STATE OF MARYLAND

DHMH Department of Health and Mental Hygiene

Larry Hogan, Governor – Boyd Rutherford, Lt. Governor – Van Mitchell, Secretary

MARYLAND BOARD OF SOCIAL WORK EXAMINERS

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

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

LCSW & LCSW-C BY ENDORSEMENT (Greater Than 5 Years)

July 2015

Dear Applicant:

PLEASE NOTE: The application instructions include everything you need to know about applying for a social work license in Maryland.

Please review all of the material very carefully.

Enclosed is an application for licensure by **ENDORSEMENT** as a Licensed Certified Social Worker (LCSW) or Licensed Certified Social Worker-Clinical (LCSW-C) FOR social workers who **PRACTICED ADVANCED SOCIAL WORK FOR AT LEAST 5 YEARS OUT OF THE PAST 10 YEARS.**

Use this application IF you have at least 5 years out of the 10 years preceding your application to the Board of active social work practice at an advanced licensure level equivalent to the LCSW or LCSW-C. An applicant must have passed an examination as a condition of social work licensure.

If your out-of-state advanced social work license was obtained without taking an examination you cannot use this application. You will need to complete an application by examination.

NOTE: the license application fee is non-refundable.

PLEASE SUBMIT ORIGINAL COPIES OF ALL FORMS DO NOT SUBMIT PHOTO COPIES OR FAXED COPIES. Keep a copy of your application for your records.

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.

If you have any questions, please contact the Board office at 410-764-4788 - toll free 1-877-526-2541.

MARYLAND BOARD OF SOCIAL WORK

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.

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.

Out-of-state applicants with at least 5 years of social work experience at a level equivalent to the certified social worker license or a certified social worker-clinical license shall meet the requirements of § 19-302, § 19-302-1.

§ 19-302. Qualifications of applicants:

(a) To obtain a license, an applicant shall demonstrate to the satisfaction of the Board that the applicant:

(1) Has submitted a complete written application in the form prescribed by the Board;

(2) Is at least 18 years old;

(3) Is of good moral character;

(4) Except as otherwise provided in this title, has successfully passed an examination or examinations prescribed by the Board pertinent to the license sought; and

(5) Has paid all applicable fees specified by the Board relative to the licensure process.

§ 19-302-1. To Obtain a Certified Social Worker License or a Certified Social Worker License-Clinical, an out-of-state applicant shall:

(1) Meet the requirements of § 19-302(a)……

(2) Be licensed or registered to practice social work in another state at a level of licensure that is equivalent to a Certified Social Worker license or Certified Social Worker-Clinical license;

(3) Have passed an examination in that state as a condition of licensure;

(4) Have performed at least 1,000 hours of compensated social work practice per year for 5 years out of the 10 years preceding application to the Board.

MARYLAND BOARD OF SOCIAL WORK EXAMINERS
4201 PATTERSON AVENUE, BALTIMORE, MARYLAND 21215-2299
410-764-4788 or Toll Free: 1-877-526-2541
www.dhmh.maryland.gov/bswe

LCSW & LCSW-C BY ENDORSEMENT

WITH 5 OUT OF THE PAST 10 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

ALL SECTIONS OF THE FORMS SHOULD 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
- ☐ Verification of Out-of-state Social Work Licenses
- ☐ Official Examination Report
- ☐ Three Professional Reference Forms
- ☐ Employment Certification form(s)
- ☐ Resume
- ☐ 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
  - **If a CHRC was done for another purpose, a "NEW" CHRC is required for licensing.**

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

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 should contain original signatures. 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 #5:

Answer all questions with a yes or no. For each question answered with a yes, please attach a detailed narrative/explanation. For question #4 also provide a certified copy of the police/court record and final disposition AND, as soon as possible, initiate the Criminal History Records Check.

CRIMINAL HISTORY RECORDS CHECK:

A Criminal History Records Check through the Department of Public Safety and Correctional Services - Criminal Justice Information Systems - Central Repository is required under the social work statute. An excerpt from the Board's statute is below and section (e) (2) outlines what the Board should consider when reviewing the reports. All reviews are conducted on a case by case basis.

Article - Health Occupations Title 19. Social Workers. Subtitle 3. Licensing.

§19-302.2. Criminal history records checks.

(a) In this section, "Central Repository" means the Criminal Justice Information System Central Repository of the Department of Public Safety and Correctional Services.

(b) As part of an application to the Central Repository for a State and national criminal history records check, an applicant shall submit to the Central Repository:

(1) A complete set of legible fingerprints taken on forms approved by the Director of the Central Repository and the Director of the Federal Bureau of Investigation;

(2) The fee authorized under § 10–221(b)(7)of the Criminal Procedure Article for access to State criminal history records; and

(3) The processing fee required by the Federal Bureau of Investigation for a national criminal history records check.

(c) In accordance with §§ 10–201 through 10–228 of the Criminal Procedure Article, the Central Repository shall forward to the Board and to the applicant the criminal history record information of the applicant.
(d) If an applicant has made two or more unsuccessful attempts at securing legible fingerprints, the Board may accept an alternate method of criminal history records check as permitted by the Director of the Central Repository and the Director of the Federal Bureau of Investigation.
(e) (1) Information obtained from the Central Repository under this section:
(i) Is confidential and may not be redisseminated; and
(ii) May be used only for the licensing purpose authorized by this title.
(2) In using information obtained from the Central Repository under this section to determine whether to issue a license, the Board shall consider:
(i) The age at which the crime was committed;
(ii) The circumstances surrounding the crime;
(iii) The length of time that has passed since the crime was committed;
(iv) Subsequent work history;
(v) Employment and character references; and
(vi) Other evidence that demonstrates whether the applicant poses a threat to the public health or safety.
(f) The subject of a criminal history records check under this section may contest the contents of the printed statement issued by the Central Repository as provided in § 10–223 of the Criminal Procedure Article.

If an applicant wishes to contest the results, the applicant must submit a written explanation, to the Board, within 6 months of the date of the report and provide legal documentation which refutes the results.

OUT-OF-STATE LICENSE(S):

All applicants must have the out-of-state licensing Board(s) complete the enclosed license verification form. The completed licensure verification form(s) must be returned to you, remain in the sealed envelope and be submitted with your application. No online license verification will be accepted.

OFFICIAL EXAM SCORE REPORT:

ASWB – Association of Social Work Boards

An applicant who passed the required ASWB examination for another jurisdiction must request an Official Score Report. This request can be made by phone by calling 1-888-579-3926 or on line at www.aswb.org The Official Score Report must be sent directly to the Board.

STATE EXAM

An applicant who passed a state constructed test must request a License Verification from the out-of-state Board(s) using the enclosed form. The license verification is sent to the applicant and must remain in the sealed envelope.

NASW – National Association of Social Workers

An applicant who passed the ACSW examination must request an "ACSW Verification Letter." This request can be made by phone, 1-800-638-8799 Ext #293 or Ext #367. The ACSW Verification Letter should be mailed to you and must remain in the sealed envelope.

PROFESSIONAL REFERENCE FORMS:

Using the enclosed forms, applicants are required to submit three (3) professional references. References may be from supervisors, colleagues, administrators etc. The references can be but do not have to be completed by social workers. Friends and relatives cannot be references.

EMPLOYMENT CERTIFICATION:

The enclosed employment certification form must be used by an applicant to document that she/he has completed at least 1,000 hours per year of compensated social work practice for 5 years out of the 10 years preceding application to the Board.

If additional forms are needed, you may photo copy this form.

The upper portion is completed by the applicant and the lower portion completed by the Director **or** Personnel Officer, **ALL ITEMS MUST BE COMPLETED**. The employer should return the completed form to you. You may open it to determine if the employer completed the entire section.

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 employment certification form(s).

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 packet. Please do not request the college/university to mail the official transcript directly to the Board.

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

OFFICIAL ADDRESS OF RECORD:

All social work licensees should be aware that the mailing address provided to the Board is the official address of record to be kept in the Board's files 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."

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. 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.

DOCUMENTATION CONTAINING WHITE OUT OR CORRECTIONS WILL NOT BE ACCEPTED.

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 $75.00 initial licensing fee will be required when the application is approved**.** The Board will notify you when the fee is due.

DO NOT SEND THE $75 FEE WITH THE APPLICATION FEE

CJIS – CRIMINAL JUSTICE INORMATION SYSTEM:
AND
CHRC – CRIMINAL HISTORY RECORDS CHECK:

I FOR APPLICANTS WHO RESIDE IN MARYLAND:

1) **LIVESCAN PRE-REGISTRATION FORM – LOCATED ON THE NEXT PAGE**
2) **TAKE THIS FORM TO A FINGERPRINTING LOCATION IN MARYLAND**
3) **DO NOT MAIL THIS FORM TO THE BOARD OF SOCIAL WORK**
4) **DO NOT SEND ANY RECEIPTS TO THE BOARD OF SOCIAL WORK**
5) **THE BOARD RECEIVES THE CHRC ELECTRONCIALLY AND DIRECTLY FROM CJIS**

FOR FAST AND ACCURATE SERVICE

1. If you are requesting a background check for licensing purposes you must use the Maryland Board of Social Work Examiner' name and authorization numbers, listed below:

CJIS #1300005486 & FBI ORI – MD920513Z

2. If your background check is being sent to a government agency you may also need an ORI number.
3. You must bring a valid form of government identification. (Examples: driver's license, Certificate of Naturalization, passport, Alien Registration Card, or Military Identification)
4. Take the Livescan Pre-registration Application to any fingerprinting center.
5. Bring payment: major credit cards, checks, and money orders are accepted. Cash is not accepted at the State Operated Fingerprinting Centers.

Government Operated Services: The fee is $32.75 for a full background check State and FBI.

Commercial Fingerprinting Services (Private Providers): The fee is $32.75 plus an additional amount set by the private provider.

For a listing of providers, both State and Private please go to
http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml

II FOR APPLICANTS WHO DO NOT RESIDE IN MARYLAND:

1) **Send an Email message, Barbara Smothers, Licensing Coordinator barbara.smothers@maryland.gov**
2) **Provide your legal name and mailing address.**
3) **A fingerprint card will be mailed to you with an envelope addressed to CJIS.**
4) **DO NOT MAIL THE COMPLETED FINGERPRINT CARD TO THE BOARD**

DO NOT MAIL

THE FORM ON THE NEXT PAGE

TO THE BOARD

PRINT OUT THE FORM

COMPLETE IT

TAKE IT WITH YOU

TO A FINGER PRINTING PROVIDER

For a listing of providers, both State and Private please go to
http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml

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

MARYLAND BOARD OF SOCIAL WORK EXAMINERS

4201 Patterson Avenue, Baltimore. Maryland 21215
Phone #: 410-764-4788 Toll Free #:1-877-526-2541
http://www.dhmh.maryland.gov/bswe/

APPLICATION FOR LICENSURE BY ENDORSEMENT

WITH AT LEAST FIVE YEARS OUT OF THE PAST TEN 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 ☐ **POS** ☐ **NEG**

Date Received _____

Initials _____

INITIAL LICENSE FEE

Date Received: _____

Amount: _____

Check / Mo # _____

License Number _____

Board Code

☐ 25 ☐ 26 ☐ 36

Date OTL _____

Date Ent. Lic DB _____

Date WC Mailed _____

BJS BJL LCB GJH

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	

ANSWER ALL QUESTIONS

*If question #4 is Yes- Please initiate the criminal history records checks as soon as possible.

FOR EACH QUESTION ANSWERED WITH A YES PLEASE ATTACH A DETAILED EXPLANATION.
FOR QUESTIONS # 4 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 judgement for any criminal act excluding misdemeanor traffic violations? (Misdemeanor traffic violations include driving while under the influence of alcohol, while impaired by alcohol, or while impaired by a drug, or a combination drugs and therefore, do not need to be reported to the Board.)
☐ Yes	☐ No	5) Has a claim for damages been awarded or settled against you resulting from a malpractice suit?

If any question is marked YES:
Did you submit the required documentation in a previous application

If yes, in what year _____ and please include, with this application, a copy of the documentation you previously submitted.

ALL FORMS / DOCUMENTATION MUST BE ORIGINALS

APPLICANT'S AFFIDAVIT

I do hereby affirm that all statements made herewith are true and correct to the best of my knowledge and belief. In addition, I have read section §19-302.2 Criminal History Records Check - CHRC (included in the instructions) and understand my rights and responsibilities regarding a CHRC. Furthermore, I voluntarily consent to a thorough review of my present and past employment and other activities for the purpose of verifying qualifications for licensure.

Date _____ Signature _____

MARYLAND BOARD OF SOCIAL WORK EXAMINERS
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http://www.dhmh.maryland.gov/bswe/

PROFESSIONAL REFERENCE FORM
LCSW & LCSW-C BY ENDORSEMENT (GREATER 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 social worker can be, but does not have to be a reference)
(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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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 social worker can be, but does not have to be a reference)
(A reference cannot be a relative or a friend)

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Name of Reference _____ Position/Title _____

Address _____ Phone Number _____

City _____ State _____ Zip Code _____

SIGNATURE _____ **DATE** _____

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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 social worker can be, but does not have to be a reference)
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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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EMPLOYMENT CERTIFICATION FORM

For Licensure By Endorsement for Applicants with 5 years out of the past 10 years of SW Practice at an Advanced Licensure Level

THE FOLLOWING IS COMPLETED BY THE APPLICANT, THEN FORWARD TO THE EMPLOYER.

I am applying for Maryland Social Work license as a::

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

Applicant's Name _____

Address _____ City _____ State _____ Zip Code _____

Agency Name _____

Address _____

City _____ State _____ Zip Code _____

APPLICANT'S AFFIDAVIT

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

Signature _____ Date _____

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE EMPLOYER (PLEASE COMPLETE THE ENTIRE SECTION)

This section is to be completed by the Director or Personnel Officer at the agency where the applicant was employed at an advanced licensure level such as a Licensed Certified Social Worker or a Licensed Certified Social Worker - Clinical.

I certify that the applicant, _____, was employed by the agency named above in the capacity of

(position held) _____

Dates of Employment: From _____ To _____

The applicant, named above, completed _____ hours, per year, of advanced social work practice.

Was the social work practice clinical social work? ☐ Yes ☐ No (This question must be answered.)

Name of person completing the form _____ Title _____

EMPLOYER'S AFFIDAVIT

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

Signature _____ Date _____ Title _____

PLEASE RETURN THE COMPLETED FORM TO THE APPLICANT IN A SEALED ENVELOPE

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*

VERIFICATION OF AN OUT-OF STATE LICENSE

For Licensure By Endorsement for Applicants with 5 yrs out of the past 10 years of SW Practice at an Advanced Licensure Level

To Board of Social Work of

From: Name License Number

Address

City State Zip Code

Full Name

License Number Level of Licensure

Issuance Date Expiration Date

Status ☐ Active ☐ Inactive ☐ Non-Renewed ☐ Other

Date of Exam

Level of Exam ☐ Masters ☐ Advanced Generalist ☐ Clinical ☐ Grand fathered (Exam Waived) ☐ Other

DISCIPLINARY ACTION: ☐ None ☐ Yes (If yes, please attached disciplinary order(s))

Comments

Signature _____ Date

Board Seal

Printed Name

Title

Social Work Licensing Board of

E-mail Address

Office Phone Number

Please Mail The Completed Verification To The Social Worker (the social work needs to keep the verification in the sealed envelope)