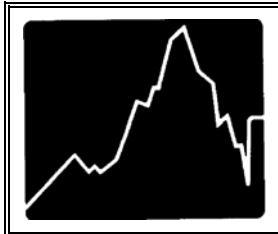


COMMONWEALTH OF VIRGINIA
BOARD OF SOCIAL WORK



Department of Health Professions
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463
(804) 367-4441
Website - <http://www.dhp.virginia.gov/social>

**PAPER APPLICATION INSTRUCTIONS FOR LICENSURE AS A
CLINICAL SOCIAL WORKER (LCSW) BY ENDORSEMENT**

Application:

Upon completion of the LCSW by Endorsement application you will be required to submit to the Board office the following items:

Fee: A \$165.00 application fee must be paid by check or money order made payable to the “Treasurer of Virginia”.

- This fee is non-refundable. The application can be used for one year from date of receipt.

Out-of-State Licensure Verification: If you have ever held any other health or mental health licensure and/or certification, please send the enclosed verification form to the issuing jurisdiction. This verification is to be completed by the issuing jurisdiction and should be included in your application packet. Verifications older than six month will not be accepted.

- Online verifications will be accepted; however online verifications must include the name of licensee, title of license, license number, issue and expiration date, and if there is any public information related to the license/certificate.

Clinical Scores: If you have passed the ASWB **clinical** exam in another state, please request the official score report from the Association of Social Work Boards (“ASWB”) by calling (800) 225-6880. Your exam scores will be sent directly from the ASWB to the Virginia Board of Social Work electronically.

- Note: If you have not passed the ASWB clinical exam, Virginia can grant approval to take the examination. You will be subject to the requirements outlined in 18 VAC 140-20-70 of the Regulations Governing the Practice of Social Work.

Verification of Post-Licensure Active Practice/Supervision Experience:

- To validate your active post-licensure practice as an *independent* clinical social worker, you must submit the Post-Licensure Active Practice form completed by your employer, a colleague, peer or a licensed practitioner who can attest to your *post-licensure* active practice in clinical social work for 24 of the last 60 months. If you have had several jobs, please submit multiple verification forms equaling to a minimum of 24 months.

OR

- In lieu of the active practice form listed above, you must provide evidence of supervised experience requirements substantially equivalent to those outlined in 18VAC140-20-50. You can provide any of the following documentation if you do not have 24 out of the past 60 months:
 - Verification of Clinical Supervision Form (can be found within the supporting documentation below);

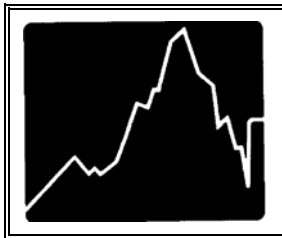
or

 - Supervision Verification from the original state in which you received your clinical license, which can be provided by submitting a copy of your licensure file which contains your original supervision documentation.

Name Change: Documentation must be provided if your name has legally changed through marriage, divorce, or a court order. A photocopy of your marriage license or a copy of the court order must be provided.

NPDB Self-Query: a current report from the U.S. Department of Health and Human Services National Practitioners Data Bank (NPDB) must be submitted. You may request a self-query at <https://www.npdb.hrsa.gov/>.

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**APPLICATION FOR LICENSURE AS A CLINICAL SOCIAL WORKER (LCSW)
BY ENDORSEMENT**

INSTRUCTIONS	PLEASE TYPE OR PRINT CLEARLY	USE BLUE OR BLACK INK	
<u>Applicant must complete all sections.</u>			
GENERAL INFORMATION			
Name of Applicant (Last, First)		Middle Initial	Maiden Name*
			Suffix
Social Security Number or Virginia DMV Control Number**		Date of Birth (MM/DD/YY)	
Mailing Address (Street and/or Box Number, City, State, Zip Code)		Home Telephone Number	
Public Address (Street and/or Box Number, City, State, Zip Code)***		Alternate Telephone Number	
E-mail Address			
Are you the spouse of a member of the U. S. military who has been transferred to Virginia and did you leave employment to accompany your spouse to Virginia? Yes No			
Can you provide verification of a passing score on the ASWB clinical examination? Yes No			
LICENSURE/CERTIFICATION – 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 in order of attainment.			
STATE	LICENSE/CERTIFICATE NUMBER	ISSUE DATE	TYPE OF LICENSE/CERTIFICATE

**In accordance with § 54.1-116 of the *Code of Virginia*, you are required to submit your Social Security Number or your control number issued by the Virginia Department of Motor Vehicles.

***Licensure Address is Public Information and Published on the Internet.

ANSWER THE FOLLOWING QUESTIONS:

<p>1. Have you ever been denied the privilege of taking an occupational licensure or certification examination? If yes, state what type of occupational examination and where:</p>	Yes	No
<p>2. Have you ever had any disciplinary action taken against an occupational license to practice or are any such actions pending? If yes, explain in detail on a separate sheet of paper.</p>	Yes	No
<p>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.) If yes, explain in detail on a separate sheet of paper and provide court documents.</p>	Yes	No
<p>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? If yes, please provide an explanation on a separate sheet of paper.</p>	Yes	No
<p>5. Have you ever been censored, warned, or requested to withdraw from your employment, terminated from any health care facility, agency, or practice? If yes, provide an explanation on a separate sheet of paper.</p>	Yes	No
<p>6. Are you the respondent in any pending or unresolved board action in another jurisdiction or in a malpractice claim?</p>	Yes	No

The following statement must be executed by a Notary Public. This form is not valid unless properly notarized.

**AFFIDAVIT
(To be completed before a notary public)**

State of _____ County/City of _____

Name _____, being duly sworn, says that he/she is the person who is referred to in the foregoing application for licensure as a clinical social worker in the Commonwealth of Virginia; that the statements herein contained are true in every respect, that he/she has complied with all requirements of the law; and that he/she has read and understands this affidavit.

Signature of Applicant

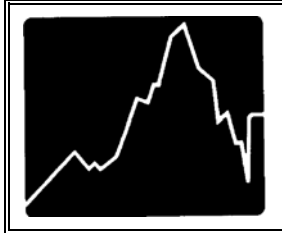
Subscribed to and sworn to before me this _____ day of _____, 20_____.

Signature of Notary Public

My commission expires _____ day of _____, 20_____.

SEAL

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APPLICANT OUT-OF-STATE LICENSURE VERIFICATION

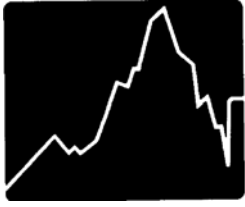
To be completed by applicant:

Last Name _____	First Name _____	M.I. _____
Address _____		
City _____	State _____	Zip Code _____
Home Phone Number _____	Work Number _____	
Email Address _____		

To be completed by state Board of Social Work:

Title of License _____	License Number _____		
Issue Date _____	Expiration Date _____		
By Examination	By Waiver	By Endorsement	Reciprocity
Is there any public information relating to this license?			
Yes (specify details on a separate sheet)		No	
Certification by the authorized Licensure Official of the State of _____			
I certify that the information is correct.			
Authorized Licensure Official Name and Title _____			
State Seal	Title of Board _____		
	Telephone Number _____		
	Email Address _____		
	Date _____		

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**VERIFICATION OF POST-LICENSURE ACTIVE PRACTICE
AS A CLINICAL SOCIAL WORKER**

To be completed by applicant:

I, _____,
(Printed 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.

Signature of Applicant

To be completed by reference:

Name of Reference: _____ Type of License Held: _____

Mailing Address of Reference (Street, and/or Box Number, City, State, Zip Code):

Relationship to Applicant:

I, _____,
(Printed Name of Reference)

Commonwealth of Virginia that _____,
(Printed Name of Applicant)

Licensed Clinical Social Worker licensure in the Commonwealth of Virginia was in active ***post-licensure clinical practice*** at

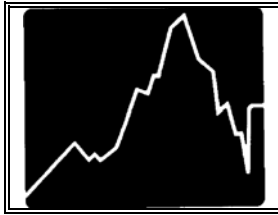
(Location Name and Address)

from _____ to _____.
(MM/DD/YY) (MM/DD/YY)

Signature of Reference

Date

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VERIFICATION OF CLINICAL SUPERVISION

I. GENERAL INFORMATION	PLEASE TYPE OR PRINT CLEARLY	USE BLUE OR BLACK INK
Name of Applicant (Last, First)	Applicants Email Address	
II. SUPERVISOR'S EVALUATION: ANSWERS SHOULD BE PROVIDED BASED ON THE SUPERVISION OBTAINED UNDER THE INSTRUCTION OF THE SUPERVISOR COMPLETING THE FORM.		
Supervisor's Name (Last, First)	Supervisor's Telephone Number	
Business Name and Address of Supervision Work Site (ONE LOCATION ONLY)		
Dates of supervision: From: _____ to _____		
Did the applicant receive a minimum of one (1) hour and a maximum of four (4) hours of face-to-face supervision per 40 hours of work experience for a total of at least 100 hours with no more than 50 of the 100 hours obtained in group supervision?	Yes	No If not, how many? _____
Did applicant complete a minimum of 3,000 hours of supervised post-master's degree experience in the delivery of "clinical social work services" and in ancillary services that support such delivery?	Yes	No If not, how many? _____
Did the applicant obtain throughout their hours of supervision a minimum of 1,380 hours of supervised experience in face-to-face client contact in the delivery of "clinical social work services" while under your direct supervision?	Yes	No If not, how many? _____
Did the applicant demonstrate minimum competencies of identified theory base ?	Yes	No
Did the applicant demonstrate minimum competencies of application of a differential diagnosis ?	Yes	No
Did the applicant demonstrate minimum competencies of establishing and monitoring a treatment plan ?	Yes	No
Did the applicant demonstrate minimum competencies of development and appropriate use of the professional relationship ?	Yes	No
Did the applicant demonstrate minimum competencies of assessing the client for risk of imminent danger ?	Yes	No
Did the applicant demonstrate minimum competencies of implementing a professional and ethical relationship with clients ?	Yes	No
Did the applicant demonstrate minimum competencies of understanding the requirements of law for reporting any harm or risk of harm to self or others ?	Yes	No
In your opinion has the applicant demonstrated competency sufficient for licensing and the independent practice as a clinical social worker?	Yes	No
I declare that, to the best of my knowledge, the foregoing is true and correct.		
_____ Supervisor's Signature	_____ Date	