



REQUEST FOR CHANGE IN STATUS OF VIRGINIA SOCIAL WORK LICENSE (Current Inactive to Current Active)

IMPORTANT NOTICE:

A social worker wishing to reactivate an inactive license shall submit the difference between the renewal fee for active licensure and the fee for inactive licensure renewal and document completion of continued competency hours equal to the number of years the license has been inactive, not to exceed four years.

An applicant for reactivation who has been inactive for ten (10) or more years shall also provide evidence of competency to practice by documenting:

1. Active practice in another U.S. jurisdiction for at least 24 out of the past 60 months immediately preceding application;
2. Active practice in an exempt setting for at least 24 out of the past 60 months immediately preceding application; **or**
3. Practice as a supervisee under supervision for at least 360 hours in the 12 months immediately preceding licensure in Virginia. The supervised practice shall include a minimum of 60 hours of face-face direct client contact and 9 hours of face-to-face supervision.

REQUIRED DOCUMENTATION

Submit the enclosed status change request form and supporting documentation in **one** package to the address indicated above. Please review this checklist to make certain that **all** the required documents are submitted.

Request for Active Status Form

Fee: the following fee must be paid:

- Licensed Baccalaureate Social Workers (**LBSW**) will be required to submit a **\$27.50** fee, which must be paid by check or money order made payable to the “**Treasurer of Virginia**”. This fee is non-refundable.
- Licensed Master’s Social Workers (**LMSW**) will be required to submit a **\$32.50** fee, which must be paid by check or money order made payable to the “**Treasurer of Virginia**”. This fee is non-refundable.
- Licensed Clinical Social Workers (**LCSW**) will be required to submit **\$45.00** fee which must be paid by check or money order made payable to the “**Treasurer of Virginia**”. This fee is non-refundable.

Continuing Education (CE) Certificates:

- Licensed Baccalaureate Social Workers and Licensed Master’s Social Workers (**LBSW & LMSW**) are required to have completed a minimum of **7.5 contact hours of continuing education** *for each year the license was lapsed, not to exceed four years*. A minimum of **1.5** of those hours must pertain to ethics or the standards of practice for the behavioral health professions or to laws governing the practice of social work in Virginia.
- Licensed Clinical Social Workers (**LCSW**) are required to have completed a minimum of **15 contact hours of continuing education** *for each year the license was lapsed, not to exceed four years*. A minimum of **3** of those hours must pertain to ethics or the standards of practice for the behavioral health professions or to laws governing the practice of social work in Virginia.

Please refer to 18VAC140-20-105 of the [Regulations Governing the Practice of Social Work](#) for a list of board-approved activities.

ADDITIONAL SUPPORTING DOCUMENTATION (if applicable)

Inactive more than ten (10) years:

- To validate your active post-licensure practice as a LBSW, LMSW, or LCSW, the enclosed Verification of Active Practice/Supervision form should be completed by your employer, colleague, peer or a licensed practitioner who can attest to your *post-licensure* active practice in another U.S. jurisdiction or exempt setting in Virginia for at least 24 out of the past 60 months. If you have had several jobs, please submit multiple verification forms equaling to a minimum of 24 months.



**REQUEST FOR CHANGE IN STATUS OF VIRGINIA SOCIAL WORK LICENSE
(Current Inactive to Current Active)**

FOR OFFICE USE ONLY (Finance Division)

Fee Amount Paid \$	Applicant ID #	Receipt #	Date Processed
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TO BE COMPLETED BY APPLICANT

Part I. Applicant Identification & Contact Information

Applicant's Last Name:		First Name:	Middle/Maiden Name:	Suffix:
Last 4 digits of Social Security Number: XXX-XX- ____ - ____		Date of Birth: (MM/DD/YYYY) ____ / ____ / ____ - ____		
Mailing Address:				
City:		State:	Zip Code: ____ - ____	
Home Number: (____ ____) ____ - ____ - ____		Alternate Number: (____ ____) ____ - ____ - ____		
Email Address:				
Social Work License Number: ____ - ____ - ____ - ____ - ____				

Part II. Continued Competency Requirements: (Check the boxes that apply to you)

LBSWs & LMSWs

- A. I am attesting to the completion of the required Continuing Education for ____ years, which total ____ CE hours (7.5 hours per year). I have submitted copies of my CE hours for evaluation with this form.
- B. Have you been inactive for more than four years?
 Yes No

LCSWs

- A. I am attesting to the completion of the required Continuing Education for ____ years, which total ____ CE hours (15 hours per year). I have submitted copies of my CE hours for evaluation.
- B. Have you been inactive for more than four years?
 Yes No

I hereby submit a request for change of status of my Virginia license number referenced on this form. My signature acknowledges that I understand that providing false or misleading information on this form may lead to disciplinary action by the Virginia Board of Social Work and I understand that my fee is non-refundable.

Signature of Licensee

Date



VERIFICATION OF ACTIVE PRACTICE/SUPERVISION

IMPORTANT NOTICE:

An applicant for reactivation who has been inactive for ten (10) or more years should complete the top portion of this form **only**, then provide this form to the professional reference who can verify your post-licensure active practice. The completed form containing the original signatures, should be returned to the applicant for inclusion in their packet that must be mailed to the Virginia Board of Social Work.

TO BE COMPLETED BY APPLICANT:

I, _____ (*printed legal name of applicant*), hereby authorize past and present employers, businesses, professional associates and personal references to release to the Virginia Board of Social Work ("Board") any information requested by the Board in connection with the processing of my application for reactivation of my Virginia license.

Signature of Applicant

Date

TO BE COMPLETED BY REFERENCE:

Last Name of Reference:	First Name:	Middle/Maiden Name:	Suffix:
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Type of License Held:	License Number:
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Address of Reference:

City:	State:	Zip Code: _____
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Phone Number: (____) _____ - _____	Email Address:
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Relationship to Applicant:

I, _____ (*printed legal name of reference*), declare under perjury under the laws of the Commonwealth of Virginia that _____ (*printed name of applicant*), candidate for reactivation of licensure in the Commonwealth of Virginia, was in active post-licensure practice (***select one option***)

in another United States jurisdiction for at least (24) out of the past (60) months immediately preceding application;

in an exempt setting for at least (24) out of the past (60) months immediately preceding application;

at _____ (*name of location*)

_____ (*street address of location*)

_____ (*City*) _____ (*State*) _____ (*Zip Code*)

from _____ (*Start Date: MM/DD/YYYY*) to _____ (*End Date: MM/DD/YYYY*).

Signature of Reference

Date