STATE OF MARYLAND

DHMH Department of Health and Mental Hygiene

MARYLAND BOARD OF SOCIAL WORK EXAMINERS
4201 Patterson Avenue, Baltimore, Maryland 21215 – 2299
Phone Number: 410-764-4788
Toll Free: 1-877-526-2541
Web Site: www.dhmh.md.gov/bswe
Fax: 410-358-2469

REINSTATEMENT APPLICATION
ONLY FOR A LICENSE WHICH EXPIRED ON OCTOBER 31, 2016

November 1, 2016

Dear Applicant:

Use this application if your license expired on October 31, **2016.** In order for the Board to reinstate your license you must have the required number of continuing education credit hours.

►The Maryland Board of Social Work Examiner's web site, *www.dhmh.md.gov/bswe*, lists the license number, status and expiration date under the section labeled "verifications".

Please read all of the material carefully and thoroughly, especially the instructions and continuing education information

The following must be submitted to the Board:

1) The reinstatement application;
2) The appropriate fee; (see next page)
3) The continuing education report form; and
4) Copies of the documentation for the required continuing education credit hours.

APPLICATIONS ARE GENERALLY PROCESSED IN 7 TO 14 BUSINESS DAYS

Due to Title protection, an individual may not practice social work or refer to herself/himself as a social worker until the license is reinstated.

Sincerely,

Deborah A. Evans, BA, BS

NO EXTENSION WILL BE AUTHORIZED FROM 11/1/16 -4/30/17 FOR A LICENSE WHICH EXPIRED ON 10/31/2016

Deborah A. Evans, BA, BS
Continuing Education Coordinator
410-764-5962
deborah.evans@maryland.gov

Enclosures

INSTRUCTIONS

SIGNATURE LINE

PLEASE BE SURE TO SIGN AND DATE THE FORM IN THE SPACE PROVIDED

PAYMENT AND 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.

LEVEL'S	REINSTATEMENT
LBSW	$125.00
LGSW	$225.00
LCSW	$300.00
LCSW-C	$300.00

NOTIFICATION OF CHANGE IN NAME / STREET & EMAIL ADDRESSES

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.**

SOCIAL SECURITY NUMBER, RACE, AND DATE OF BIRTH

This information is required and will be used for identification purposes only.

QUESTIONS #1 THROUGH #7

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

NO EXTENSION WILL BE AUTHORIZED FROM 11/1/16 - 4/30/17 FOR A LICENSE WHICH EXPIRED ON 10/31/2016

CONTINUING EDUCATION

Reinstatement
40 (30 for LBSW's) continuing education credit hours obtained in the 2 years preceding the submission of the application for reactivation or reinstatement.

The section concerning continuing education must be completed. **Check yes** if the required credit hours have been completed. **STAPLE COPIES OF THE CONTINUING EDUCATION DOCUMENTATION** to the completed Continuing Education Credit Report form.

THE FOLLOWING INFORMATION IS NOT INTENDED TO SUBSTITUTE FOR READING COMAR 10.42.06

CONTINUING EDUCATION REFERENCE INFORMATION

CATEGORY I

- Programs given by Board-authorized sponsors, with individual sessions of at least 1hour.
- Real-time transactions between teachers and learners and may include face-to-face transactions and interactive technology (webinar).
- Courses, seminars, workshops, symposiums, conferences, staff development, attendance at programs offered at professional or scientific meetings

- At least 20 (15 for LBSWs) of the required 40 (30 for LBSWs) units must be earned in Category I.
- All 40 (30 for LBSWs) units may be earned in Category I.
- At least 3 Category I units must be earned in ethics and professional conduct, including boundary issues or pertaining to the standards of practice and laws governing the profession of social work in Maryland.

Documentation – for Category I

- An official transcript for academic courses; or
- A certificate of participation, which is signed and dated by the approved sponsor indicating continuing education units earned.

Category II Activities

- Programs which are less structured or are not Board-authorized.
- Workshops, conferences, in-service trainings, structured peer-case conferences among, audio-visual instructional programs, journal clubs, preparation and presentation of a scientific or professional paper at a meeting of a professional or scientific organization; authoring, editing or reviewing a professional publication; preparing and presenting approved face to face programs.
- Home-study programs of instruction, audiovisual and Internet on-line courses provided by a Board-authorized Category I sponsors.

- Twenty (20) (15 for LBSWs) of the required 40 (30 for LBSWs) units may be earned in Category II.

Documentation – for Category II

- A certificate of participation, if available; or
- If a certificate of participation is not available: the dates when the program was presented; the name(s) of the presenter(s); topics presented; and an outline of the presentation (this could be from your notes or agenda). (This documentation qualifies for Category II only)
- Post-test passing score for audio-visual and home study programs or a certificate of participation if available. Proof of presentation made, reprints of publications, letters from educational institutions when credit is claimed for the instruction of students;
- Date, time and length, list of participants with sign in sheet, topic and number of continue education units earned for structured peer-case conferences and journal club activities.

ETHICS REQUIREMENT:

3 Category I continuing education units (every two years) in "ethics and professional conduct, including boundary issues." The Ethics requirement cannot be satisfied through home-study or online programs.

HOME STUDY, AUDIOVISUAL AND INTERNET ON-LINE PROGRAMS:

All of these programs must be offered by a Board Authorized Sponsor and the licensee may obtain a maximum of 20 (15 for LBSW's) Category II units.

DIRECTORIES OF BOARD APPROVED SPONSORS:

Maryland Board of Social Work Examiners**:** **www.dhmh.maryland.gov/bswe**
The Association of Social Work Boards: **www.aswb.org**
The National Association of Social Workers: **www.socialworkers.org**

COMPARISON OR CONVERSION CHART

*Units

1 Academic Credit…….……5 units
1 Academic Audit Credit……3 units
1 OETAS **……...……..…10 units
1 Clock Hour……. 1 unit
1 Contact Hour… ……..... 1 unit
1 50 Minute Class Hour… …….…….. 1 unit

*Continuing Education Unit(s): to determine the number of equivalent 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

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/

REINSTATEMENT APPLICATION

License No

Expiration Date 10/31/2016

☐ LBSW-$125.00 ☐ LGSW- $225.00 ☐ LCSW- $300.00 ☐ LCSW-C $300.00

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 #

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

Expiration Date

Date Received

Amount

Check / Mo #

Amount Due

Refund Due

Reviewed Inl

WF

Date Approved

DAE GJH

EXT ☐ 4 ☐ 6 ☐ 8 ☐ 10 ☐ 12

Date Ent. Lic. DB

LCB GJH

MD-BSWE-REINSTATEMENT OF A LICENSE WHICH EXPIRED ON OCTOBER 31, 2016

EDUCATION

This side MUST be completed for license to be issued.

Degree ◯ BSW ◯ MSW Graduation Year _____

College / University _____ State _____

CONTINUING EDUCATION

Complete And Submit the Continuing Education Report Form

Attach Copies of all of the Certificates

LICENSES / REGISTRATIONS/ / CERTIFICATIONS HELD

License number , issuance and expiration date can be found on the Board's website

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
MD					☐ 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?
☐ Yes	☐ No	6) Since your license expired, have you **IDENTIFIED YOURSELF** as a social worker in Maryland, **WORKED IN A POSITION WITH THE TITLE** social work(er) in Maryland, or **WORKED IN** a position which required social work licensure, in Maryland? **IF YES**, please attach a detailed explanation, the dates of employment, a copy of the job description and qualifications, and the name of your social work supervisor.

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.

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 _____

STATE OF MARYLAND

DHMH Department of Health and Mental Hygiene

Fill in Form & Print

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*

Continuing Education Report Form for **REINSTATEMENT** of A License which Expired on October 31, 2016

NAME _____ LICENSE NO _____

EMAIL _____

(1)Attach Certificates, (2) Group certificates by Categories I or II (3) List programs & certificates in chronological order by date (4) Staple copies of the certificates to the report form

CATEGORY I *(**Half** of the credit hours **must be** in Category I - **all** of the required credit hours **may be** in Category I)*
Ethics Requirement: *3 of the 40 (30 for LBSWs) credit hours in Category I* (ETHICS cannot be from an on-line program)

ETHICS COURSE

Date (From)	Date (To)	SPONSOR NAME	COURSE TITLE	HOURS
			ETHICS TOTAL	

CATEGORY I

Date (From)	Date (To)	SPONSOR NAME	COURSE TITLE	HOURS
			Category I Total	

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*

CATEGORY II (**May earn** half of the required credit hours in Category II)

(20 (15 for LBSWs) credit hours may be obtained from home-study / on-line programs)
(Supervision / consultation is NOT accepted as a continuing education activity)

Date (From)	Date (To)	SPONSOR NAME	COURSE TITLE	HOURS
			CATEGORY II TOTAL	
			GRAND TOTAL	

COMPARISON OR CONVERSION CHART

	* Credit Education Unit(s)
1 Academic Credit	5 credit Units
1 Academic Audit Credit	3 credit Units
1 OETAS Credit **	10 credit Units
1 Clock Hour	1 credit Unit
1 Contact Hour	1 credit Unit
1 60 Minute Class Hour	1 credit Unit

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

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

I certify that I have earned the required hours of continuing education as required by the Board of Social Work Examiners

Signature _____ Date _____