Applicants:
You will need to complete each of the steps listed on the Application Menu on the left. To begin, please click the Start button below.

Please use the Next and Back buttons at the bottom of each step to navigate through the initial application process. You may click the “Save and finish later” button at any time during the application process. This will allow you to log out of the application, then log back in at a later time without losing any of the information that you have provided.

After completing all of the items in the Application Menu, you will be directed to a brief Workforce Survey, then you will be able to submit your payment.

Your application will not be submitted to the Board of Social Work for review until you have submitted your payment.

Please allow adequate processing time for applications. Applications that are complete, fully documented and meet the minimum requirements of the Regulations Governing the Practice of Social Work will be processed within 30 days after the Credentials Review of your application. The Board office provides individual feedback to each applicant in writing. All fees are non-refundable.

Step 12

Enter your personal information as requested by the categories to the left of the input boxes. Asterisks to the right of the input boxes indicate required fields.

Note: The address provided in this section is subject to disclosure under the Freedom of Information Act (FOIA).

Virginia DHP
Initial Applications

Initial Application Menu

- Demographics
- Address of Record
- Supervision
- Education
- Practicum Information
- Licensure Questions
- Summary

Application

Demographics
INSTRUCTIONS:
This is the most current information we have on file for you. Please modify any incorrect information that is displayed. Required fields are denoted with an asterisk (*).

Personal Information
SSN/Virginia DWP #: [input]
Date of Birth (mm/dd/yyyy): [input]
Maiden Name (if applicable): [input]

Published Address Information
This address is subject to public disclosure under the Freedom of Information Act. You may provide an address other than a residence, such as a Post Office Box or a practice location if you wish.

Is your current address within the United States? [Yes v] [input]
Address Line 1 (ex. 123 Fourth St.): [input]
Address Line 2 (ex. Apt. 100): [input]
Address Line 3: [input]
City: [input]
State: [Virginia v] [input]
Zip Code (ex. 02705 or 027051234): [input]
Phone: [input] [input] [input] [input] [input] [input]
Email: [input]

Step 13

Enter your address of record. This is considered a private, undisclosed address used for billing and records with the board.

The screenshot shows the 'Address of Record' section of an application form. On the left is a navigation menu with 'Address of Record' selected. The main content area is titled 'Address of Record' and includes a disclaimer. Below the disclaimer are input fields for: 'Is your current address within the United States?' (a dropdown menu with 'Yes' selected), 'Address Line 1 (ex. 123 Fourth St.)', 'Address Line 2 (ex. Apt. 100)', 'Address Line 3', 'City' (with 'Henrico' selected), 'State' (with 'Virginia' selected), 'Zip Code (ex. 02705 or 027051234)', 'Daytime Phone', 'Other Phone', and 'Email'. At the bottom are three buttons: '<< Back', 'Next >>', and 'Save and finish later'.

Step 14

Using the input fields, enter your proposed supervised experience. You will be prompted to enter the name of your proposed supervisor, your supervisor's license number, the name of the work site that your hours will be obtained while under supervision, the address of the site, the telephone number of the site, and your job title while under supervision.

The screenshot shows the 'Supervision' section of the application form. The navigation menu on the left has 'Supervision' selected. The main content area is titled 'Supervision' and 'Supervision Work Site'. It contains input fields for: 'Proposed Supervisor's Name', 'Supervisor's License Number', 'Name of work site for training hours towards licensure', 'Physical Address of work site where training hours towards licensure will be obtained (Street, City, State, Zip Code)', 'Telephone number of work site', and 'Job title under supervision'. At the bottom are three buttons: '<< Back', 'Next >>', and 'Save and finish later'.

The screenshot shows the 'Practicum Information' section of the application form. The navigation menu on the left has 'Practicum Information' selected. The main content area is titled 'Practicum Information' and contains a single question: 'Is this your initial LCSW Registration of Supervision application? (If adding/changing a worksite or supervisor, select "No".)' with a dropdown menu. At the bottom are three buttons: '<< Back', 'Next >>', and 'Save and finish later'.

Step 15

Using the drop down menus for each question, select “Yes” or “No” to answer each question provided. With exception to the final question regarding military spouses, each question answered with YES will require you to enter contextual information and/or provide additional documentation regarding the nature of the incident. Please see the Board’s [Guidance Document](#) available on the website for more information.

Note: Failure to disclose any information related to these questions may be grounds for denial, reprimand, or imposition of terms, suspension or revocation of your license and/or registration.

The screenshot shows the 'Licensure Questions' section of an application form. On the left is a navigation menu with options: Demographics, Address of Record, Supervision, Education, Practicum Information, Licensure Questions (selected), and Summary. The main content area is titled 'Application' and contains the following text:

Licensure Questions
Affirmative responses to any questions on this application will require additional information to be submitted. Please refer to [Guidance Documents 140-2](#) for a list of required documentation to be submitted. Failure to disclose any information related to these questions may be grounds for denial, reprimand, or imposition of terms, suspension or revocation of your license and/or registration.

Any supporting documentation related to the questions below should be submitted to the Virginia Board of Social Work at:
Virginia Board of Social Work
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
Fax – (804) 527-4435

1. Have you ever been denied the privilege of taking an occupational licensure or certification examination?

2. Have you ever had any disciplinary action taken against an occupational license to practice or are any such actions pending?

3. Have you ever been convicted of a violation of or pled nolo contendere to any federal, state, or local statute, regulation or ordinance or entered into any plea bargaining relating to a felony or misdemeanor? (Excluding traffic violations and driving under the influence.)

4. In the last twelve (12) months, have you been unable to practice social work by reason of excessive use of alcohol, drugs, chemicals or any other type of material or as a result of any mental or physical condition?

5. Have you ever been censured, warned, or requested to withdraw from your employment, terminated from any health care facility, agency, or practice?

Military Spouse
Did you relocate with a spouse who is the subject of a military transfer to the Commonwealth of Virginia?

At the bottom of the form are three buttons: '<< Back', 'Next >>', and 'Save and finish later'.

Step 16

Review the information that you have submitted by scrolling through the summaries of each section that you completed. Use the back button to edit any information that may be incorrect.

The screenshot shows the 'Summary' section of the application form. The navigation menu on the left is the same as in Step 15, but 'Summary' is now selected. The main content area is titled 'Application' and contains the following text:

Demographics
INSTRUCTIONS:
This is the most current information we have on file for you. Please modify any incorrect information that is displayed. Required fields are denoted with an asterisk (*).

Personal Information
SSN/Virginia DMV # 123456789
ex: 123456789
Date of Birth (mm/dd/yyyy): 12/30/1990
Maiden Name (if applicable):
Documentation must be provided to show each name change(s) if your name has ever been changed from the time you attended school, were licensed in other jurisdictions or other than what is listed on your application. Photocopies of marriage licenses or court orders are accepted.

Published Address Information
This address is subject to public disclosure under the Freedom of Information Act. You may provide an address other than a residence, such as a Post Office Box or a practice location if you wish.

Is your current address within the United States? Yes
Address Line 1 (ex. 123 Fourth St.): 123 Fourth St.
Address Line 2 (ex. Apt. 100):
Address Line 3:
City: Henrico
State: Virginia
Zip Code (ex. 02705 or 027051234): 23233
Phone:
Email:

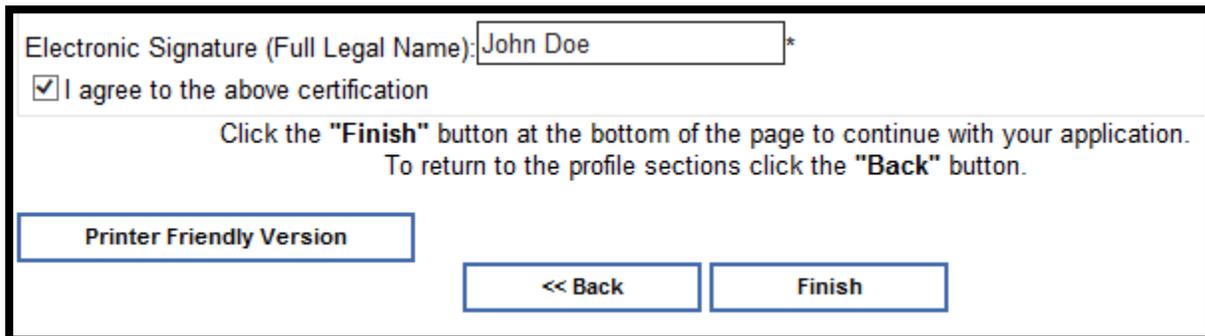
Address of Record
The address information you provide below is your address of record with the Board. Please be advised that all notices from the board, to include renewal notices, licenses, and other legal documents, will be sent to the address of record provided. If you provided a different public address in the Demographics step this address is not subject to public disclosure under the Freedom of Information Act and will not be sold or distributed for any other purpose. Please modify any incorrect information for your mailing address. Required fields are denoted with an asterisk (*).

Is your current address within the United States? Yes
Address Line 1 (ex. 123 Fourth St.): 123 Fourth St.
Address Line 2 (ex. Apt. 100):
Address Line 3:

Step 17

Type your name for the electronic signature and mark that you agree to the certification. Then select “Finish” when you are ready to submit your application.

*Note: You **do not** need to send a copy of your online application with your supporting documentation.*



Electronic Signature (Full Legal Name): *

I agree to the above certification

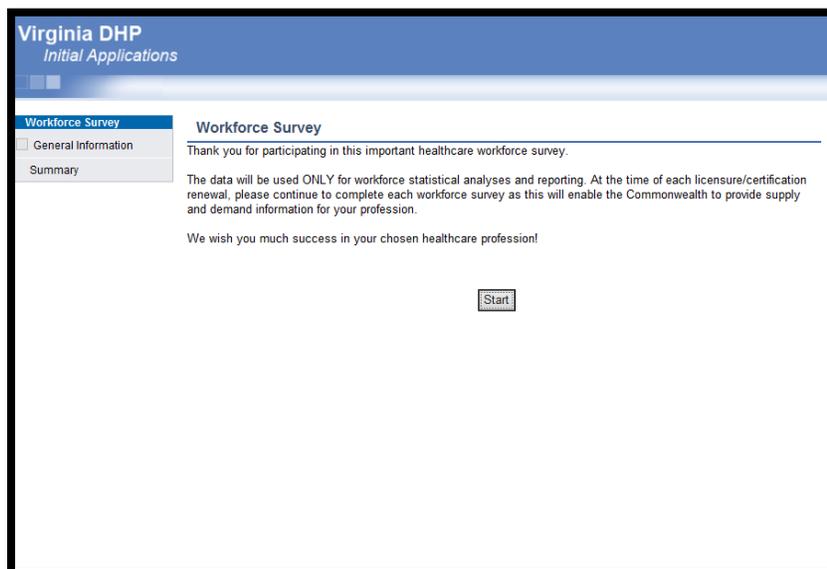
Click the "**Finish**" button at the bottom of the page to continue with your application.
To return to the profile sections click the "**Back**" button.

[Printer Friendly Version](#)

[<< Back](#) [Finish](#)

Step 18

Be sure to complete the Workforce Survey, found in the top left of the initial application page, which can be accessed at the end of the Application Process, and then proceed to finish the application and pay your processing fee.



Virginia DHP
Initial Applications

Workforce Survey

- General Information
- Summary

Workforce Survey

Thank you for participating in this important healthcare workforce survey.

The data will be used ONLY for workforce statistical analyses and reporting. At the time of each licensure/certification renewal, please continue to complete each workforce survey as this will enable the Commonwealth to provide supply and demand information for your profession.

We wish you much success in your chosen healthcare profession!

[Start](#)

LICENSED SOCIAL WORKER BY EXAM APPLICATION

Please review the *Licensure Process Handbook and Regulations Governing the Practice of Social Work* **prior to** submitting an application for supervision.

Step 1

Visit http://www.dhp.virginia.gov/social/social_forms.htm for the “Applications and Forms” for the Board of Social Work and select “Click here to begin” in order to access the application.

Registration of Supervision toward LCSW Licensure

[Click here to begin](#) the online application process for Initial and Add/Change Registration of Supervision toward LCSW licensure.

Step 2

Refer to the distinctions between each license on the website.

Note: All application fees are non-refundable; therefore, it is important that you select the correct application.

What is the difference between each online application?

- The **Registration of Supervision** (“Supervisee in Social Work”) application is used when you are accumulating supervised experience hours towards **clinical** licensure. During the online process you will be able to select “initial” or “add/change application” as the obtained by method. You do not need to register your supervision obtained in another jurisdiction.
- The **Licensed Social Worker (“LSW”) by Examination** application is used for those that want to obtain the lower-level casework management and supportive services license. This license is not a pre-requisite for clinical licensure.
- The **Licensed Social Worker (“LSW”) by Endorsement** application is used for those that hold an active substantially equivalent social work case management and supportive services license in another jurisdiction.
- The **Licensed Clinical Social Worker (“LCSW”) by Examination** application is used for those that have *completed* their supervised experience and are required to pass the clinical level ASWB examination for licensure.
- The **Licensed Clinical Social Worker (“LCSW”) by Endorsement** application is used for those that hold an active substantially equivalent clinical social work services license in another jurisdiction. This application *also* applies to individuals who have not passed the ASWB clinical exam but have an active license in another jurisdiction.

Step 3

Once you have established which application you will submit, select “Click here to begin” at the bottom of the page to begin the application.

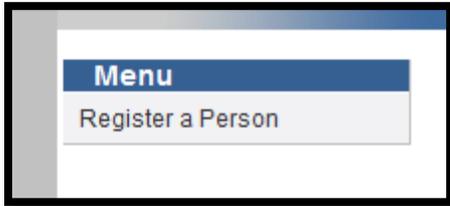
[Click here to begin](#) the online application process

Guide Continues on Next Page

Step 4

If it is the first time that you are accessing the application, select Register a Person in the upper left corner.

Note: If it is not your first time accessing the application, simply enter your User ID and Password into the designated boxes.



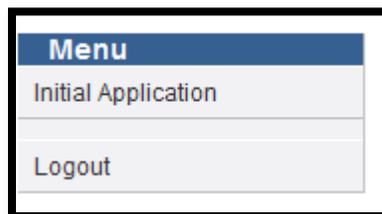
Step 5

After selecting "Register a Person," enter your last name and Social Security Number in the provided boxes at the bottom of the page and click "Search."



Step 6

Once you have registered for the application, you will be brought to the Initial Applications Page. Select "Initial Application" in the upper left hand corner.



Guide Continues on Next Page

Step 7

For the category “Profession”, select “Social Work.”

Virginia Department of Health Professions
Initial Applications

Menu
Licensing Home Page
Logout

Application for Licensure

Select the profession, type and application method for the license you'd like to submit application.

License Type Selection

Profession:
License Type:
Obtained By Method:
[What is an obtained](#)

Dentistry
Long-Term Care Administrators
Medicine
Nurse Aide
Nursing
Pharmacy
Physical Therapy
Social Work

Step 8

For the category “License Type”, select “Licensed Social Worker.”

Virginia Department of Health Professions
Initial Applications

Menu
Licensing Home Page
Logout

Application for Licensure

Select the profession, type and application method for the license you'd like to submit application.

License Type Selection

Profession:
License Type:
Obtained By Method:
[What is an obtained](#)

Licensed Clinical Social Worker
Licensed Social Worker
Registration of Supervision

Start Application

Guide Continues on Next Page

Step 9

For the category “Obtained by Method”, select **Examination**.

Virginia Department of Health Professions
Initial Applications

Menu
Licensing Home Page
Logout

Application for Licensure

Select the profession, type and application method for the license you'd like to submit application.

License Type Selection

Profession: Social Work
License Type: Licensed Social Worker
Obtained By Method: --Select Obtained By--
[What is an obtained](#) Endorsement
Examination

Start Application

Step 10

IMPORTANT: In the middle of the page, select “**CLICK HERE**” in order to access the supporting documentation that is necessary to complete your application following the submittal of your online application.

Note: Incomplete applications will not be processed.

In addition to completing this online process applicants are required to complete additional steps, [CLICK HERE](#) for the full instructions. You will be given another opportunity at the conclusion of the application process to download this form and instructions.

Step 11

Be sure to thoroughly read the instructions provided, then click the Start button at the bottom of the page.

Instructions for All Applicants:
You will need to complete each of the steps listed on the Application Menu on the left. To begin, please click the Start button below.

Please use the Next and Back buttons at the bottom of each step to navigate through the initial application process. You may click the “Save and finish later” button at any time during the application process. This will allow you to log out of the application, then log back in at a later time without losing any of the information that you have provided.

After completing all of the items in the Application Menu, you will be directed to a brief Workforce Survey, then you will be able to submit your payment.

Your application will not be submitted to the Board of Social Work for review until you have submitted your payment.

Please allow adequate processing time for applications. Applications that are complete, fully documented and meet the minimum requirements of the Regulations Governing the Practice of Social Work will be processed within 30 days after the Credentials Review of your application. The Board office provides individual feedback to each applicant in writing. All fees are non-refundable.

Start

Step 12

Enter your personal information as requested by the categories to the left of the input boxes. Asterisks to the right of the input boxes indicate required fields.

Note: The address provided in this section is subject to disclosure under the Freedom of Information Act (FOIA).

The screenshot shows the 'Virginia DHP Initial Applications' web interface. On the left is an 'Initial Application Menu' with options: Demographics (selected), Address of Record, Supervision, Education, Practicum Information, Licensure Questions, and Summary. The main content area is titled 'Application' and contains the following sections:

- Demographics**
INSTRUCTIONS: This is the most current information we have on file for you. Please modify any incorrect information that is displayed. Required fields are denoted with an asterisk (*).
- Personal Information**
SSN/Virginia DMV # [input field with asterisk]
Date of Birth (mm/dd/yyyy): [input field with asterisk]
Maiden Name (if applicable): [input field]
- Published Address Information**
This address is subject to public disclosure under the Freedom of Information Act. You may provide an address other than a residence, such as a Post Office Box or a practice location if you wish.
- Is your current address within the United States? [Yes dropdown with asterisk]
- Address Line 1 (ex. 123 Fourth St.): [input field with asterisk]
- Address Line 2 (ex. Apt. 100): [input field]
- Address Line 3: [input field]
- City: [input field with asterisk]
- State: [Virginia dropdown with asterisk]
- Zip Code (ex. 02705 or 027051234): [input field with asterisk]
- Phone: [input field with asterisk] (xxx-xxx-xxxx)
- Email: [input field]

At the bottom are three buttons: '<< Back', 'Next >>', and 'Save and finish later'.

Step 13

Enter your address of record. This is considered a private, undisclosed address used for billing and records with the board.

The screenshot shows the 'Virginia DHP Initial Applications' web interface. On the left is an 'Initial Application Menu' with options: Demographics, Address of Record (selected), Supervision, Education, Practicum Information, Licensure Questions, and Summary. The main content area is titled 'Application' and contains the following sections:

- Address of Record**
The address information you provide below is your address of record with the Board. Please be advised that all notices from the board, to include renewal notices, licenses, and other legal documents, will be sent to the address of record provided. If you provided a different public address in the Demographics step this address is not subject to public disclosure under the Freedom of Information Act and will not be sold or distributed for any other purpose. Please modify any incorrect information for your mailing address. Required fields are denoted with an asterisk (*).
- Is your current address within the United States? [Yes dropdown with asterisk]
- Address Line 1 (ex. 123 Fourth St.): [123 Fourth St. input field with asterisk]
- Address Line 2 (ex. Apt. 100): [input field]
- Address Line 3: [input field]
- City: [Henrico input field with asterisk]
- State: [Virginia dropdown with asterisk]
- Zip Code (ex. 02705 or 027051234): [23233 input field with asterisk]
- Daytime Phone: [input field with asterisk] (xxx-xxx-xxxx)
- Other Phone: [input field with asterisk] (xxx-xxx-xxxx)
- Email: [input field]

At the bottom are three buttons: '<< Back', 'Next >>', and 'Save and finish later'.

Step 14

Using the drop down menu, select “Yes” or “No” if you are applying with a MSW degree.

The screenshot shows a form titled "Application" with a sub-section "Level of Education". Below this, there is a question: "Are you applying with a Master's of Social Work?". To the right of the question is a dropdown menu with a downward arrow and an asterisk.

If you selected “No,” then use the drop down menu to select “Yes” or “No” if you are applying with a BSW degree.

The screenshot shows the same "Application" form. The first question, "Are you applying with a Master's of Social Work?", has a dropdown menu with "No" selected. Below it is a second question: "Are you applying with a Bachelor's of Social Work?", which also has a dropdown menu.

Step 15

Use the drop down menu to indicate whether you have ever been issued a license or certification to practice social work in any jurisdiction (whether current, expired, inactive, etc).

*Note: List in order of attainment all the states in which you now hold or have ever held an occupational license or certificate to practice as a social worker. For each license or certificate indicated, **whether current or lapsed, you must submit a Verification of Licensure form completed by the issuing jurisdiction.***

If you select “Yes,” you will be prompted to enter the jurisdiction in which you were issued your license as well as the number of that certification or license.

If you select “No,” you can simply move on to the next step.

The screenshot shows the "Application" form with the "Licensure History" section selected in the left-hand menu. The question "Have you ever been issued a license/certification to practice social work in any jurisdiction?" has a dropdown menu with "Yes" selected. Below this, there is a detailed instruction: "List in order of attainment all the states in which you now hold or have ever held an occupational license or certificate to practice as a social worker. For each license or certificate indicated below, **whether current or lapsed, you must submit a Verification of Licensure form completed by the issuing jurisdiction.** Please contact the applicable jurisdictions to inquire about processing fees. Required fields are denoted with an asterisk (*)."

Fields for entering license information include:

- Jurisdiction: [dropdown menu]
- License/Certification Number Issued: [text input with asterisk]
- Status: [dropdown menu]
- If Other, please explain: [text input]
- Type of License/Certification: [text input]

Instructions for managing records:

- To add this record click "Add".
- To edit a record, select the record, make the desired changes and click "Save".
- To delete a record, select the record and click "Delete".
- To clear the form, click "Clear".

Buttons: Save, Add, Delete, Clear

Jurisdiction	Number	Status	Other	Type
No data available				

Step 16

Using the drop down menus for each question, select “Yes” or “No” to answer each question provided. With exception to the final question regarding military spouses, each question answered with YES will require you to enter contextual information and/or provide additional documentation regarding the nature of the incident. Please see the Board’s [Guidance Document](#) available on the website for more information.

Note: Failure to disclose any information related to these questions may be grounds for denial, reprimand, or imposition of terms, suspension or revocation of your license and/or registration.

The screenshot shows a web application interface. On the left is a sidebar menu with options: Demographics, Address of Record, Licensure History, Level of Education, Education, Licensure Questions (highlighted), Professional Employment, and Summary. The main content area is titled 'Application' and contains 'Licensure Questions'. It includes a paragraph of instructions, contact information for the Virginia Board of Social Work, and five numbered questions with dropdown menus for 'Yes' or 'No'. The questions are: 1. Denied occupational licensure? 2. Disciplinary action? 3. Convicted of a violation? 4. Unable to practice social work? 5. Censored, warned, or requested to withdraw? A 'Military Spouse' question follows.

Step 17

Use the input fields to list in chronological order your complete Behavioral Health related professional experience after receiving your social work degree. List present position first and date back to your degree. You will be prompted to enter your employer’s name, their address, your start and end dates, and your job title and type.

The screenshot shows the 'Professional Employment' section of the application. The sidebar menu has 'Professional Employment' highlighted. The main content area includes instructions to list experience in chronological order, followed by input fields for Employer's Name, Address, Begin Date, End Date, Job Title, and Job Type. Below the fields are instructions on how to add, edit, delete, or clear records. At the bottom, there are buttons for 'Save', 'Add', 'Delete', and 'Clear', and a table header for 'Professional Employment' with columns: Name, Address, Begin Date, End Date, Title, and Type. The table currently shows 'No data available'.

Step 18

Review the information that you have submitted by scrolling through the summaries of each section that you completed. Use the back button to edit any information that may be incorrect.

Initial Application Menu	Application
<input checked="" type="checkbox"/> Demographics	Demographics
<input checked="" type="checkbox"/> Address of Record	INSTRUCTIONS: This is the most current information we have on file for you. Please modify any incorrect information that is displayed. Required fields are denoted with an asterisk (*).
<input checked="" type="checkbox"/> Licensure History	Personal Information
<input checked="" type="checkbox"/> Level of Education	SSN/Virginia DMV # ex: 123456789 000000000
<input checked="" type="checkbox"/> Education	Date of Birth (mm/dd/yyyy): 12/30/1969
<input checked="" type="checkbox"/> Licensure Questions	Maiden Name (if applicable): <i>Documentation must be provided to show each name change(s) if you name has ever been changed from the time you attended school, were licensed in other jurisdictions or other than what is listed on your application. Photocopies of marriage licenses or court orders are accepted.</i>
<input checked="" type="checkbox"/> Professional Employment	Published Address Information <i>This address is subject to public disclosure under the Freedom of Information Act. You may provide an address other than a residence, such as a Post Office Box or a practice location if you wish.</i>
Summary	Is your current address within the United States? Yes
	Address Line 1 (ex: 123 Fourth St.): 123 Fourth St.
	Address Line 2 (ex: Apt. 100):
	Address Line 3:
	Address Line 4:
	City: Henrico
	State: Virginia
	Zip Code (ex: 02705 or 027051234): 23232
	Phone:
	Email:
	Address of Record The address information you provide below is your address of record with the Board. Please be advised that all notices from the board, to include renewal notices, licenses, and other legal documents, will be sent to the address of record provided. If you provided a different public address in the Demographics step this address is <u>not</u> subject to public disclosure under the Freedom of Information Act and will not be sold or distributed for any other purpose. Please modify any incorrect information for your mailing address. Required fields are denoted with an asterisk (*).
	Is your current address within the United States? Yes
	Address Line 1 (ex: 123 Fourth St.): 123 Fourth St.

Step 19

Type your name for the electronic signature and mark that you agree to the certification. Then select "Finish" when you are ready to submit your application.

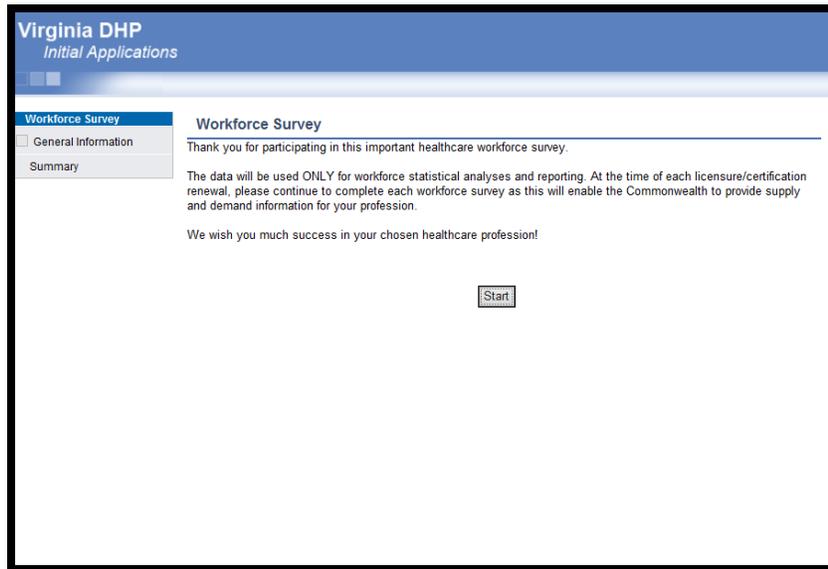
*Note: You **do not** need to send a copy of your online application with your supporting documentation.*

Electronic Signature (Full Legal Name): <input type="text" value="John Doe"/>
<input checked="" type="checkbox"/> I agree to the above certification
Click the " Finish " button at the bottom of the page to continue with your application. To return to the profile sections click the " Back " button.
<input type="button" value="Printer Friendly Version"/>
<input type="button" value=" << Back"/>
<input type="button" value=" Finish"/>

Guide Continues on Next Page

Step 20

Be sure to complete the Workforce Survey, found in the top left of the initial application page, which can be accessed at the end of the Application Process, and then proceed to finish the application and pay your processing fee.



The screenshot shows a web interface for the Virginia DHP Initial Applications. The header is blue with the text "Virginia DHP" and "Initial Applications" below it. On the left, there is a navigation menu with three items: "Workforce Survey" (highlighted in blue), "General Information", and "Summary". The main content area is titled "Workforce Survey" and contains the following text:

Thank you for participating in this important healthcare workforce survey.

The data will be used ONLY for workforce statistical analyses and reporting. At the time of each licensure/certification renewal, please continue to complete each workforce survey as this will enable the Commonwealth to provide supply and demand information for your profession.

We wish you much success in your chosen healthcare profession!

At the bottom center of the page, there is a button labeled "Start".

LICENSED SOCIAL WORKER BY ENDORSEMENT APPLICATION

Please review the Licensure Process Handbook and Regulations Governing the Practice of Social Work prior to submitting an application for supervision.

Step 1

Visit http://www.dhp.virginia.gov/social/social_forms.htm for the “Applications and Forms” for the Board of Social Work and select “Click here to begin” in order to access the application.

Registration of Supervision toward LCSW Licensure

[Click here to begin](#) the online application process for Initial and Add/Change Registration of Supervision toward LCSW licensure.

Step 2

Refer to the distinctions between each license on the website.

Note: All application fees are non-refundable; therefore, it is important that you select the correct application.

What is the difference between each online application?

- The **Registration of Supervision** (“Supervisee in Social Work”) application is used when you are accumulating supervised experience hours towards **clinical** licensure. During the online process you will be able to select “initial” or “add/change application” as the obtained by method. You do not need to register your supervision obtained in another jurisdiction.
- The **Licensed Social Worker (“LSW”) by Examination** application is used for those that want to obtain the lower-level casework management and supportive services license. This license is not a pre-requisite for clinical licensure.
- The **Licensed Social Worker (“LSW”) by Endorsement** application is used for those that hold an active substantially equivalent social work case management and supportive services license in another jurisdiction.
- The **Licensed Clinical Social Worker (“LCSW”) by Examination** application is used for those that have *completed* their supervised experience and are required to pass the clinical level ASWB examination for licensure.
- The **Licensed Clinical Social Worker (“LCSW”) by Endorsement** application is used for those that hold an active substantially equivalent clinical social work services license in another jurisdiction. This application *also* applies to individuals who have not passed the ASWB clinical exam but have an active license in another jurisdiction.

Step 3

Once you have established which application you will submit, select “Click here to begin” at the bottom of the page to begin the application.

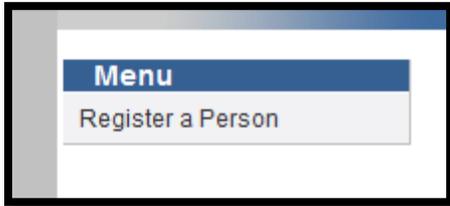
[Click here to begin](#) the online application process

Guide Continues on Next Page

Step 4

If it is the first time that you are accessing the application, select Register a Person in the upper left corner.

Note: If it is not your first time accessing the application, simply enter your User ID and Password into the designated boxes.



Step 5

After selecting “Register a Person,” enter your last name and Social Security Number in the provided boxes at the bottom of the page and click “Search.”



Step 6

Once you have registered for the application, you will be brought to the Initial Applications Page. Select “Initial Application” in the upper left hand corner.



Guide Continues on Next Page

Step 7

For the category “Profession”, select “Social Work.”

Virginia Department of Health Professions
Initial Applications

Menu
Licensing Home Page
Logout

Application for Licensure

Select the profession, type and application method for the license you'd like to submit application.

License Type Selection

Profession: --Select Profession--
Dentistry
License Type: Long-Term Care Administrators
Obtained By Method: Medicine
[What is an obtained](#) Nurse Aide
Nursing
Pharmacy
Physical Therapy
Social Work

Step 8

For the category “License Type”, select “Licensed Social Worker.”

Virginia Department of Health Professions
Initial Applications

Menu
Licensing Home Page
Logout

Application for Licensure

Select the profession, type and application method for the license you'd like to submit application.

License Type Selection

Profession: Social Work
License Type: --Select License Type--
Obtained By Method: Licensed Clinical Social Worker
[What is an obtained](#) Licensed Social Worker
Registration of Supervision

Start Application

Step 9

For the category “Obtained by Method”, select **Endorsement**.

Virginia Department of Health Professions
Initial Applications

Menu
Licensing Home Page
Logout

Application for Licensure

Select the profession, type and application method for the license you'd like to submit application.

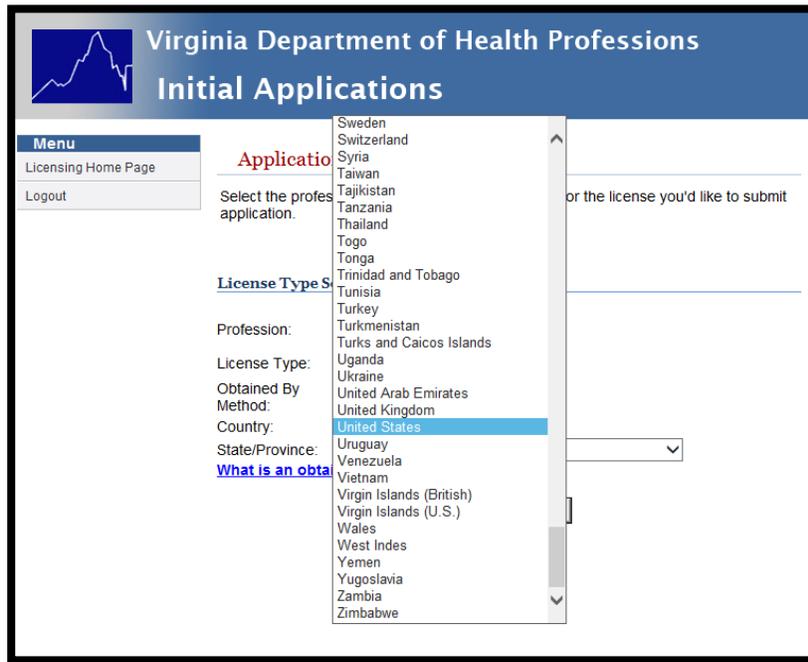
License Type Selection

Profession: Social Work
License Type: Licensed Social Worker
Obtained By Method: --Select Obtained By--
[What is an obtained](#) Endorsement
Examination

Start Application

Step 10

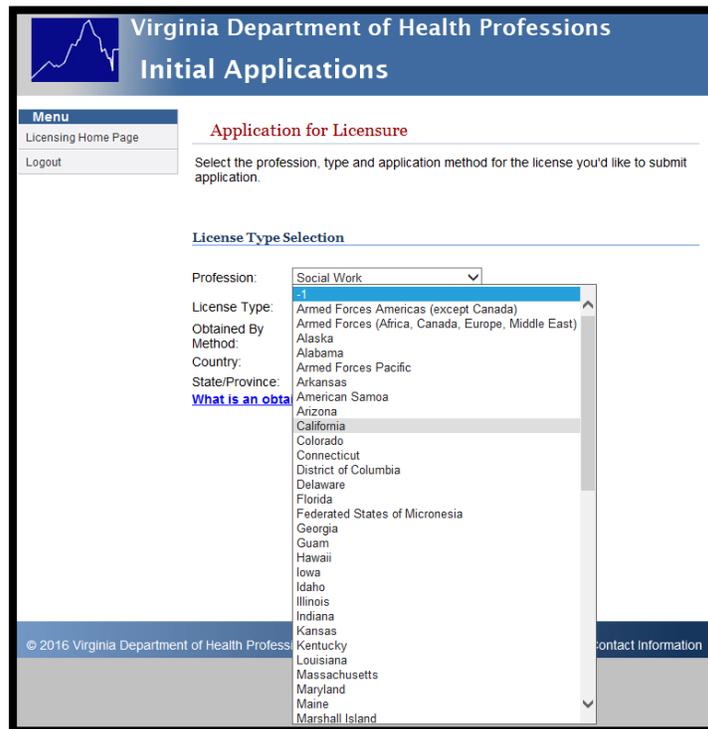
For the category “Country”, select the country in which you obtained your previous social work license.



Step 11

For the category “State/Province”, if your previous license was obtained in the United States, select the state in which you received the license.

*Note: You should choose the jurisdiction where you were **recently** licensed comparable to the type of license in which you are applying.*



Step 12

IMPORTANT: In the middle of the page, select “**CLICK HERE**” in order to access the supporting documentation that is necessary to complete your application following the submittal of your online application.

Note: Incomplete applications will not be processed.

In addition to completing this online process applicants are required to complete additional steps, [CLICK HERE](#) for the full instructions. You will be given another opportunity at the conclusion of the application process to download this form and instructions.

Step 13

Be sure to thoroughly read the instructions provided, then click the Start button at the bottom of the page.

Instructions for All Applicants:
You will need to complete each of the steps listed on the Application Menu on the left. To begin, please click the Start button below.

Please use the Next and Back buttons at the bottom of each step to navigate through the initial application process. You may click the “Save and finish later” button at any time during the application process. This will allow you to log out of the application, then log back in at a later time without losing any of the information that you have provided.

After completing all of the items in the Application Menu, you will be directed to a brief Workforce Survey, then you will be able to submit your payment.

Your application will not be submitted to the Board of Social Work for review until you have submitted your payment.

Please allow adequate processing time for applications. Applications that are complete, fully documented and meet the minimum requirements of the Regulations Governing the Practice of Social Work will be processed within 30 days after the Credentials Review of your application. The Board office provides individual feedback to each applicant in writing. All fees are non-refundable.

Step 14

Enter your personal information as requested by the categories to the left of the input boxes. Asterisks to the right of the input boxes indicate required fields.

Note: The address provided in this section is subject to disclosure under the Freedom of Information Act (FOIA).

Initial Application Menu	Application
<input checked="" type="checkbox"/> Demographics	Demographics INSTRUCTIONS: This is the most current information we have on file for you. Please modify any incorrect information that is displayed. Required fields are denoted with an asterisk (*).
<input type="checkbox"/> Address of Record	Personal Information SSN/Virginia DMV # ex: 123456789
<input type="checkbox"/> Licensure History	Date of Birth (mm/dd/yyyy):
<input type="checkbox"/> Level of Education	Maiden Name (if applicable):
<input type="checkbox"/> Education	<small>Documentation must be provided to show each name change(s) if you name has ever been changed from the time you attended school, were licensed in other jurisdictions or other than what is listed on your application. Photocopies of marriage licenses or court orders are accepted.</small>
<input type="checkbox"/> Licensure Questions	Published Address Information <small>This address is subject to public disclosure under the Freedom of Information Act. You may provide an address other than a residence, such as a Post Office Box or a practice location if you wish.</small>
<input type="checkbox"/> Professional Employment	Is your current address within the United States? Yes ▾
Summary	Address Line 1 (ex: 123 Fourth St.):
	Address Line 2 (ex: Apt. 100):
	Address Line 3:
	Address Line 4:
	City:
	State: Virginia ▾
	Zip Code (ex: 02705 or 027051234):
	Phone:
	Email:
	<input >="" ><="" <input="" td="" type="button" value=" Save and finish later "/>

Step 15

Enter your address of record. This is considered a private, undisclosed address used for billing and records with the board.

The screenshot shows a web application interface. On the left is a sidebar menu titled 'Initial Application Menu' with options: Demographics (checked), Address of Record (selected), Licensure History, Level of Education, Education, Licensure Questions, Professional Employment, and Summary. The main content area is titled 'Application' and contains the 'Address of Record' section. It includes a paragraph of instructions, a 'Yes/No' dropdown for 'Is your current address within the United States?', and input fields for 'Address Line 1', 'Address Line 2', 'Address Line 3', 'City', 'State' (with 'Virginia' selected), 'Zip Code', 'Daytime Phone', 'Other Phone', and 'Email'.

Step 16

Use the drop down menu to indicate whether you have ever been issued a license or certification to practice social work in any jurisdiction (whether current, expired, inactive, etc).

*Note: List in order of attainment all the states in which you now hold or have ever held an occupational license or certificate to practice as a social worker. For each license or certificate indicated, **whether current or lapsed, you must submit a Verification of Licensure form completed by the issuing jurisdiction.***

If you select “Yes,” you will be prompted to enter the jurisdiction in which you were issued your license as well as the number of that certification or license.

If you select “No,” you can simply move on to the next step.

The screenshot shows the 'Licensure History' section of the application. The sidebar menu has 'Licensure History' selected. The main content area asks 'Have you ever been issued a license/certification to practice social work in any jurisdiction?' with a 'Yes/No' dropdown. Below this is a list of jurisdictions to be entered, with a dropdown for 'Jurisdiction' and input fields for 'License/Certification Number Issued', 'Status', and 'Other, please explain'. At the bottom, there are buttons for 'Save', 'Add', 'Delete', and 'Clear', and a table with columns: Jurisdiction, Number, Licensure History, Status, Other, and Type. The table currently contains the text 'No data available'.

Step 17

Using the drop down menu, select “Yes” or “No” if you are applying with a MSW degree and if you are able to provide verification of a passing score on the ASWB examination.

Application

Level of Education

Are you applying with a Master's of Social Work? *

Can you provide verification of a passing score on the ASWB examination? *

If you selected “No,” then use the drop down menu to select “Yes” or “No” if you are applying with a BSW degree and if you are able to provide verification of a passing score on the ASWB examination.

Application

Level of Education

Are you applying with a Master's of Social Work? *

Are you applying with a Bachelor's of Social Work? *

Can you provide verification of a passing score on the ASWB examination? *

Step 18

If you are not applying with either a Master’s or Bachelor’s of Social Work, follow the instructions provided in order to continue with the application.

Are you applying with a Bachelor's of Social Work? *

If you do not have 36 months of post licensure active practice, you must provide evidence of supervised experience requirements substantially equivalent to those outlined in 18VAC140-20-60. You can provide the following documentation to demonstrate that you received the equivalent supervision:

1. Verification of Casework Management and Supportive Services; or
2. Copy of your licensure file from the state in which you received your license.

The forms to provide verification of the above requirements can be found within the supporting documentation of this application.

Guide Continues on Next Page

Step 19

You will be prompted to enter the name of each educational institution that you have attended after high school, as well as the type of degree which you received from that institution. Please list this information in chronological order. Click “Add” in order to add each institution to your application

The screenshot shows the 'Education' section of an application form. On the left is an 'Initial Application Menu' with options: Demographics, Address of Record, Licensure History, Level of Education, Education (selected), Licensure Questions, Professional Employment, and Summary. The main area is titled 'Application' and contains the following text: 'Education List in chronological order the name and location of each school or other institution, beyond high school, that you have attended. Required fields are denoted with an asterisk (*).'. Below this are input fields for 'Institution Name', 'Major', 'Type of Degree Received', and 'If Other, please explain:'. A table below the form has columns for 'Name', 'Major', 'Degree', and 'Other', with a 'No data available' message. At the bottom are buttons for 'Save', 'Add', 'Delete', and 'Clear'. Instructions for using these buttons are provided above the table.

Step 20

Using the drop down menus for each question, select “Yes” or “No” to answer each question provided. With exception to the final question regarding military spouses, each question answered with YES will require you to enter contextual information and/or provide additional documentation regarding the nature of the incident. Please see the Board’s [Guidance Document](#) available on the website for more information.

Note: Failure to disclose any information related to these questions may be grounds for denial, reprimand, or imposition of terms, suspension or revocation of your license and/or registration.

The screenshot shows the 'Licensure Questions' section of an application form. On the left is an 'Initial Application Menu' with options: Demographics, Address of Record, Licensure History, Level of Education, Education, Licensure Questions (selected), Professional Employment, and Summary. The main area is titled 'Application' and contains the following text: 'Licensure Questions Affirmative responses to any questions on this application will require additional information to be submitted. Please refer to Guidance Documents 140-2 for a list of required documentation to be submitted. Failure to disclose any information related to these questions may be grounds for denial, reprimand, or imposition of terms, suspension or revocation of your license and/or registration.'. Below this is contact information for the Virginia Board of Social Work. Five numbered questions follow, each with a dropdown menu: 1. Have you ever been denied the privilege of taking an occupational licensure or certification examination? 2. Have you ever had any disciplinary action taken against an occupational license to practice or are any such actions pending? 3. Have you ever been convicted of a violation of or pled nolo contendere to any federal, state, or local statute, regulation or ordinance or entered into any plea bargaining relating to a felony or misdemeanor? (Excluding traffic violations and driving under the influence.) 4. In the last twelve (12) months, have you been unable to practice social work by reason of excessive use of alcohol, drugs, chemicals or any other type of material or as a result of any mental or physical condition? 5. Have you ever been censured, warned, or requested to withdraw from your employment, terminated from any health care facility, agency, or practice? A 'Military Spouse' section follows with the question: 'Did you relocate with a spouse who is the subject of a military transfer to the Commonwealth of Virginia?'.

Guide Continues on Next Page

Step 21

Use the input fields to list in chronological order your complete Behavioral Health related professional experience after receiving your social work degree. List present position first and date back to your degree. You will be prompted to enter your employer's name, their address, your start and end dates, and your job title and type.

The screenshot shows the 'Professional Employment' section of an application form. On the left is a navigation menu with options: Demographics, Address of Record, Level of Education, Education, Licensure History, Licensure Questions, Professional Employment (selected), and Summary. The main form area is titled 'Application' and contains the following fields:

- Employer's Name: [Text input field with asterisk]
- Employer's Address: [Text input field with asterisk]
- Begin Date (mm/dd/yyyy): [Text input field with asterisk]
- End Date (mm/dd/yyyy): [Text input field with asterisk]
- Job Title: [Text input field with asterisk]
- Job Type: [Dropdown menu with asterisk]

Below the fields are instructions: 'To add this record click "Add". To edit a record, select the record, make the desired changes and click "Save". To delete a record, select the record and click "Delete". To clear the form, click "Clear".' Below the instructions are four buttons: Save, Add, Delete, and Clear. At the bottom is a table header for 'Professional Employment' with columns: Name, Address, Begin Date, End Date, Title, and Type. The table currently contains the text 'No data available'.

Step 22

Review the information that you have submitted by scrolling through the summaries of each section that you completed. Use the back button to edit any information that may be incorrect.

The screenshot shows the 'Demographics' and 'Published Address Information' sections of the application form. The navigation menu on the left is the same as in Step 21, but 'Professional Employment' is no longer selected. The main form area is titled 'Application' and contains the following sections:

- Demographics**
INSTRUCTIONS: This is the most current information we have on file for you. Please modify any incorrect information that is displayed. Required fields are denoted with an asterisk (*).
Personal Information
SSN/Virginia DMV # (ex. 123456789): 000000000
Date of Birth (mm/dd/yyyy): 12/30/1969
Maiden Name (if applicable):
Documentation must be provided to show each name change(s) if you name has ever been changed from the time you attended school, were licensed in other jurisdictions or other than what is listed on your application. Photocopies of marriage licenses or court orders are accepted.
- Published Address Information**
This address is subject to public disclosure under the Freedom of Information Act. You may provide an address other than a residence, such as a Post Office Box or a practice location if you wish.
Is your current address within the United States? Yes
Address Line 1 (ex. 123 Fourth St.): 123 Fourth St.
Address Line 2 (ex. Apt. 100):
Address Line 3:
Address Line 4:
City: Henrico
State: Virginia
Zip Code (ex. 02705 or 027051234): 23232
Phone:
Email:
- Address of Record**
The address information you provide below is your address of record with the Board. Please be advised that all notices from the board, to include renewal notices, licenses, and other legal documents, will be sent to the address of record provided. If you provided a different public address in the Demographics step this address is not subject to public disclosure under the Freedom of Information Act and will not be sold or distributed for any other purpose. Please modify any incorrect information for your mailing address. Required fields are denoted with an asterisk (*).
Is your current address within the United States? Yes
Address Line 1 (ex. 123 Fourth St.): 123 Fourth St.

Step 23

Type your name for the electronic signature and mark that you agree to the certification. Then select “Finish” when you are ready to submit your application.

*Note: You **do not** need to send a copy of your online application with your supporting documentation.*

Electronic Signature (Full Legal Name): *

I agree to the above certification

Click the "Finish" button at the bottom of the page to continue with your application.
To return to the profile sections click the "Back" button.

[Printer Friendly Version](#)

[<< Back](#) [Finish](#)

Step 24

Be sure to complete the Workforce Survey, found in the top left of the initial application page, which can be accessed at the end of the Application Process, and then proceed to finish the application and pay your processing fee.

Virginia DHP
Initial Applications

Workforce Survey

General Information

Summary

Workforce Survey

Thank you for participating in this important healthcare workforce survey.

The data will be used ONLY for workforce statistical analyses and reporting. At the time of each licensure/certification renewal, please continue to complete each workforce survey as this will enable the Commonwealth to provide supply and demand information for your profession.

We wish you much success in your chosen healthcare profession!

[Start](#)

LICENSED CLINICAL SOCIAL WORKER BY EXAM APPLICATION

Please review the *Licensure Process Handbook and Regulations Governing the Practice of Social Work* prior to submitting an application for supervision.

Step 1

Visit http://www.dhp.virginia.gov/social/social_forms.htm for the “Applications and Forms” for the Board of Social Work and select “Click here to begin” in order to access the application.

Registration of Supervision toward LCSW Licensure

[Click here to begin](#) the online application process for Initial and Add/Change Registration of Supervision toward LCSW licensure.

Step 2

Refer to the distinctions between each license on the website.

Note: All application fees are non-refundable; therefore, it is important that you select the correct application.

What is the difference between each online application?

- The **Registration of Supervision** (“Supervisee in Social Work”) application is used when you are accumulating supervised experience hours towards **clinical** licensure. During the online process you will be able to select “initial” or “add/change application” as the obtained by method. You do not need to register your supervision obtained in another jurisdiction.
- The **Licensed Social Worker (“LSW”) by Examination** application is used for those that want to obtain the lower-level casework management and supportive services license. This license is not a pre-requisite for clinical licensure.
- The **Licensed Social Worker (“LSW”) by Endorsement** application is used for those that hold an active substantially equivalent social work case management and supportive services license in another jurisdiction.
- The **Licensed Clinical Social Worker (“LCSW”) by Examination** application is used for those that have *completed* their supervised experience and are required to pass the clinical level ASWB examination for licensure.
- The **Licensed Clinical Social Worker (“LCSW”) by Endorsement** application is used for those that hold an active substantially equivalent clinical social work services license in another jurisdiction. This application *also* applies to individuals who have not passed the ASWB clinical exam but have an active license in another jurisdiction.

Step 3

Once you have established which application you will submit, select “Click here to begin” at the bottom of the page to begin the application.

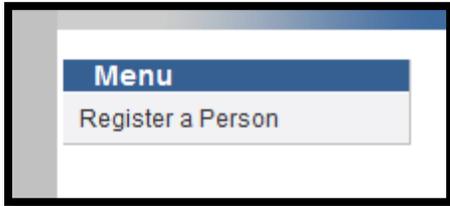
[Click here to begin](#) the online application process

Guide Continues on Next Page

Step 4

If it is the first time that you are accessing the application, select Register a Person in the upper left corner.

Note: If it is not your first time accessing the application, simply enter your User ID and Password into the designated boxes.



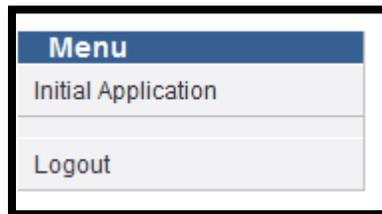
Step 5

After selecting "Register a Person," enter your last name and Social Security Number in the provided boxes at the bottom of the page and click "Search."



Step 6

Once you have registered for the application, you will be brought to the Initial Applications Page. Select "Initial Application" in the upper left hand corner.



Step 7

For the category “Profession”, select “Social Work.”

Virginia Department of Health Professions
Initial Applications

Menu
Licensing Home Page
Logout

Application for Licensure

Select the profession, type and application method for the license you'd like to submit application.

License Type Selection

Profession: --Select Profession--
License Type:
Obtained By Method:
[What is an obtained](#)

- Dentistry
- Long-Term Care Administrators
- Medicine
- Nurse Aide
- Nursing
- Pharmacy
- Physical Therapy
- Social Work

Step 8

For the category “License Type”, select “Licensed Clinical Social Worker.”

Virginia Department of Health Professions
Initial Applications

Menu
Licensing Home Page
Logout

Application for Licensure

Select the profession, type and application method for the license you'd like to submit application.

License Type Selection

Profession: Social Work
License Type: --Select License Type--
Obtained By Method:
[What is an obtained](#)

- Licensed Clinical Social Worker
- Licensed Social Worker
- Registration of Supervision

Start Application

Guide Continues on Next Page

Step 9

For the category “Obtained by Method”, select **Examination**.

Virginia Department of Health Professions
Initial Applications

Application for Licensure

Select the profession, type and application method for the license you'd like to submit application.

License Type Selection

Profession: Social Work
License Type: Licensed Clinical Social Worker
Obtained By Method: --Select Obtained By--
[What is an obtained](#) Endorsement Examination

Start Application

Step 10

IMPORTANT: In the middle of the page, select “**CLICK HERE**” in order to access the supporting documentation that is necessary to complete your application following the submittal of your online application.

Note: Incomplete applications will not be processed.

In addition to completing this online process applicants are required to complete additional steps, [CLICK HERE](#) for the full instructions. You will be given another opportunity at the conclusion of the application process to download this form and instructions.

Step 11

Be sure to thoroughly read the instructions provided, then click the Start button at the bottom of the page.

Instructions for All Applicants:
You will need to complete each of the steps listed on the Application Menu on the left. To begin, please click the Start button below.

Please use the Next and Back buttons at the bottom of each step to navigate through the initial application process. You may click the “Save and finish later” button at any time during the application process. This will allow you to log out of the application, then log back in at a later time without losing any of the information that you have provided.

After completing all of the items in the Application Menu, you will be directed to a brief Workforce Survey, then you will be able to submit your payment.

Your application will not be submitted to the Board of Social Work for review until you have submitted your payment.

Please allow adequate processing time for applications. Applications that are complete, fully documented and meet the minimum requirements of the Regulations Governing the Practice of Social Work will be processed within 30 days after the Credentials Review of your application. The Board office provides individual feedback to each applicant in writing. All fees are non-refundable.

Start

Step 12

Enter your personal information as requested by the categories to the left of the input boxes. Asterisks to the right of the input boxes indicate required fields.

Note: The address provided in this section is subject to disclosure under the Freedom of Information Act (FOIA).

The screenshot shows the 'Demographics' section of an application form. On the left is an 'Initial Application Menu' with options: Demographics (checked), Address of Record, Licensure History, Level of Education, Education, Licensure Questions, Professional Employment, and Summary. The main content area is titled 'Application' and contains the following sections:

- Demographics**
INSTRUCTIONS:
This is the most current information we have on file for you. Please modify any incorrect information that is displayed. Required fields are denoted with an asterisk (*).
- Personal Information**
SSN/Virginia DMV # [input field]*
Date of Birth (mm/dd/yyyy): [input field]*
Maiden Name (if applicable): [input field]
- Published Address Information**
This address is subject to public disclosure under the Freedom of Information Act. You may provide an address other than a residence, such as a Post Office Box or a practice location if you wish.
- Is your current address within the United States? [Yes dropdown]*
- Address Line 1 (ex. 123 Fourth St.): [input field]*
- Address Line 2 (ex. Apt. 100): [input field]
- Address Line 3: [input field]
- Address Line 4: [input field]
- City: [input field]*
- State: [Virginia dropdown]*
- Zip Code (ex. 02705 or 027051234): [input field]*
- Phone: [input field]
- Email: [input field]

At the bottom are three buttons: '<< Back', 'Next >>', and 'Save and finish later'.

Step 13

Enter your address of record. This is considered a private, undisclosed address used for billing and records with the board.

The screenshot shows the 'Address of Record' section of an application form. On the left is an 'Initial Application Menu' with options: Demographics, Address of Record (checked), Licensure History, Level of Education, Education, Licensure Questions, Professional Employment, and Summary. The main content area is titled 'Application' and contains the following sections:

- Address of Record**
The address information you provide below is your address of record with the Board. Please be advised that all notices from the board, to include renewal notices, licenses, and other legal documents, will be sent to the address of record provided. If you provided a different public address in the Demographics step this address is not subject to public disclosure under the Freedom of Information Act and will not be sold or distributed for any other purpose. Please modify any incorrect information for your mailing address. Required fields are denoted with an asterisk (*).
- Is your current address within the United States? [Yes dropdown]*
- Address Line 1 (ex. 123 Fourth St.): [input field]*
- Address Line 2 (ex. Apt. 100): [input field]
- Address Line 3: [input field]
- City: [input field]*
- State: [Virginia dropdown]*
- Zip Code (ex. 02705 or 027051234): [input field]*
- Daytime Phone: [input field] (xxx-xxx-xxxx)
- Other Phone: [input field] (xxx-xxx-xxxx)
- Email: [input field]*

Guide Continues on Next Page

Step 14

Use the drop down menu to indicate whether you have ever been issued a license or certification to practice social work in any jurisdiction (whether current, expired, inactive, etc).

*Note: List in order of attainment all the states in which you now hold or have ever held an occupational license or certificate to practice as a social worker. For each license or certificate indicated, **whether current or lapsed, you must submit a Verification of Licensure form completed by the issuing jurisdiction.***

If you select “Yes,” you will be prompted to enter the jurisdiction in which you were issued your license as well as the number of that certification or license.

If you select “No,” you can simply move on to the next step.

The screenshot shows a web application interface for 'Virginia DHP Initial Applications'. On the left is a navigation menu with 'Licensure History' selected. The main content area is titled 'Application' and contains the 'Licensure History' section. It asks, 'Have you ever been issued a license/certification to practice social work in any jurisdiction?' with 'Yes' and 'No' dropdown options. Below this, it provides instructions: 'List in order of attainment all the states in which you now hold or have ever held an occupational license or certificate to practice as a social worker. For each license or certificate indicated below, **whether current or lapsed, you must submit a Verification of Licensure form completed by the issuing jurisdiction.** Please contact the applicable jurisdictions to inquire about processing fees. Required fields are denoted with an asterisk (*).'

Fields include: Jurisdiction (dropdown), License/Certification Number Issued (text), Status (dropdown), and 'If Other, please explain:' (text). A 'Type of License/Certification:' field is also present. Below the form are buttons for 'Save', 'Add', 'Delete', and 'Clear'. At the bottom, a table titled 'Licensure History' has columns for 'Jurisdiction', 'Number', 'Status', 'Other', and 'Type', with the message 'No data available'.

Step 15

Using the drop down menu, indicate whether or not you have completed the required post-master’s degree experience toward licensure as outlined in the Regulations Governing the Practice of Social Work.

Note: Do not continue with this application if you have not received the adequate experience for licensure as in the Regulations Governing the Practice of Social Work.

All application fees are non-refundable.

The screenshot shows the 'Virginia DHP Initial Applications' interface. The navigation menu on the left has 'Supervision Verification' selected. The main content area is titled 'Application' and contains the 'Supervision Verification' section. It asks, 'Have you completed the required supervised post-master’s degree experience toward licensure as outlined in the Regulations Governing the Practice of Social Work?' with a 'Yes' dropdown option.

Step 16

Using the drop down menu, indicate whether or not this is the first time that you have submitted for an LCSW license in the state of Virginia (without Virginia approved Registration of Supervision). If you select “Yes,” you will be prompted to enter the name of each educational institution that you have attended after high school, as well as the type of degree which you received from that institution. Please list this information in chronological order. Click “Add” in order to add each institution to your application.

If this is not your first time applying for licensure or supervision, simply select “No” and move to the next step.

The screenshot shows the 'Education' section of the application form. On the left is an 'Initial Application Menu' with checkboxes for Demographics, Address of Record, Licensure History, Supervision Verification, Education (selected), Practicum Information, Licensure Questions, and Supervision. The main content area is titled 'Application' and 'Education'. It asks, 'Is this your first submission for an LCSW application in Virginia (without Virginia approved Registration of Supervision) or are you re-applying for licensure?' with a dropdown menu showing 'Yes' and 'No'. Below this, it instructs to list institutions in chronological order. There are input fields for 'Institution Name', 'If Other, please specify:', 'Type of Degree received:', and 'If Other, please explain:'. A table below the instructions shows columns for 'Name', 'Other', 'Degree', and 'Other', with 'No data available' in the first row. At the bottom are buttons for 'Save', 'Add', 'Delete', and 'Clear'.

Step 17

Using the drop down menu, indicate whether or not this is the first time that you have submitted for an LCSW license in the state of Virginia (without Virginia approved Registration of Supervision).

If you select “Yes,” you will be prompted to indicate the field instruction you received while in graduate school. Please list this information in chronological order. Click “Add” in order to add each institution to your application.

If this is not your first time applying for licensure or supervision, simply select “No” and move to the next step.

The screenshot shows the 'Practicum Information' section of the application form. On the left is an 'Initial Application Menu' with checkboxes for Demographics, Address of Record, Licensure History, Supervision Verification, Education, Practicum Information (selected), Licensure Questions, and Supervision. The main content area is titled 'Application' and 'Practicum Information'. It asks, 'Is this your first submission for an LCSW application in Virginia (without Virginia approved Registration of Supervision) or are you re-applying for licensure?' with a dropdown menu showing 'Yes' and 'No'. Below this, it instructs to list field instructions in chronological order. There are input fields for 'Agency:', 'Begin Date (mm/dd/yyyy):', 'End Date (mm/dd/yyyy):', and 'Job Duties Types of learning experiences as related to specialty area of practice:'. A table below the instructions shows columns for 'Agency', 'Begin Date', 'End Date', and 'Duties', with 'No data available' in the first row. At the bottom are buttons for 'Save', 'Add', 'Delete', and 'Clear'.

Step 18

Using the drop down menus for each question, select “Yes” or “No” to answer each question provided. With exception to the final question regarding military spouses, each question answered with YES will require you to enter contextual information and/or provide additional documentation regarding the nature of the incident. Please see the Board’s [Guidance Document](#) available on the website for more information.

Note: Failure to disclose any information related to these questions may be grounds for denial, reprimand, or imposition of terms, suspension or revocation of your license and/or registration.

Application

Licensure Questions

Affirmative responses to any questions on this application will require additional information to be submitted. Please refer to [Guidance Documents 140-2](#) for a list of required documentation to be submitted. Failure to disclose any information related to these questions may be grounds for denial, reprimand, or imposition of terms, suspension or revocation of your license and/or registration.

Any supporting documentation related to the questions below should be submitted to the Virginia Board of Social Work at:
 Virginia Board of Social Work
 Perimeter Center
 9960 Mayland Drive, Suite 300
 Henrico, VA 23233
 Fax – (804) 527-4435

1. Have you ever been denied the privilege of taking an occupational licensure or certification examination? ▾
2. Have you ever had any disciplinary action taken against an occupational license to practice or are any such actions pending? ▾
3. Have you ever been convicted of a violation of or pled not guilty to any federal, state, or local statute, regulation or ordinance or entered into any plea bargaining relating to a felony or misdemeanor? (Excluding traffic violations and driving under the influence.) ▾
4. In the last twelve (12) months, have you been unable to practice social work by reason of excessive use of alcohol, drugs, chemicals or any other type of material or as a result of any mental or physical condition? ▾
5. Have you ever been censured, warned, or requested to withdraw from your employment, terminated from any health care facility, agency, or practice? ▾
6. Are you the respondent in any pending or unresolved board action in another jurisdiction or in a malpractice claim? ▾

Military Spouse
 Did you relocate with a spouse who is the subject of a military transfer to the Commonwealth of Virginia? ▾

Step 19

Indicate the hours of supervision that you have completed by entering the name of your supervisor, beginning and end dates of your supervision, the site where your supervision was completed, your supervisor’s license type, and in what state your supervisor is licensed.

Note: If you were supervised during more than length of time, or with multiple supervisors, you should include all instances.

Application

Supervision

Indicate below person(s) designated as your supervisor(s) for clinical social work supervised experience. For each out-of-state supervisor indicated, include a completed Supervisor Out-of-State Licensure Verification form. Required fields are denoted with an asterisk (*).

The applicant shall have completed a minimum of 3,000 hours of supervised post-master’s degree experience in the delivery of clinical social work services. A minimum of one hour and a maximum of four hours of face-to-face supervision shall be provided per 40 hours of work experience for a total of **at least 100 hours**. No more than 50 of the 100 hours may be obtained in group supervision. Experience shall be acquired in **no less than two nor more than four years**.

Supervision that began before November 26, 2008 which took place in an **EXEMPT** setting did not have to be registered with the Board. Please note that supervision begun before November 26, 2008, that met the requirements of Regulation 18VAC140-20-50 in effect prior to that date, can possibly be accepted until **November 26, 2012**.

Supervisor’s Name : *

Begin Date (mm/dd/yyyy) : *

End Date (mm/dd/yyyy) : *

Work Site Where Supervision Hours Were Obtained : *

Supervisor’s Professional License Type : *

State Where Supervisor is Licensed : ▾ *

To add this record click “Add”.
 To edit a record, select the record, make the desired changes and click “Save”.
 To delete a record, select the record and click “Delete”.
 To clear the form, click “Clear”.

Save Add Delete Clear

Supervised Clinical Social Work Experience					
Name	Begin Date	End Date	Site	Supervisor’s Title	State
No data available					

Step 20

Review the information that you have submitted by scrolling through the summaries of each section that you completed. Use the back button to edit any information that may be incorrect.

Initial Application Menu

- Demographics
- Address of Record
- Licensure History
- Supervision Verification
- Education
- Practicum Information
- Licensure Questions
- Supervision
- Summary**

Application

Demographics
INSTRUCTIONS:
This is the most current information we have on file for you. Please modify any incorrect information that is displayed. Required fields are denoted with an asterisk (*).

Personal Information
SSN/Virginia DMV # 123456789
ex. 123456789
Date of Birth (mm/dd/yyyy): 12/30/1969
Maiden Name (if applicable): Smith
Documentation must be provided to show each name change(s) if you name has ever been changed from the time you attended school, were licensed in other jurisdictions or other than what is listed on your application. Photocopies of marriage licenses or court orders are accepted.

Published Address Information
This address is subject to public disclosure under the Freedom of Information Act. You may provide an address other than a residence, such as a Post Office Box or a practice location if you wish.

Is your current address within the United States? Yes
Address Line 1 (ex. 123 Fourth St.): 123 Fourth St.
Address Line 2 (ex. Apt. 100):
Address Line 3:
City: Henrico
State: Virginia
Zip Code (ex. 02705 or 027051234): 23233
Phone:
Email:

Address of Record
The address information you provide below is your address of record with the Board. Please be advised that all notices from the board, to include renewal notices, licenses, and other legal documents, will be sent to the address of record provided. If you provided a different public address in the Demographics step this address is not subject to public disclosure under the Freedom of Information Act and will not be sold or distributed for any other purpose. Please modify any incorrect information for your mailing address. Required fields are denoted with an asterisk (*).

Is your current address within the United States? Yes
Address Line 1 (ex. 123 Fourth St.): 123 Fourth St.
Address Line 2 (ex. Apt. 100):

Step 21

Type your name for the electronic signature and mark that you agree to the certification. Then select "Finish" when you are ready to submit your application.

*Note: You **do not** need to send a copy of your online application with your supporting documentation.*

Electronic Signature (Full Legal Name): *

I agree to the above certification

Click the "Finish" button at the bottom of the page to continue with your application.
To return to the profile sections click the "Back" button.

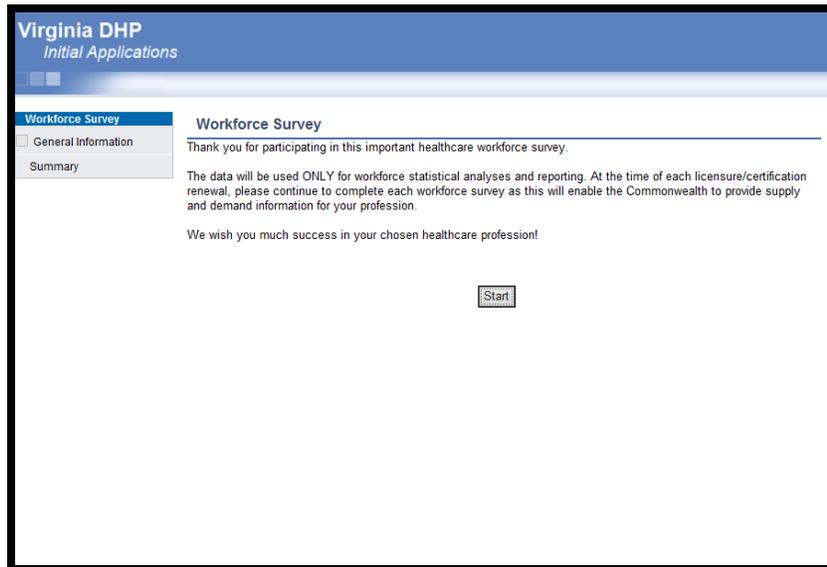
[Printer Friendly Version](#)

[<< Back](#) [Finish](#)

Guide Continues on Next Page

Step 22

Be sure to complete the Workforce Survey, found in the top left of the initial application page, which can be accessed at the end of the Application Process, and then proceed to finish the application and pay your processing fee.



The screenshot displays the Virginia DHP Initial Applications interface. At the top, a blue header contains the text "Virginia DHP" and "Initial Applications". Below the header, a navigation menu on the left lists "Workforce Survey", "General Information", and "Summary". The "Workforce Survey" section is active, showing a title "Workforce Survey" and a message: "Thank you for participating in this important healthcare workforce survey." Below this, a paragraph states: "The data will be used ONLY for workforce statistical analyses and reporting. At the time of each licensure/certification renewal, please continue to complete each workforce survey as this will enable the Commonwealth to provide supply and demand information for your profession." A final line reads: "We wish you much success in your chosen healthcare profession!". A "Start" button is positioned at the bottom center of the content area.

LICENSED CLINICAL SOCIAL WORKER BY ENDORSEMENT APPLICATION

Please review the Licensure Process Handbook and Regulations Governing the Practice of Social Work prior to submitting an application for supervision.

Step 1

Visit http://www.dhp.virginia.gov/social/social_forms.htm for the “Applications and Forms” for the Board of Social Work and select “Click here to begin” in order to access the application.

Registration of Supervision toward LCSW Licensure

[Click here to begin](#) the online application process for Initial and Add/Change Registration of Supervision toward LCSW licensure.

Step 2

Refer to the distinctions between each license on the website.

Note: All application fees are non-refundable; therefore, it is important that you select the correct application.

What is the difference between each online application?

- The **Registration of Supervision** (“Supervisee in Social Work”) application is used when you are accumulating supervised experience hours towards **clinical** licensure. During the online process you will be able to select “initial” or “add/change application” as the obtained by method. You do not need to register your supervision obtained in another jurisdiction.
- The **Licensed Social Worker (“LSW”) by Examination** application is used for those that want to obtain the lower-level casework management and supportive services license. This license is not a pre-requisite for clinical licensure.
- The **Licensed Social Worker (“LSW”) by Endorsement** application is used for those that hold an active substantially equivalent social work case management and supportive services license in another jurisdiction.
- The **Licensed Clinical Social Worker (“LCSW”) by Examination** application is used for those that have *completed* their supervised experience and are required to pass the clinical level ASWB examination for licensure.
- The **Licensed Clinical Social Worker (“LCSW”) by Endorsement** application is used for those that hold an active substantially equivalent clinical social work services license in another jurisdiction. This application *also* applies to individuals who have not passed the ASWB clinical exam but have an active license in another jurisdiction.

Step 3

Once you have established which application you will submit, select “Click here to begin” at the bottom of the page to begin the application.

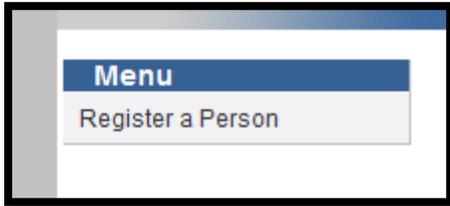
[Click here to begin](#) the online application process

Guide Continues on Next Page

Step 4

If it is the first time that you are accessing the application, select Register a Person in the upper left corner.

Note: If it is not your first time accessing the application, simply enter your User ID and Password into the designated boxes.



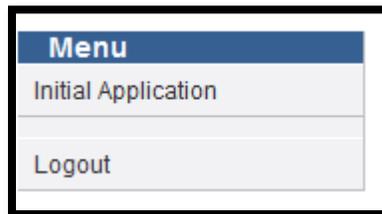
Step 5

After selecting "Register a Person," enter your last name and Social Security Number in the provided boxes at the bottom of the page and click "Search."



Step 6

Once you have registered for the application, you will be brought to the Initial Applications Page. Select "Initial Application" in the upper left hand corner.



Guide Continues on Next Page

Step 7

For the category “Profession”, select “Social Work.”

Virginia Department of Health Professions
Initial Applications

Menu
Licensing Home Page
Logout

Application for Licensure

Select the profession, type and application method for the license you'd like to submit application.

License Type Selection

Profession: --Select Profession--
License Type: --Select License Type--
Obtained By Method: Licensed Clinical Social Worker
[What is an obtained](#) Licensed Social Worker
Registration of Supervision

Start Application

Step 8

For the category “License Type”, select “Licensed Clinical Social Worker.”

Virginia Department of Health Professions
Initial Applications

Menu
Licensing Home Page
Logout

Application for Licensure

Select the profession, type and application method for the license you'd like to submit application.

License Type Selection

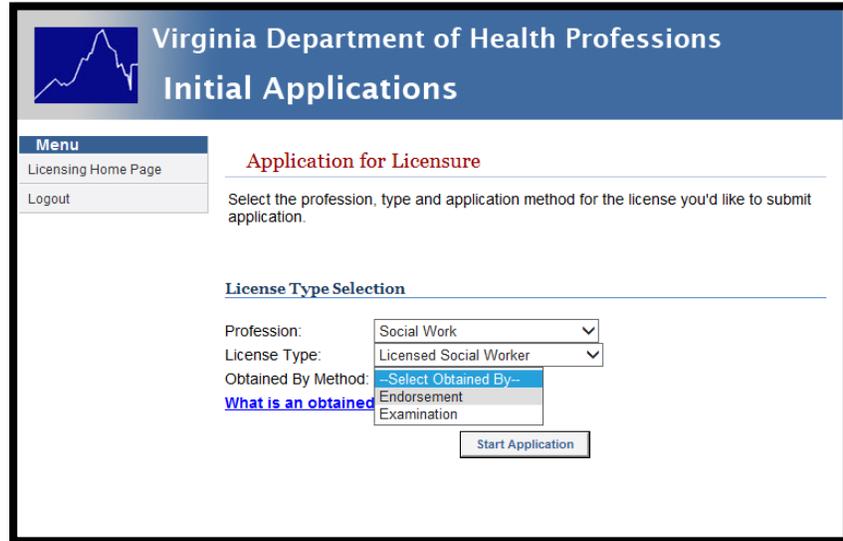
Profession: Social Work
License Type: --Select License Type--
Obtained By Method: Licensed Clinical Social Worker
[What is an obtained](#) Licensed Social Worker
Registration of Supervision

Start Application

Guide Continues on Next Page

Step 9

For the category “Obtained by Method”, select **Endorsement**.



Virginia Department of Health Professions
Initial Applications

Menu
Licensing Home Page
Logout

Application for Licensure

Select the profession, type and application method for the license you'd like to submit application.

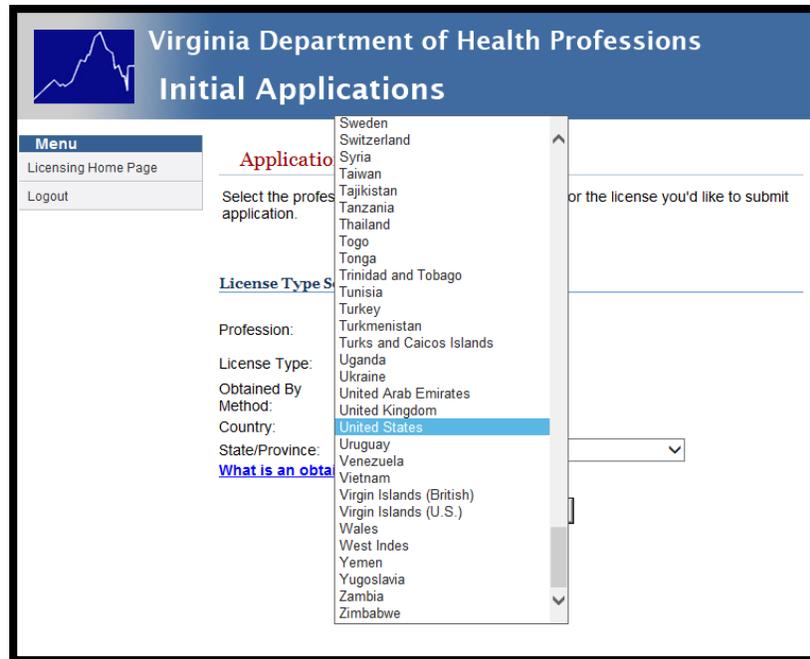
License Type Selection

Profession: Social Work
License Type: Licensed Social Worker
Obtained By Method: --Select Obtained By--
[What is an obtained](#) Endorsement
Examination

Start Application

Step 10

For the category “Country”, select the country in which you obtained your previous social work license.



Virginia Department of Health Professions
Initial Applications

Menu
Licensing Home Page
Logout

Application for Licensure

Select the profession, type and application method for the license you'd like to submit application.

License Type Selection

Profession:
License Type:
Obtained By Method:
Country: United States
State/Province:
[What is an obtained](#)

Sweden
Switzerland
Syria
Taiwan
Tajikistan
Tanzania
Thailand
Togo
Tonga
Trinidad and Tobago
Tunisia
Turkey
Turkmenistan
Turks and Caicos Islands
Uganda
Ukraine
United Arab Emirates
United Kingdom
United States
Uruguay
Venezuela
Vietnam
Virgin Islands (British)
Virgin Islands (U.S.)
Wales
West Indies
Yemen
Yugoslavia
Zambia
Zimbabwe

Guide Continues on Next Page

Step 11

For the category “State/Province”, if your previous license was obtained in the United States, select the state in which you received the license.

*Note: You should choose the jurisdiction where you were **recently** licensed comparable to the type of license in which you are applying.*

Virginia Department of Health Professions
Initial Applications

Menu
Licensing Home Page
Logout

Application for Licensure

Select the profession, type and application method for the license you'd like to submit application.

License Type Selection

Profession: Social Work

License Type: -1

Obtained By Method: Armed Forces Americas (except Canada)
Armed Forces (Africa, Canada, Europe, Middle East)
Alaska
Alabama
Country: Armed Forces Pacific
Arkansas
State/Province: American Samoa
Arizona
California
Colorado
Connecticut
District of Columbia
Delaware
Florida
Federated States of Micronesia
Georgia
Guam
Hawaii
Iowa
Idaho
Illinois
Indiana
Kansas
Kentucky
Louisiana
Massachusetts
Maryland
Maine
Marshall Island

What is an obtain

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Step 12

IMPORTANT: In the middle of the page, select “**CLICK HERE**” in order to access the supporting documentation that is necessary to complete your application following the submittal of your online application.

Note: Incomplete applications will not be processed.

In addition to completing this online process applicants are required to complete additional steps, **CLICK HERE** for the full instructions. You will be given another opportunity at the conclusion of the application process to download this form and instructions.

Step 13

Be sure to thoroughly read the instructions provided, then click the Start button at the bottom of the page.

Instructions for All Applicants:
You will need to complete each of the steps listed on the Application Menu on the left. To begin, please click the Start button below.

Please use the Next and Back buttons at the bottom of each step to navigate through the initial application process. You may click the “Save and finish later” button at any time during the application process. This will allow you to log out of the application, then log back in at a later time without losing any of the information that you have provided.

After completing all of the items in the Application Menu, you will be directed to a brief Workforce Survey, then you will be able to submit your payment.

Your application will not be submitted to the Board of Social Work for review until you have submitted your payment.

Please allow adequate processing time for applications. Applications that are complete, fully documented and meet the minimum requirements of the Regulations Governing the Practice of Social Work will be processed within 30 days after the Credentials Review of your application. The Board office provides individual feedback to each applicant in writing. All fees are non-refundable.

Start

Step 14

Enter your personal information as requested by the categories to the left of the input boxes. Asterisks to the right of the input boxes indicate required fields.

Note: The address provided in this section is subject to disclosure under the Freedom of Information Act (FOIA).

Virginia DHP
Initial Applications

Initial Application Menu

- Demographics
- Address of Record
- Licensure History
- Licensure Questions
- Summary

Application

Demographics
INSTRUCTIONS:
This is the most current information we have on file for you. Please modify any incorrect information that is displayed. Required fields are denoted with an asterisk (*).

Personal Information
SSN/Virginia DMV #
ex. 123456789: *

Date of Birth (mm/dd/yyyy): *

Maiden Name (if applicable):

Documentation must be provided to show each name change(s) if you name has ever been changed from the time you attended school, were licensed in other jurisdictions or other than what is listed on your application. Photocopies of marriage licenses or court orders are accepted.

Published Address Information
This address is subject to public disclosure under the Freedom of Information Act. You may provide an address other than a residence, such as a Post Office Box or a practice location if you wish.

Is your current address within the United States? Yes *

Address Line 1 (ex. 123 Fourth St.): *

Address Line 2 (ex. Apt. 100):

Address Line 3:

City:

State: Virginia *

Zip Code (ex. 02705 or 027051234):

Phone: (xxx-xxx-xxxx)

Email:

<< Back Next >> Save and finish later

Step 15

Enter your address of record. This is considered a private, undisclosed address used for billing and records with the board.

Initial Application Menu

- Demographics
- Address of Record
- Licensure History
- Licensure Questions
- Summary

Application

Address of Record
The address information you provide below is your address of record with the Board. Please be advised that all notices from the board, to include renewal notices, licenses, and other legal documents, will be sent to the address of record provided. If you provided a different public address in the Demographics step this address is not subject to public disclosure under the Freedom of Information Act and will not be sold or distributed for any other purpose. Please modify any incorrect information for your mailing address. Required fields are denoted with an asterisk (*).

Is your current address within the United States? Yes *

Address Line 1 (ex. 123 Fourth St.): 123 Main *

Address Line 2 (ex. Apt. 100):

Address Line 3:

City: Richmond *

State: Virginia *

Zip Code (ex. 02705 or 027051234): 23233 *

Daytime Phone: 8043674441 *(xxx-xxx-xxxx)

Other Phone: (xxx-xxx-xxxx)

Email:

<< Back Next >> Save and finish later

Step 16

List in order of attainment all the states in which you now hold or have ever held an occupational license or certificate to practice as a social worker. For each license or certificate indicated, **whether current or lapsed, you must submit a Verification of Licensure form completed by the issuing jurisdiction.**

You will be prompted to input the jurisdiction of the license/certifications(s) you hold, the number for these license/certification(s), their status, and the type of license and certification. Click “Add” at the bottom of the screen to add each entry to your application.

Application

Licensure History

Have you ever been issued a license/certification to practice social work in any jurisdiction? Yes No

List in order of attainment all the states in which you now hold or have ever held an occupational license or certificate to practice as a social worker. For each license or certificate indicated below, **whether current or lapsed, you must submit a Verification of Licensure form completed by the issuing jurisdiction.** Please contact the applicable jurisdictions to inquire about processing fees. Required fields are denoted with an asterisk (*).

Jurisdiction: [dropdown]

License/Certification Number Issued: [text]

Status: [dropdown]

If Other, please explain: [text]

Type of License/Certification: [text]

To add this record click "Add".
To edit a record, select the record, make the desired changes and click "Save".
To delete a record, select the record and click "Delete".
To clear the form, click "Clear".

Save Add Delete Clear

Jurisdiction	Number	Status	Other	Type
No data available				

Step 17

Using the drop down menus for each question, select “Yes” or “No” to answer each question provided. With exception to the final question regarding military spouses, each question answered with YES will require you to enter contextual information and/or provide additional documentation regarding the nature of the incident. Please see the Board’s [Guidance Document](#) available on the website for more information.

Note: Failure to disclose any information related to these questions may be grounds for denial, reprimand, or imposition of terms, suspension or revocation of your license and/or registration.

Application

Licensure Questions

Affirmative responses to any questions on this application will require additional information to be submitted. Please refer to [Guidance Documents 140-2](#) for a list of required documentation to be submitted. Failure to disclose any information related to these questions may be grounds for denial, reprimand, or imposition of terms, suspension or revocation of your license and/or registration.

Any supporting documentation related to the questions below should be submitted to the Virginia Board of Social Work at:
Virginia Board of Social Work
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
Fax – (804) 527-4435

1. Have you ever been denied the privilege of taking an occupational licensure or certification examination? No Yes

2. Have you ever had any disciplinary action taken against an occupational license to practice or are any such actions pending? No Yes

3. Have you ever been convicted of a violation of or pled nolo contendere to any federal, state, or local statute, regulation or ordinance or entered into any plea bargaining relating to a felony or misdemeanor? (Excluding traffic violations and driving under the influence.) No Yes

4. In the last twelve (12) months, have you been unable to practice social work by reason of excessive use of alcohol, drugs, chemicals or any other type of material or as a result of any mental or physical condition? No Yes

5. Have you ever been censured, warned, or requested to withdraw from your employment, terminated from any health care facility, agency, or practice? No Yes

6. Are you the respondent in any pending or unresolved board action in another jurisdiction or in a malpractice claim? No Yes

Military Spouse
Did you relocate with a spouse who is the subject of a military transfer to the Commonwealth of Virginia? No Yes

Step 18

Review the information that you have submitted by scrolling through the summaries of each section that you completed. Use the back button to edit any information that may be incorrect.

Initial Application Menu

- Demographics
- Address of Record
- Licensure History
- Supervision Verification
- Education
- Practicum Information
- Licensure Questions
- Supervision
- Summary**

Application

Demographics
INSTRUCTIONS:
This is the most current information we have on file for you. Please modify any incorrect information that is displayed. Required fields are denoted with an asterisk (*).

Personal Information
SSN/Virginia DMV # 123456789
ex. 123456789
Date of Birth (mm/dd/yyyy): 12/30/1969
Maiden Name (if applicable): Smith
Documentation must be provided to show each name change(s) if you name has ever been changed from the time you attended school, were licensed in other jurisdictions or other than what is listed on your application. Photocopies of marriage licenses or court orders are accepted.

Published Address Information
This address is subject to public disclosure under the Freedom of Information Act. You may provide an address other than a residence, such as a Post Office Box or a practice location if you wish.

Is your current address within the United States? Yes
Address Line 1 (ex. 123 Fourth St.): 123 Fourth St.
Address Line 2 (ex. Apt. 100):
Address Line 3:
City: Henrico
State: Virginia
Zip Code (ex. 02705 or 027051234): 23233
Phone:
Email:

Address of Record
The address information you provide below is your address of record with the Board. Please be advised that all notices from the board, to include renewal notices, licenses, and other legal documents, will be sent to the address of record provided. If you provided a different public address in the Demographics step this address is not subject to public disclosure under the Freedom of Information Act and will not be sold or distributed for any other purpose. Please modify any incorrect information for your mailing address. Required fields are denoted with an asterisk (*).

Is your current address within the United States? Yes
Address Line 1 (ex. 123 Fourth St.): 123 Fourth St.
Address Line 2 (ex. Apt. 100):

Step 19

Type your name for the electronic signature and mark that you agree to the certification. Then select "Finish" when you are ready to submit your application.

*Note: You **do not** need to send a copy of your online application with your supporting documentation.*

Electronic Signature (Full Legal Name): *

I agree to the above certification

Click the "Finish" button at the bottom of the page to continue with your application.
To return to the profile sections click the "Back" button.

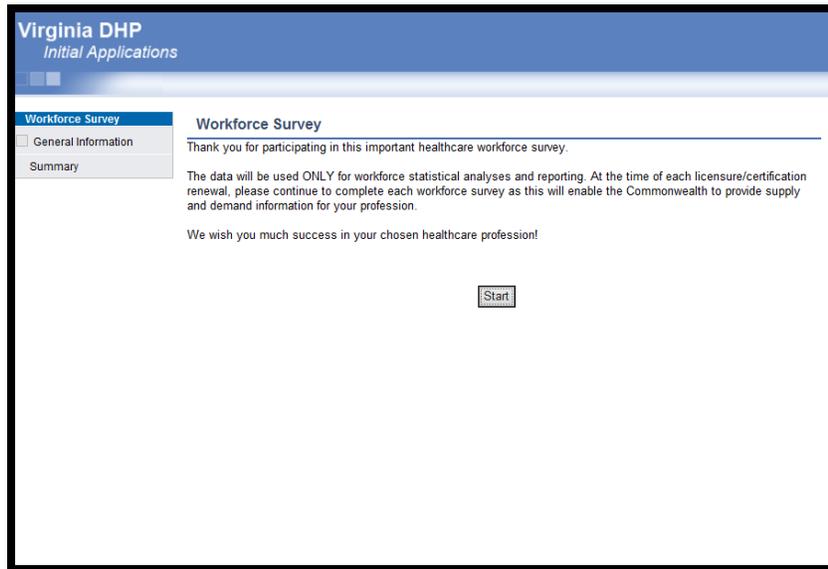
[Printer Friendly Version](#)

[<< Back](#) [Finish](#)

Guide Continues on Next Page

Step 20

Be sure to complete the Workforce Survey, found in the top left of the initial application page, which can be accessed at the end of the Application Process, and then proceed to finish the application and pay your processing fee.



The screenshot shows a web interface for the Virginia DHP Initial Applications. The header is blue with the text "Virginia DHP" and "Initial Applications". Below the header is a navigation menu with "Workforce Survey" selected. The main content area is titled "Workforce Survey" and contains the following text:

Thank you for participating in this important healthcare workforce survey.

The data will be used ONLY for workforce statistical analyses and reporting. At the time of each licensure/certification renewal, please continue to complete each workforce survey as this will enable the Commonwealth to provide supply and demand information for your profession.

We wish you much success in your chosen healthcare profession!

At the bottom center of the page is a "Start" button.