STATE OF MARYLAND

DHMH Department of Health and Mental Hygiene

MARYLAND BOARD OF SOCIAL WORK EXAMINERS

4201 Patterson Avenue,
Baltimore, Maryland 21215 – 2299
Web Site: www.dhmh.maryland.gov/bswe

Phone Number: 410-764-4788
Toll Free: 1-877-526-2541
Fax: 410-358-2469

January 2014

Dear Applicant:

Enclosed is an application for licensure by **ENDORSEMENT** as a Licensed Certified Social Worker (LCSW) or Licensed Certified Social Worker-Clinical (LCSW-C) who **PRACTICED ADVANCED SOCIAL WORK FOR LESS THAN FIVE YEARS** as a actively licensed social worker, at a level comparable to the LCSW or LCSW-C, in another jurisdiction.

Be certain that you understand the requirements as the **license application fee is non-refundable.**

PLEASE NOTE: If you have practiced social work as an actively licensed LCSW or LCSW-C in another jurisdiction for at least five years out of the past ten years and passed the required examination in that jurisdiction, you need to apply using the endorsement packet for five or more years.

PLEASE SUBMIT ORIGINAL COPIES OF ALL FORMS and keep a copy for your records. On the reverse side of this page are the requirements for licensure as a LCSW or LCSW-C. Also, included are detailed instructions for completing the various forms. **Please review all of the material very carefully.**

An individual with an ACTIVE Advanced or Clinical social work license in another jurisdiction and a PENDING application with the Maryland Board, may take a social work position in Maryland, for up to six months, while the application is being processed.

For further information or clarification, please contact the Board office at 410-764-4788 or toll free at 1-877-526-2541 and ask to speak with the Staff Social Worker.

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MARYLAND BOARD OF SOCIAL WORK EXAMINERS

In order to practice social work in Maryland an individual must be licensed by the Maryland Board. The Board will not accept any social work experience obtained **in Maryland** for advanced licensure which is obtained prior to an LGSW and/or when the social work supervisor is not registered and Board approved.

Social work practice in Maryland is governed by the Maryland Social Workers Act, Title 19 of the Health Occupations Article of the Annotated Code of Maryland and the Code of Maryland Regulations (COMAR) Title 10 Subtitle 42 Chapters 01 through 09. Licensure requirements are found in §19-101, §19-302, §19-303, §19-304 and §19-305 and COMAR 10.42.01.01 through 10.42.01.14. Supervision requirements are found in COMAR 10.42.01.08. Title 19 and COMAR 10.42 should be thoroughly reviewed prior to submitting an application. The following information is provided as a synopsis of the licensing requirements and is not a substitute for thoroughly reviewing the statute and the regulations.

LICENSING REQUIREMENTS: An applicant shall be an individual who meets the general requirements of §19-302 (a)(1)(2)(3)(4)(5) and the following

Experience Obtained Out-of-State:
All social work experience obtained out-of-state must be obtained post MSW and post "licensure", **if** the applicant was required to be licensed, certified or registered. All supervision required for licensure at the LCSW or LCSW-C level must have been provided by a licensed social worker whose credentials are comparable to the Maryland LCSW or LCSW-C.

Experience Obtained In Maryland:

The social work experience obtained for the LCSW or LCSW-C must be obtained post LGSW, *under a written contract for supervision, (using the Board's form) and while under the supervision of a qualified, registered and Board approved supervisor. The Contractual Agreement form For Supervision must be signed by all parties before supervision is initiated.

Certified Social Worker (LCSW) applicant shall have:
1) an active LGSW license;
2) obtained two years, consisting of not less than 104 weeks, of at least 3,000 hours of supervised social work experience;
3) 100 hours of periodic face-to-face supervision in the practice of social work which is obtained under a *written contract for supervision; and
4) social work supervision provided by a qualified, registered and Board approved supervisor who is licensed at the Licensed Certified Social Worker level or the Licensed Certified Social Worker-Clinical level.

Certified Social Worker-Clinical (LCSW-C) applicant shall have:
1) an active LGSW license;
2) documentation of twelve academic credit hours clinical course work from a social work program accredited by the Council on Social Work Education (6 of the 12 academic credit hours may be obtained from a BSW program);
3) two years, consisting of not less than 104 weeks, of at least 3,000 hours of supervised clinical social work experience in direct service to clients. Half (1,500) of the required hours shall consist of face-to-face client contact;
4) 144 hours of periodic direct face-to-face supervision while obtaining clinical social work experience which is obtained under a *written contract for supervision;
5) supervision in the assessment, formulation of a diagnostic impression, and treatment of mental disorders and other conditions and the provision of psychotherapy; and
6) social work supervision provided by a qualified, registered and Board approved supervisor who is licensed at the Licensed Certified Social Worker-Clinical level.

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LCSW & LCSW-C BY ENDORSEMENT

With less than 5 years of Advanced Social Work Practice

APPLICATION INSTRUCTIONS

ALL DOCUMENTATION MUST BE ORIGINAL, ON THE FORMS CURRENTLY IN USE BY THE BOARD AND SUBMITTED AS A COMPLETE APPLICATION PACKET

DOCUMENTATION CONTAINING WHITE OUT OR CORRECTIONS WILL NOT BE ACCEPTED BY THE BOARD.

ALL SECTIONS OF THE FORMS MUST BE COMPLETED IN BLUE INK

CHECK LIST:

Please use the following check list to be certain your application packet is complete.

- ☐ Check or money order, payable to the Maryland Board of Social Work, for $100
- ☐ Application form
- ☐ Three Professional Reference Forms
- ☐ Summary Sheet
- ☐ Supervision Verification Form
- ☐ Contractual Agreement Form for supervision (if experience & supervision obtained in Maryland)
- ☐ Resume
- ☐ Official Score Report from the Association of Social Work Boards
- ☐ Official MSW transcript with the date the MSW degree was awarded/conferred
- ☐ Criminal History Records Check (CHRC) – First submit your completed application then complete the CHRC

CHECK LIST CONTINUED FOR: "Service Members", "Veterans" or "Military Spouses", please review the **Veterans Full Employment Act 2013** section of the instructions and include the following documentation.

- ☐ A copy of the applicant's out-of-state social work license.
- ☐ Proof that the applicant is a service member, veteran or military spouse.
- ☐ If the applicant is a service member or veteran, proof that the applicant is assigned to a duty station in Maryland or has established legal residence in Maryland.
- ☐ If the applicant is a military spouse, proof that the applicant's spouse is assigned to a duty station in Maryland or has established legal residence in Maryland.

PLEASE DO NOT SEND THE ITEMS LISTED ABOVE SEPERATELY

According to the social work statute §19-303
"***the Board shall review each application and notify each applicant within 60 days from the date the Board received a complete application from the applicant."***

PLEASE NOTE: Applicants will be **notified** of the status of their applicant through the **email address** provided on the application form. Please be sure your email address is legible, accurate and current. Set your computer to accept emails from the Board so the notifications do not go into **SPAM**. Please provide the Board with changes in your email address. **PLEASE DO NOT CLICK THE 'UNSUBSCRIBE' LINK FROM AN EMAIL SENT FROM THE BOARD.**

DOCUMENTATION:

All documentation and required forms must be mailed to the Board in **one** application packet. The applicant must use the forms currently in use by the Board and the forms must contain original signatures in blue ink. The Board cannot accept copied or faxed documents. It is recommended that applicants keep copies of all the documentation and communications submitted to the Board.

APPLICATION FORM:

All items on the application form must be completed and the "Applicant's Affidavit" must be signed and dated. It does not need to be notarized.

NAME

Your name will appear on all documents and correspondence as you list it on the application form. Please note:

1) the name must be your **legal** name
2) the name on your driver's license or identification card must match
3) the license will be issued in the name listed on your application

VETERANS FULL EMPLOYMENT ACT 2013 – EFFECTIVE JULY 1, 2013

Under this ACT the Board shall issue an expedited temporary license to a service member, veteran or military spouse. A temporary license issued under this section shall be valid for 6 months.

"Service member" means an individual who is an active duty member of the Armed Forces of the United States; a reserve component of the Armed Forces of the United States; or the National Guard in any State.

"Veteran" means a former service member who was discharged from active duty, under circumstances other than dishonorable, within 1 year before the date on which the application for a license is submitted. A veteran **DOES NOT** include an individual who has completed active duty and has been discharged for more than 1 year before the application for a license is submitted.

"Military Spouse" means the spouse of a service member or veteran and includes a surviving spouse of a veteran or a service member who died within 1 year before the date on which the application for a license is submitted.

RACE / ETHNIC IDENTIFICATION

Check all that apply.

American Indian or Alaska Native (A person having origins in any of the original peoples of North or South American, including Central America and who maintain tribal affiliations or community attachments)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asian, or the Indian subcontinent including, for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)

Black or African American (A person having origins in any of the black racial groups of Africa)

Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

Answer the question with a yes or a no.

Are you of Hispanic or Latino origin? (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)

QUESTIONS #1 THROUGH #6

Answer all questions with a yes or no. For each question answered with a yes, please attach a detailed narrative/explanation. For questions #4 and #5 also provide a certified copy of the police/court record and final disposition.

PROFESSIONAL REFERENCE FORM:

Using the enclosed forms, applicants are required to submit three (3) professional references.

SUPERVISION VERIFICATION FORM:

Applicants must submit supervision verification form(s) which document the required hours of social work experience obtained under social work supervision.

For the LCSW-C applicant the experience must be clinical social work experience and the supervision must have been provided by a Board approved Licensed Certified Social Worker-Clinical.

CONTRACTUAL AGREEMENT FORM:

Effective July 1, 2004, per COMAR 10.42.08, all social work supervisors are required to be qualified, registered and Board approved and initiate a written contract for supervision with the LGSW, using the Board's form, before supervision and experience for advanced licensure is obtained in Maryland.

A "Contractual Agreement-Supervision for LCSW and LCSW-C Licensure" form needs to be attached to each corresponding Supervision Verification Form(s) which documents social work supervision obtained in **Maryland** since July 1, 2004.

SUMMARY SHEET:

List **only** the social work experience and social work supervision which you obtained to meet the advanced licensure requirements. Information on the summary sheet must be documented by using the information completed by the social work supervisor(s) on the Supervision Verification Form(s).

If dates of supervision "overlap" remember that the weeks and hours worked per week cannot be counted twice. The example below shows a two year period of social work experience and social work supervision at two employment sites and three supervisors:

(1)	(2)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Site	From	To	Weeks	Hrs per/week	Totals	Supervisor	Client Hrs	Sup. Hrs
Mem Hsp	1/1/2010	12/31/2012	104	40	4,160	Smith	*	104
Mem Hsp	5/1/2010	8/31/2010				Henry	*	27
Family Ctr	9/1/2012	12/31/2012	16	5	80	Brooks	*	24
		Totals	104		4,240			155

*NOTE: Column (7) documents the number of face-to-face client contacts hours required for clinical, LCSW-C, license.

RESUME:

The applicant's resume should document a complete employment history. However, for licensing purposes, the resume must provide a detailed description of the social work practice associated with employment sites and time frames found on the Supervision Verification Form(s) and Employment Certification Forms(s).

The applicant for licensure at the LCSW-C level must document and describe **clinical** social work experience. Clinical social work experience is defined in the social work statute and in regulations. Please review Title 19, §19-302 (e) (3) and COMAR 10.42.01.05 D (1) to (9) and 10.42.01.06.

OFFICIAL TRANSCRIPT:

The official seal of the college/university is required on all transcripts with the date the MSW degree was awarded/conferred. The official transcript must be submitted in a sealed envelope with the application's packet. Please do not request the college/university to mail the official transcript directly to the Board.

For LCSW-C applicants, the official transcript must include at least 12 academic credit hours in clinical course work. The curriculum of the course work must include specific mental health content in theories, practice modalities and diagnosis.

FOREIGN DEGREES:

Applicants who possess foreign degrees must have their credentials reviewed by the Council on Social Work Education (CSWE) prior to making application to the Board. CSWE's written determination and a copy of the foreign transcript must be submitted with the application. www.cswe.org or 703-683-8080

ASSOCIATION OF SOCIAL WORK BOARDS (ASWB) EXAMINATIONS:

Without exception, all applicants must have passed the examination administered by ASWB which is required for the licensure level. www.aswb.org

OFFICIAL SCORE REPORT:

An applicant who passed the required examination for another jurisdiction must contact ASWB at 1-888-579-3926 and request that an Official Score Report be sent directly to the Board.

OFFICIAL ADDRESS OF RECORD:

Please note that the address provided to the Board is the official address of record and is considered part of a public record.

NOTIFICATION OF CHANGE IN NAME OR STREET ADDRESS OR EMAIL ADDRESS:

It is the responsibility of the applicant/licensee to notify the Board promptly of any change in contact information. For a change in address, postal and / or email, please use the form on the Board's website. For a change in name, please mail or fax a copy of legal documentation to the Board. The Board's newsletter and various notifications are sent to licensees using the email address. **PLEASE DO NOT CLICK THE 'UNSUBSCRIBE' LINK FROM AN EMAIL SENT FROM THE BOARD.**

USE OF DATES:

When a date is requested, please enter a date (month/day/year). Do NOT use the expression "to the present." It is appropriate to enter a date and also indicate "ongoing."

FEES:

A $100.00 non-refundable application fee, payable to the Maryland Board of Social Work Examiners, by check or money order, is due with the application.

A $75 non-refundable initial license fee is due after the application has been approved.

DO NOT SUBMIT THIS FEE WITH THE APPLICATION.

EXPERIENCE OBTAINED OUT- OF-STATE:

All social work experience obtained out-of-state must be obtained post MSW and post "licensure", if the applicant was required to be licensed, certified or registered.

All supervision required for licensure at the LCSW or LCSW-C level must have been provided by a licensed, certified, registered social worker whose credentials are comparable to the Maryland LCSW or LCSW-C.

Supervision provided by psychiatrists, clinical psychologists, licensed counselors, any non-social work licensed professional, cannot be accepted by the Board. The licensing requirements are stipulated in statute and regulations and the Board does not have the authority to waive any of the requirements.

ALTERNATIVE SOURCES OF DOCUMENTATION:

Applicants need to make every attempt to contact/locate social work supervisor(s) who provided supervision.

Many times social work supervisors can be located by calling licensing Boards who may share the address of record through the Federal Public Information Act. If supervisors cannot be located then the applicant can approach an administrator at the agency where she/he worked under the supervisor and request that the administrator, on letter head paper, answer the questions on the Supervision Verification Form.

If this is not possible then an applicant should contact the licensing Board and request that the Board provide copies of the licensing documentation to the applicant to include in her/his application to the Board.

It is a Board policy that the applicant must submit documentation of having met the licensing requirements through sources other than the applicant such as supervisors, agency administrators or licensing Boards.

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MARYLAND BOARD OF SOCIAL WORK EXAMINERS

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NOTICE OF CRIMINAL HISTORY RECORDS CHECK
Effective January 1, 2014

Effective January 1, 2014 the Maryland Board of Social Work Examiners (the "Board") is mandated to require applicants for licensure to submit to a full Criminal History Records Check which includes both State and FBI checks. The statue, which allows the Board to receive this information, is Health Occupations Article, Annotated Code of Maryland, Title 19 Social Workers, sections §19-302(a)(6) and §19-302.2. The legislation authorizing the Board to collect this information is House Bill 806 and Chapter 391.

Criminal History Records Checks are conducted by being fingerprinted. In order to be fingerprinted you will need the following: **CJIS Authorization #1300005486** **FBI ORI #MD920513Z**

The cost is **$54.50** ($34.50 is the cost of the background check and $20.00 is the cost of the fingerprinting service). The fee must be paid directly to the provider. C**ash is not accepted**. **All fees must be paid by major credit card, check or money order in United States currency. The Central Repository cannot accept cash.**

For additional information contact CJIS, Criminal Justice Information System at 410-764-4501 and for a current listing of fingerprinting providers please go to http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml

FOR FAST AND ACCURATE SERVICE

1. When requesting a Criminal History Records Check, from the State and FBI, you must inform the fingerprinting center, "provider," that you are applying to the Maryland Board of Social Work for licensure and provide the authorization numbers (listed above.)
2. You must bring a valid form of government identification to the fingerprinting center, "provider," you have selected from the list. (Examples: driver's license, Certificate of Naturalization, passport, Alien Registration Card, or Military Identification).
3. Complete the Livescan Pre-registration Application and bring it to any fingerprinting center. Fingerprinting providers please go to http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml
4. Bring payment as indicated. Major credit cards, check or money order in United States currency. Cash is not accepted.
5. Do not send the Maryland Social Work Board any receipts. The Board will receive the results from the Criminal History Records Check directly from CJIS, usually within 5 business days.
6. If the Board has not contacted you within 7 business days, please do not contact the Board. Please contact the provider you used for fingerprinting to verify when it was submitted.
7. **Even if you had a recent background check, a "NEW" background check is required as part of the licensing process.**

(MD-BSWE – Notice Included in Application – January 2014)

STATE OF MARYLAND

DHMH Department of Health and Mental Hygiene

MARYLAND BOARD OF SOCIAL WORK EXAMINERS

CHRC – CRIMINAL HISTORY RECORDS CHECK

FOR APPLICANTS RESIDING IN MARYLAND

#

Step #1 Mail your application for licensure to the Board

Do Not Complete the CHRC before you submit your application in licensure

Step #2 Take the "Livescan Pre-Registration Application" to a fingerprinting location

Do Not Mail the "Livescan Pre-registration Application" to the Board

For a current listing of fingerprinting providers in Maryland go to
http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml

FOR APPLICANTS RESIDING IN ANOTHER STATE

The CHRC application cannot be faxed or emailed to you

Step #1 Mail your application for licensure to the Board

Step #2 Send an email to:

Beverly Lewis – beverly.lewis@maryland.gov

Step #3 Indicate that your application for licensure was mailed and that you are currently residing in another State

Step #4 Request an application for a Criminal History Records Check

Step #5 Provide your legal name & your out-of-state mailing address

Step #6 You will receive 2 fingerprinting cards and a return envelope

Step #7 Go to a fingerprinting location in your area to be finger printed

Step #8 Mail the 2 cards, using the return envelope, to CJIS, P.O. Box 32708, Pikesville MD 21282-2708

Do Not Mail the Application for a CHRC to the Board

STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
CRIMINAL JUSTICE INFORMATION SYSTEMS – CENTRAL REPOSITORY

LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION (PLEASE TYPE OR PRINT CLEARLY)

Name

Date of Birth SSN Gender: ☐ Male ☐ Female (Please Check)

Height: ft. inches Weight lbs. Eye Color Hair Color

Race ☐ American Indian/ Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander
☐ White ☐ Other (Please Check)

Place of Birth Citizenship

Current Address

City State Zip Code

Daytime Phone Evening Phone Driver's License

AGENCY INFORMATION

Agency Authorization #: 1300005486

ORI # (if required): MD920513Z

Position Applied for: N/A

Reason fingerprinted? Social Work License

Request Type: (Choose only one)

- ☐ Adult Dependent Care
- ☐ Attorney /Client
- ☐ Child Care
- ☐ Criminal Justice
- ☐ Gold Seal / Adoption
- ☐ Gold Seal / Letter / Visa
- ☒ Government Licensing or Certification
- ☐ Immigration / Visa
- ☐ Individual Challenge
- ☐ Individual Review
- ☐ MSP Licensing
- ☐ Private Party Petition
- ☐ Public Housing

Mail Response to:
(Mailing option only available for Visa Gold Seal and /or Individual Review)

Name

Address

City State Zip Code

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APPLICATION FOR LICENSURE BY ENDORSEMENT

LESS THAN FIVE YEARS OF SOCIAL WORK PRACTICE AT THE ADVANCED LICENSURE LEVEL

Application For Licensure As: **Fee**

☐ Certified Social Worker (LCSW) Advanced Generalist Exam……..$100.00

☐ Certified Social Worker- Clinical (LCSW-C) Clinical Exam……...$100.00

PERSONAL INFORMATION

Your **NAME** must be your **LEGAL NAME** and it will appear on all documents as listed below.

Last Name And Generational Indicator (JR., III etc.)

First Name And Middle Name / Initial

Maiden Name

Address Line One

Address Line Two (Apt #)

City

State Zip Code

Home Phone

Work Phone Extension

Cell Phone

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

Date of Birth mm /dd / yyyy Gender ☐ Male ☐ Female

Social Security #

Military Status

☐ Veteran (Within 1 year of honorable discharge) ☐ Active Service ☐ Military Spouse

Race / Ethnic Identification – Please check all that apply

Are you of Hispanic or Latin origin? ☐ Yes ☐ No

☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian / Pacific Islander ☐ White ☐ Other

FOR OFFICE USE ONLY

Date Received: _____

Amount _____

Check / Mo # _____

Licensure By Endorsement

Testing Service _____

Date of Exam _____

Exam Level _____

Applicant's Score _____

CHRC

Date Received _____

Initials _____

INITIAL LICENSE FEE

Date Received: _____

Amount: _____

Check / Mo # _____

License Number _____

Board Code

☐ 25 ☐ 26 ☐ 36

OTL Date _____

Ent. Lic DB _____

WC Mailed _____

Licensing Coordintor _____

This side MUST be completed for license to be issued.

EDUCATION

Name on Official Transcript _____

Year MSW Obtained _____

College / University _____ State _____

LICENSES / REGISTRATIONS/ / CERTIFICATIONS HELD

List **ALL** (Active, Inactive or Non-Renewed) HELD in ANY state including Maryland.

State	License Number	License Type	Issuance Date	Expiration Date	History of Discipline		FOR BOARD USE ONLY
					☐ Yes	☐ No	
					☐ Yes	☐ No	
					☐ Yes	☐ No	
					☐ Yes	☐ No	
					☐ Yes	☐ No	
					☐ Yes	☐ No	

ANSWER ALL QUESTIONS

FOR EACH QUESTION ANSWERED WITH A YES PLEASE ATTACH A DETAILED EXPLANATION.
FOR QUESTIONS # 4 AND # 5 ALSO PROVIDE A CERTIFIED COPY OF THE POLICE/COURT RECORD AND FINAL DISPOSITION.

☐ Yes	☐ No	1) Have you provided social work services while under the influence of alcohol, a narcotic, a controlled dangerous substance, or other drug that is in excess of prescribed amounts or without valid medical indication?
☐ Yes	☐ No	2) Has any State Licensing or Disciplinary Board, or a comparable body in the Armed Services denied your application for licensure, reinstatement, renewal, or taken any action against your license, including but not limited to reprimand, suspension, or revocation?
☐ Yes	☐ No	3) Have you ever voluntarily surrendered your license due to a violation of state licensing law(s)?
☐ Yes	☐ No	4) Have you pled guilty to, nolo contendere to, been convicted of, or received probation before judgment for any criminal act (excluding misdemeanor traffic violations)?
☐ Yes	☐ No	5) Have you pled guilty to, nolo contendere to, been convicted of, or received probation before judgment for driving while under the influence of alcohol, while under the influence of alcohol per se, while impaired by alcohol, or while impaired by a drug, a combination of drugs, a combination of one or more drugs and alcohol, or while impaired by a controlled dangerous substance.
☐ Yes	☐ No	6) Has a claim for damages been awarded or settled against you resulting from a malpractice suit?

APPLICANT'S AFFIDAVIT

ALL FORMS / DOCUMENTATION MUST BE ORIGINALS

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

Date _____ Signature _____

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PROFESSIONAL REFERENCE FORM
LCSW & LCSW-C BY ENDORSEMENT (LESS THAN FIVE YEARS)

THE FOLLOWING SECTION IS COMPLETED BY THE APPLICANT Please complete and sign in **BLUE INK**

I am applying for Maryland social work license as a:

☐ Licensed Certified Social Worker "LCSW" ☐ Licensed Certified Social Worker - Clinical "LCSW-C"

Applicant's Name _____ Home Number _____

Current Mailing Address _____ Office Number _____

City _____ State _____ Zip Code _____ Cell Number _____

To:

Name of Reference _____

Address _____

City _____ State _____ Zip Code _____

I am applying for social work licensure in Maryland at the above indicated level.

Please complete the following affidavit AND RETURN THE ORIGINAL SIGNED FORM TO ME by: _____

SIGNATURE _____ **DATE** _____

AFFIDAVIT

I have known the applicant since (year) ☐ Less Than 1 year ☐ 1 - 3 Years ☐ 4 - 6 Years ☐ 7 - 10 Years in the capacity of _____

(supervisee, colleague, administrator)
(A reference cannot be a relative or a friend)

I do solemnly declare and affirm , under the penalties of perjury, that the above statement(s) are true and correct, and I hereby recommend this applicant for licensure.

Name of Reference _____ Position/Title _____

Address _____ Phone Number _____

City _____ State _____ Zip Code _____

SIGNATURE _____ **DATE** _____

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PROFESSIONAL REFERENCE FORM
LCSW & LCSW-C BY ENDORSEMENT (LESS THAN FIVE YEARS)

THE FOLLOWING SECTION IS COMPLETED BY THE APPLICANT Please complete and sign in **BLUE INK**

I am applying for Maryland social work license as a:

☐ Licensed Certified Social Worker "LCSW" ☐ Licensed Certified Social Worker - Clinical "LCSW-C"

Applicant's Name _____ Home Number _____

Current Mailing Address _____ Office Number _____

City _____ State _____ Zip Code _____ Cell Number _____

To:

Name of Reference _____

Address _____

City _____ State _____ Zip Code _____

I am applying for social work licensure in Maryland at the above indicated level.

Please complete the following affidavit AND RETURN THE ORIGINAL SIGNED FORM TO ME by: _____

SIGNATURE _____ **DATE** _____

AFFIDAVIT

I have known the applicant since (year)

☐ Less Than 1 year
☐ 1 - 3 Years
☐ 4 - 6 Years
☐ 7 - 10 Years

in the capacity of _____

(supervisee, colleague, administrator)
(A reference cannot be a relative or a friend)

I do solemnly declare and affirm , under the penalties of perjury, that the above statement(s) are true and correct, and I hereby recommend this applicant for licensure.

Name of Reference _____ Position/Title _____

Address _____ Phone Number _____

City _____ State _____ Zip Code _____

SIGNATURE _____ **DATE** _____

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PROFESSIONAL REFERENCE FORM
LCSW & LCSW-C BY ENDORSEMENT (LESS THAN FIVE YEARS)

THE FOLLOWING SECTION IS COMPLETED BY THE APPLICANT Please complete and sign in **BLUE INK**

I am applying for Maryland social work license as a:

☐ Licensed Certified Social Worker "LCSW" ☐ Licensed Certified Social Worker - Clinical "LCSW-C"

Applicant's Name _____ Home Number _____

Current Mailing Address _____ Office Number _____

City _____ State _____ Zip Code _____ Cell Number _____

To:

Name of Reference _____

Address _____

City _____ State _____ Zip Code _____

I am applying for social work licensure in Maryland at the above indicated level.

Please complete the following affidavit AND RETURN THE ORIGINAL SIGNED FORM TO ME by: _____

SIGNATURE _____ **DATE** _____

AFFIDAVIT

I have known the applicant since (year)

☐ Less Than 1 year
☐ 1 - 3 Years
☐ 4 - 6 Years
☐ 7 - 10 Years

in the capacity of _____

(supervisee, colleague, administrator)
(A reference cannot be a relative or a friend)

I do solemnly declare and affirm , under the penalties of perjury, that the above statement(s) are true and correct, and I hereby recommend this applicant for licensure.

Name of Reference _____ Position/Title _____

Address _____ Phone Number _____

City _____ State _____ Zip Code _____

SIGNATURE _____ **DATE** _____

STATE OF MARYLAND
DHMH Department of Health and Mental Hygiene

MARYLAND BOARD OF SOCIAL WORK EXAMINERS
4201 Patterson Avenue, *Phone Number:410-764-4788*
Baltimore. Maryland 21215 *Toll Free: 1-877-526-2541*
Website: http://www.dhmh.maryland.gov/bswe *Fax: 410-358-2469*

SUPERVISION VERIFICATION FORM
LCSW & LCSW-C BY ENDORSEMENT LESS THAN FIVE YEARS

All Information Is To Be Provided By The Social Work Supervisor. Please complete and sign by using BLUE ink.

Name of supervisor completing this form

Name of the supervisee

Dates of supervision: From to = Total number of weeks

(For hours obtained in MD, the date supervision began cannot pre-date the issuance date of the applicant's LGSW)

Name and address of the **supervisee's/applicant's** social work **practice site** where supervisee worked:

Name of Agency Address Line 1

Address Line 2 City State Zip Code

Supervisee Worked: number of hours worked per week ☐ Full Time ☐ Part Time

Only for LCSW-C : average number of hours per week spent in DIRECT FACE-TO-FACE CLIENT CONTACT.
(must be less than hours worked per week)

Supervision hours provided:
Individual
Group (Group size cannot exceed 6 supervisee)
Total number of hours

Please indicate, by a percentage amount, which of the following social work functions were performed by the applicant while under your supervision. The percentage total cannot exceed 100%.

% Intake Assessments
% Information / referral / linkage to services
% Case Management
% Counseling
% Psychosocial assessments
% Other duties
% Diagnostic impressions
% Treatment planning
% Psychotherapy
% Community organizations
% Policy / research / administration

SUPERVISION VERIFICATION FORM - LCSW & LCSW-C BY ENDORSEMENT

Name of the supervisee

Please Print First Name and Last Name.

Name of supervisor completing this form

Address City State Zip Code

Phone numbers: Home Work Cell

Degree Obtained Year Obtained

College / University State

MD Social Work license number Licensed In Maryland

Full Title of License Date License issued

(Do Not Use Initials)

If Licensed in other jurisdictions:

Social Work license number Name of State

Full Title of License Date License issued

(Do Not Use Initials)

Social Work license number Name of State

Full Title of License Date License issued

(Do Not Use Initials)

AFFIDAVIT

I do solemnly declare and affirm, under the penalties of perjury, that the above statement(s) are true and correct.

Signature _____ Date

PLEASE SIGN IN BLUE INK

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SUMMARY SHEET
LCSW & LCSW-C BY ENDORSEMENT
LESS THAN FIVE YEARS

Applicant's Name _____ License Number _____ License Issuance Date _____

LIST ONLY THE WORK EXPERIENCE AND SUPERVISION DOCUMENTED ON THE SUPERVISION VERIFICATION FORM(S)

(1) Name(s)of **PRACTICE/EMPLOYMENT SITE**(s).

(2) **DATES** of social work experience under social work supervision. NOTE: Use dates from line #2 on the Supervision Verification Form.

(3) **WEEKS** of social work experience under social work supervision. NOTE: Use weeks from line #2 on the Supervision Verification Form.

(4) **HOURS** per week of social work experience under social work supervision. NOTE: Hours worked per week from line #4 on the Supervision Verification Form.

(5) **TOTAL** number of hours of social work experience under social work supervision.

(6) Name(s) of **Board approved social work SUPERVISOR(S)** providing supervision under a Contractual Agreement Form for Supervision.

(7) Number of hours of face-to-face **CLIENT CONTACT** NOTE: Hours from line #5 on the Supervision Verification Form(s) & multiplied by weeks.

(8) Number of **SUPERVISION** hours. NOTE: Total hours from line #6 on the Supervision Verification Form(s).

THE NUMBER OF HOURS IN COLUMNS #5 AND #7 CANNOT BE THE SAME NUMBER OF HOURS

PLEASE NOTE: THE WEEKS CANNOT BE DUPLICATED AS INSTRUCTED ON PAGE 3 IN THE INSTRUCTIONS

(1) PRACTICE EMPLOYMENT SITES	(2) DATES FROM	(2) DATES TO	(3) WEEKS		(4) HOURS		(5) TOTAL	(6) SUPERVISORS	(7) HOURS OF CLIENT CONTACT	(8) HOURS SUPERVISION
				X		=				
				X		=				
				X		=				
				X		=				
				X		=				
				X		=				

***Indicates minimum requirements that column**

Not less than *104 weeks **Total** _____ Not less than *3000 hrs **Total** _____ Not less than *1,500 hours (for LCSW-C level) **Total** _____ **Total** _____ Not less than *144 hours

I do solemnly declare and affirm, under the penalties of perjury, that the above information is true and correct.

Signature _____ Date _____