DHMH – MARYLAND BOARD OF SOCIAL WORK EXAMINERS
4201 Patterson Avenue, Baltimore, MD 21215-2299
Phone Numbers: 410-764-4788 or Toll Free 1-877-526-2541
www.dhmh.maryland.gov/bswe/

YOUR LICENSE EXPIRES ON OCTOBER 31, 2015.
PRACTICING SOCIAL WORK WITHOUT AN ACTIVE LICENSE IS A VIOLATION OF THE LAW AND COULD RESULT IN THE SUSPENSION OF LICENSE PRIVILEGE AND/OR PROSECUTION.

2015 - RENEWAL INFORMATION & INSTRUCTIONS

It is recommended that a licensee **renew as soon as possible.**

Renewal applications must be **post marked, on or before October 31, 2015**, along with the Continuing Education Report Form and a check or money order for the renewal fee made payable to the Maryland Board of Social Work Examiners.

THERE IS NO LATE RENEWAL PERIOD.
A non-renewed license expires on October 31, 2015 and you cannot practice social work, in Maryland, until the license is reinstated. Reinstatement includes submitting the following: a reinstatement application; the reinstatement processing fee; the continuing education report form; and copies of all the documentation of the required continuing education units obtained in the preceding two years.

The Board receives notification from the Comptroller's Office of Maryland if a licensee **owes State taxes**. The Board can only renew a license after the Comptroller's Office indicates that the licensee has paid the taxes or has made arrangements to pay the taxes.

On or before October 31, 2015, licensees who will not be practicing social work after November 1, 2015, may submit an application and fee for **Inactive status**. Information regarding Inactive status and the application can be found on the Board's website http://www.dhmh.maryland.gov/bswe/

VETERANS FULL EMPLOYMENT ACT 2013- EFFECTIVE JULY 1, 2013

Under this ACT, the Board may allow an individual licensee who is a member of an armed force deployment outside of Maryland to:

> Renew the license after the expiration of the renewal period without payment of a penalty or reinstatement fee if the late renewal is a direct result of the deployment; and
>
> Complete any continuing education requirements for renewal within 6 months after renewing the license.

The licensee will be required to provide proof of deployment.

License Number:
Enter license number.
Your license number is available on the Board's website under the "Verification" section.

Licensure Level:
Check the appropriate licensure level.

Fees:
Please make your check or money order payable to the Maryland Board of Social Work Examiners. Include the license number on your check or money order. This will expedite the processing of the renewal.

Renewal Fees:
LBSW $100.00 LGSW $236.00 LCSW $311.00 LCSW-C $311.00

The Maryland Legislature created the Maryland Health Care Commission (MHCC) to develop and implement health care reform in Maryland. Health Occupations Article §1-209, requires that boards which renew certain licenses collect the MHCC fee as part of licensing fees. MHCC has determined the assessment of $36.00 per renewal cycle and is included in the above fees.

PERSONAL INFORMATION SECTION

Name:
The Board must be notified in writing of a licensee's **name change**. Please provide a copy of legal documentation of the change in name with the renewal application.

Please print name; address; city; state; zip code; and be sure to include your email address.

Date of Birth and Social Security Number:
Your date of birth and social security number are required and will be used for identification purposes only. Also provide race, sex, home, work and cell phone numbers.

WORKER'S COMPENSATION SECTION

Only complete this section if you employ one or more persons in Maryland. Please provide the name of the insurance company, the policy number and expiration date for the Worker's Compensation insurer. For information call 410-864-5100 or use the web site, www.wcc.state.md.us.

LICENSING & EMPLOYMENT SECTION

Licensing:
List all States where you HOLD or HELD a Social Work license by using the State's abbreviation

Employment Status and Type of Practice:
Please select the employment status and type of practice which, in your opinion, best reflects your employment.

QUESTIONS SECTION

Questions #1 to #5:
Only mark yes if the matter occurred within the **last two years**.
Please provide a written explanation to **all** questions marked with a **yes**.

Questions #1 to #5 continued:
If **questions #4** is marked yes, the licensee must **mail** (do not fax) to the Director, Licensing Unit:

- ►the renewal application
- ►renewal fee
- ►continuing education report form
- ►a written narrative explaining the charges
- ►certified copies of the police/court records and the final disposition.

A Board review is required before the license can be issued and therefore **all items should be mailed as soon as possible**.

Signature and Date:
Please be sure to sign and date the application.

Incomplete renewal forms will be returned and will cause a delay in the renewal of the license.

CONTINUING EDUCATION SECTION

Continuing Education Report Form
All licensees must complete a Continuing Education Report Form and submit it with their renewal application. The Board conducts a random audit of the renewal applications. If audited, the Board will contact you and request that you submit the documentation of the continuing education units obtained. All continuing education documentation must be kept for two (2) years. The Board may audit your continuing education records any time between November 2015 and October 2016.

List all continuing education programs, in chronological order, which satisfy the 40 (30 - LBSW) continuing education requirements.

List the program(s) which satisfy the Ethics requirement in the section at the top of page three.

GENERAL INFORMATION – CONTINUING EDUCATION

All 40 (30 for LBSW) continuing education units must be obtained in order to renew the license.

Ethics Requirement: Of the 40 (30 - LBSW) required units, a licensee must obtain 3 continuing education units in Category I in a content area focusing on ethics which is consistent with generally accepted professional standards. **An online audio or home-study Ethics program will NOT meet the requirement.**

Online and Home-study Programs: a maximum of 20 (15 - LBSW) units may be earned in Category II from audio, home study and online/internet programs, which are offered by Board authorized sponsors.

What are the continuing education requirements? The current continuing education requirement is 40 (30 - LBSW) continuing education units in programs and categories approved by the Board for each two-year period of licensure. Licensees must obtain at least 20 of the 40 credits (15 of the 30 for LBSW) in Category I. All 40 (30 - LBSW) units may be earned in Category I programs given by Board Authorized Sponsors:

Maryland Board of Social Work Examiners (http://www.dhmh.maryland.gov/bswe/)
Association of Social Work Boards (www.aswb.org)
National Association of Social workers (www.socialworkers.org)

What if you do not have the 40 continuing education units? Please be reminded that a social worker has until October 31, 2015 to obtain the required units. The Board cannot issue a license unless the social worker can attest to the fact that she/he has the required units.

A licensee may request an extension. The Board may grant an extension and conditionally renew a license for up to 6 months if the Board determines: (1) Failure to fulfill the requirements is a result of: (a) a functional impairment; (b) prolonged illness; (c) mandatory military service or deployment; (d) prolonged absence from the United States; (e) an officially declared disaster; or (f) financial hardship; AND (2) The social worker attempted to meet the requirements

To request an extension, the licensee **MUST MAIL the following items:**

1) A written request, with supporting documentation, for an extension;
2) Renewal application; and
3) A check or money order for the renewal fee.

Requests for extension must be received no later than October 1st. The Board will review each request and if authorized, a six month conditional license will be issued which will expire on April 30, 2016. Licensees will have six months to meet the CE requirements.

Without exception, failure to meet the CE requirements or to submit a written request for an extension by OCTOBER 1st will mean that the Board cannot renew the license.

NEED ASSISTANCE?

Check the Board's web site http://www.dhmh.maryland.gov/bswe/ or call the appropriate staff person Monday –Friday 8 am to 5 pm or send an email message anytime.

Continuing Education Regulations & Extensions – Continuing Education Coordinator

Deborah Ann Evans, B.A., B.S.
410-764-5962 deborah.evans@maryland.gov

License Issuance

Effective January 1, 2014, the Board will no longer prints paper licenses. Licensees, employers and clients etc., may verify a social work license by selecting "License Verification" on the left side of the Board's website.

MARYLAND BOARD OF SOCIAL WORK EXAMINERS
4201 Patterson Avenue Baltimore, MD 21215 – 2299
Phone Number: 410-764-4788 www.dhmh.maryland.gov/bswe/
Toll Free Number: 1-877-526-2541

RENEWAL APPLICATION FORM

PLEASE MAKE CHECK PAYABLE TO THE BOARD OF SOCIAL WORK EXAMINERS
PLEASE RETURN AS SOON AS POSSIBLE TO AVOID DELAY IN PROCESSING.

FOR BOARD USE ONLY

Check # _____ Amount $ _____

Licensure Level & Renewal Fees:

- ☐ Bachelor Social Worker (LBSW) ……..$ 100.00
- ☐ Graduate Social Worker (LGSW)……..$ 236.00
- ☐ Certified Social Worker (LCSW)…… ..$ 311.00
- ☐ Certified Social Worker- Clinical (LCSW-C)…… $ 311.00

EXPIRATION DATE OF CURRENT LICENSE: 10/31/2015

LICENSE NUMBER: _____

PERSONAL INFORMATION SECTION:

LAST NAME AND GENERATIONAL INDICATOR (JR., III etc.) PLEASE PRINT

FIRST NAME

MIDDLE NAME / INITIAL

ADDRESS ONE

ADDRESS TWO

CITY STATE ZIP CODE

EMAIL ADDRESS _____

Date of Birth: Month – Day – Year

Social Security Number: – –

Sex: ☐ 1. Male ☐ 2. Female

Home Phone _____

Work Phone _____

Cell Phone _____

WORKER'S COMPENSATION SECTION:

The Health Occupations Article SS1-202 requires that you verify that you are complying with the Worker's Compensation Law for your license to be issued. COMPLETE ONLY IF YOU EMPLOY ONE OR MORE PERSONS IN MARYLAND.

Insurance Company (Worker's Compensation only)

Policy Number

Expiration Date: – – (mm/ dd/ yyyy)

For Worker's Compensation Information, Call 410 - 864 – 5100 http://www.wcc.state.md.us

To further its commitment to equal opportunity, The Board of Social Work Examiners requests applicants to provide, voluntarily, the following information. This Information will be used for statistical purposes only by authorized personnel. Race/Ethnic identification - Please check all that apply

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

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

This side MUST be completed for license to be issued.

EMPLOYMENT & LICENSING SECTION

List all States where you hold or held a Social Work License. a. ☐ b. ☐ c. ☐ d. ☐

Employment Information

Practice Zip Code _____

Practice County _____

Employment Status _____

1. Full Time Social Work
2. Part Time Social Work
3. Inactive (active license but not actively practicing social work in Maryland)
4. Retired
5. Work outside Social Work Field
6. Other

Employment Type _____

1. Federal Government
2. State Government (DHR-DSS, DHMH, DDA, DOC,DJS etc.)
3. Private Practice - Solo
4. Private Practice - Group
5. Multi-Disciplinary Setting
6. Non – Acute Care Facility
7. Long Term Care
8. Assisted Living
9. Hospital
10. School System
11. Other

MILITARY STATUS

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

---

QUESTIONS SECTION

Yes	No	SINCE YOUR LAST REGISTRATION: FOR THE FOLLOWING, CHECK THE BOX YES OR NO NEXT TO EACH QUESTION.
☐	☐	1. Within the last two years, 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?
☐	☐	2. Within the last two years, 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?
☐	☐	3. Within the last two years, have you ever voluntarily surrendered your license due to a violation of state licensing law(s)?
☐	☐	4. . Within the last two years, 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.)
☐	☐	5. Within the last two years, has a claim for damages been awarded or settled against you resulting from a malpractice suit?

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

I affirm that the information provided on this form and on the continuing education report form are true and correct to the best of my knowledge and belief.

Date: _____ Signature: _____

PLEASE MAIL COMPLETED, SIGNED AND DATED RENEWAL FORM WITH A CHECK OR MONEY ORDER FOR THE RENEWAL FEE TO THE:

Maryland Board of Social Work Examiners
4201 Patterson Avenue, Baltimore MD 21215-2299

MARYLAND BOARD OF SOCIAL WORK EXAMINERS
4201 Patterson Avenue, Baltimore, MD 21215-2299
Phone Number: 410-764-4788 Toll Free Number: 1-877-526-2541 www.dhmh.maryland.gov/bswe/

CONTINUING EDUCATION CREDIT REPORT FORM

RENEWAL 2015

NAME: _____ **LICENSE NUMBER:** _____

INSTRUCTIONS: Do **not** attach the certificates. Please note that this does not constitute an audit. A separate notice will be sent if you are selected for the audit.

40 (30 for LBSW) credit units required & obtained between 11/01/2013 & 10/31/2015

CATEGORY 1: Ethics Requirement: (at least 3 Category I credit units – the Ethics requirement cannot be earned from home study / online program which qualifies for Category II)

DATE	SPONSOR	TITLE	HOURS

Category I Ethics Total _____

CATEGORY 1: **(**must obtain 20 credit units) (LBSW must obtain 15 credit units**)**

DATE	SPONSOR	TITLE	HOURS

[Must Total 20 (15 LBSW)] Category I Total _____

CATEGORY II (20 credit units may be earned) (LBSW 15 credit units may be earned**)**

DATE	SPONSOR	TITLE	HOURS

Category II Total _____

(40 (30 for LBSW) credit units required & obtained between 11/01/2013 & 10/31/2015)

GRAND TOTAL _____

COMPARISON/CONVERSION CHART

Continued Education Credit Units

1 Academic Credit = 5 Credit Units
1 Academic Audit Credit = 3 Credit Units
1 OETAS Credit** = 10 Credit Units
1 Clock/Contact Hour = 1 Credit Units
1 60 Minute Class Hour =1 Credit Units

* Continuing Education Unit(s): to determine the number of equivalent credit hours consider the number of Units in the program excluding all breaks, mid-morning, lunch time and mid-afternoon.

**OETAS Credits: The Office of Education and Training for Addiction Services

Information concerning continuing education requirements is located on the Board's website:
http://www.dhmh.maryland.gov/bswe/