



STATE OF NEVADA

BOARD OF EXAMINERS FOR SOCIAL WORKERS

4600 Kietzke Lane, Suite C121, Reno, Nevada 89502

775-688-2555

PLEASE READ BEFORE COMPLETING APPLICATION

Information for Licensure:

CLINICAL SOCIAL WORKER (LCSW) OR INDEPENDENT SOCIAL WORKER (LISW)

Pursuant to Nevada Revised Statute 641B.500, it is unlawful for any person to represent him/herself as a social worker without a license. You may not engage in the practice of social work until you are licensed.

EACH item on the enclosed application must be completed. Once **ALL** information has been received by the Board, the application will be processed. Allow forty-five (45) days for processing of the completed application. Failure to provide requested information will result in a delay or rejection of the application as incomplete. The information provided will be used for identification and to determine qualification for licensure per Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC), Chapter 641B, which authorizes collection of this information.

GENERAL QUALIFICATIONS / REQUIREMENTS

1. Applicant must be at least twenty-one (21) years of age.
2. Applicant must be a United States citizen or must be lawfully entitled to remain and work in the United States.
 - a. U.S. citizens must submit a copy of their birth certificate or passport. (Hospital certificates are not acceptable).
 - b. Naturalized citizens must forward a copy of their naturalization certificate.
 - c. Aliens must submit a copy of documentation from the United States Immigration and Naturalization Service evidencing the lawful entitlement of the applicant to remain and work in the United States.
3. A copy of current, legible, official government photo identification (i.e. Driver's License)
4. Copies of legal documents must be submitted verifying **all** name changes from birth to current name.
5. All applicants for licensure must submit to the Board two complete sets of his/her fingerprints and accompanying waiver form, authorizing the Board to process the fingerprint cards. Applicants will be sent the Fingerprint Packet upon receipt of their application (or with the exam packet if the exam is required). The applicant is responsible for the fees required to complete the background check. **A money order or certified check in the amount of \$36.25 made payable to the Nevada Dept. of Public Safety (NV DPS) must be submitted with the Fingerprint Packet.** *Changes to fingerprint fees are beyond the Board's control. It is highly recommended that applicants check the Board's website for any fee changes prior to sending in the fingerprint cards. Fees incorrectly received will be rejected.*
6. Applicant must possess a master's degree in Social Work from a college or university accredited by the Council on Social Work Education or which is a candidate for such accreditation. An applicant must request that the college or university from which (s)he graduated forward directly to the Board a certified transcript of his / her educational coursework and the degree awarded.
 - a. In addition to a transcript sent directly to the Board from his / her university, a graduate of a foreign social work program must also submit the appropriate forms and documentation to the Council on Social Work Education for evaluation of foreign credentials and cause the Council on Social Work Education to submit an original letter to the Board verifying equivalency.
7. Applicants who have **previously** been certified, registered or licensed to practice social work in another state must request verification of certification, registration, or licensure be sent directly to the Board from each state. See form on the website -- <http://socwork.nv.gov/>.

8. Applicants who hold a **current license**, in good standing, to engage in the practice of clinical / independent social work in another state, may apply for licensure via Endorsement if the requirements at the time the license was issued are substantially equivalent to the requirements in Nevada.
9. Applicant must have passed an examination given by the Association of Social Work Boards (ASWB), or an exam accepted by the Board, equivalent to the level of licensure requested if licensed less than five (5) years. Once the completed application for licensure with all supporting documents and fees have been received and the application is approved, the applicant will receive an “exam approval letter” if required. An examination fee will be required by ASWB when you register to take the examination (see below).
 - a. An applicant requesting licensure as a Clinical Social Worker (LCSW) must show proof of a satisfactory score on the ASWB Clinical examination or Board accepted alternate exam.
 - b. An applicant requesting licensure as an Independent Social Worker (LISW) must show proof of a satisfactory score on the ASWB Advanced Generalist Exam or Board accepted alternate exam.
 - c. An applicant who has taken the ASWB examination in another state must have verification of examination results sent directly to the Board from the state for which examination was taken or from ASWB. See form on the website -- <http://socwork.nv.gov/>.

A separate examination fee payable directly to ASWB will be required at the time you register to take the examination. Please go to the ASWB website, www.aswb.org for the most up-to-date list of examination fees.

FINAL APPROVAL FOR LICENSURE WILL OCCUR AFTER RECEIPT OF THE BACKGROUND CHECK REPORTS.

An application for licensure, which is not completed within one (1) year, will be considered to have lapsed / closed. The Board will not refund any fee related to an application, which has lapsed / closed.

Please refer to NRS 641B and NAC 641B for specific laws and statutes about licensure. Links to these documents can be found at the Board website - <http://socwork.nv.gov/>.

LCSW / LISW License Types – Choose ONE

Initial LCSW / LISW license

- Master's Degree in Social Work from a CSWE accredited program.
- Meets all other criteria listed on pages one (1) and two (2) of this application packet.

Initial LCSW / LISW license – Armed Forces

- Master's Degree in Social Work from a CSWE accredited program.
- Meets all other criteria listed on pages one (1) and two (2) of this application packet.
- Holds an equivalent, current, valid and unrestricted license to engage in clinical / independent social work in another state(s).
- Has requested completion of the **Verification of Social Work Licensure from Another State** endorsement form from each state licensed. **THIS FORM MUST BE COMPLETED BY THE LICENSING ENTITY, FOR EACH STATE, AND SUBMITTED DIRECTLY TO THE BOARD.** This document can be found on the Board's website at <http://socwork.nv.gov/licensees/LicNewApp/>.
- Has a clear background check report from the Federal Bureau of Investigation (FBI) and Nevada Department of Public Safety (NVDPS).
- Has verified eligibility as an active member of, or the spouse of an active member of the Armed Forces of the United States; is a veteran or a veteran's surviving spouse. Approved verification information can be found on the Board's website at:
<http://socwork.nv.gov/uploadedFiles/socworknv.gov/content/licensees/Attachment2.pdf>

Provisional LCSW / LISW license (two types)

Provisional "A" – Temporary 90-day License

- Master's Degree in Social Work from a CSWE accredited program.
- Meets all other criteria for licensure listed on pages one (1) and two (2) of this application packet.
- Has not taken appropriate licensing exam through ASWB.

Can be granted a "provisional license" for a period of ninety (90) days once Board has given exam approval. The exam must be passed within sixty (60) days. This license is valid for one attempt of the exam only and an applicant may be issued only one provisional license.

Provisional "C – Temporary Endorsement of Current, Valid Out-of-State Social Work License

- Has submitted a completed application with accompanying fees.
- Has submitted preliminary information which can be verified by the Board including:
 - ❖ A clear photocopy of a current, official form of government identification which contains a photograph of the applicant, verifying the applicant's identity.
 - ❖ Supporting documentation that the applicant is a citizen of the United States or otherwise has the legal right to remain and work in the United States.
- Submits two sets of completed fingerprint cards, signed waiver authorizing the Board to process the fingerprint cards, and appropriate processing fee.
- Has submitted the "Provisional 'C'" notarized affidavit (form available on the Board website), stating:
 - ❖ The information submitted by the applicant, including any accompanying material or documents submitted during the entire application process is true and correct.
 - ❖ The applicant holds a corresponding valid and unrestricted license to engage in clinical / independent social work in another state(s) or U.S. territory.
 - ❖ (S)he has not been disciplined, investigated or is under investigation by a corresponding regulatory agency in another state(s) or U.S. territory.
 - ❖ (S)he has not been held civilly or criminally liable for malpractice in any other state(s) or U.S. territory.

Can be granted a "provisional license" for a period of one (1) year during which time the applicant will ensure that any and all supporting documentation is received by the Board. Failure to produce required documentation will result in expiration of the provisional license one (1) year after its issuance.

Licensure by Endorsement

- Has submitted a completed application with accompanying fees.
- Holds an equivalent, current, valid and unrestricted license to engage in social work in another state(s).
- Has requested completion of the **Verification of Social Work Licensure from Another State** endorsement form from each state licensed. *THIS FORM MUST BE COMPLETED BY THE LICENSING ENTITY, FOR EACH STATE, AND SUBMITTED DIRECTLY TO THE BOARD.* This document can be found on the Board's website at <http://socwork.nv.gov/licensees/LicNewApp/>.
- Has a clear background check report from the Federal Bureau of Investigation (FBI) and Nevada Department of Public Safety (NVDPS).
- **If the licensee has been continuously licensed to engage in the practice of clinical / independent social work for at least five (5) years immediately preceding the date of the application to the Board, then (s)he will be eligible for expedited endorsement and will need to provide only the information listed above.**
- **If the licensee has NOT been continuously licensed to engage in the practice of clinical /independent social work for at least five (5) years immediately preceding the date of the application then (s)he will need to provide information to support that his / her experience is “substantially equivalent” to the requirements for licensure in Nevada.** See below for required documentation.
 - ❖ For a Clinical License, applicant must provide evidence of 3000 hours of postgraduate practice of clinical social work supervised by a Licensed Clinical Social Worker. At least 2000 of these hours must be in the area of psychotherapeutic methods and techniques with individuals, couples, families and groups to help in the diagnosis and treatment of mental, emotional and behavioral disorders, conditions and addictions.
 - ❖ For an Independent License, applicant must provide evidence of 3000 hours of postgraduate practice of independent social work supervised by a Licensed Clinical Social Worker. These hours must include advanced practitioner level of activity in the ability to assist persons, groups, agencies, organizations or communities to enhance or restore their ability to function physically, socially and economically by the application of methods, principles and techniques of case work, group work, community organization, administration, planning, consultation, and research.

Additional documents needed to verify “substantially equivalency”	
Initials	
	Agency job description(s) under which internship hours were completed.
	Copies of records submitted to your Board regarding post-graduate internship hours.
	Qualifications of individual(s) who provided supervision during post-graduate internship hours.

Application Checklist – LCSW or LISW License

**ALL FEES MUST BE INCLUDED WITH THE NOTARIZED APPLICATION
OR THE APPLICATION WILL NOT BE PROCESSED.**

Use the checklist below to ensure that you have **submitted** all required items for the social work application. Some items may not apply.

Initials	
	Application with all information provided. If you answered “yes” to any of questions one (1) through eight (8) on the application, you must provide the Board with requested information detailed below. The applicant may be required to appear before the Board if deemed necessary.
	Explanations for questions one (1) and two (2) on application. See explanation of specific information required below.
	Explanations for questions three (3), four (4), and five (5) on application. See explanation of specific information required below.
	Explanations for question six (6) on application. See explanation of specific information required below.
	Fees Application Fee of \$40.00 (all applicants). Initial License Fee of \$100.00 OR Armed Forces Initial License Fee of \$50.00 Additional Fees (select as appropriate) Provisional License “A” Fee of \$75.00 Provisional License “C” Fee (includes \$100.00 Endorsement fee) of \$175.00 Endorsement Fee of \$100.00 if applicant is seeking licensure by endorsement. TOTAL FEES SUBMITTED \$ _____ This can be a personal check, certified or cashier’s check or money order made out the <i>Board of Examiners for Social Workers</i> . A \$30.00 fee is assessed on all returned checks.
	Copy of Birth Certificate or Passport OR Naturalization Documents OR Documentation from the United States Immigration and Naturalization Service evidencing the lawful entitlement of the applicant to remain and work in the United States.
	Copy of current, legible, official government photo identification (i.e. Driver’s License)
	Copy of all legal documents verifying all name changes from birth.

Use the checklist below to ensure that you have **requested** all required items for the social work application. **Some items may not apply.**

Initials	
	I have requested certified transcripts be sent directly to the Board verifying my coursework and degree.
	I have been, or am currently, certified, registered, or licensed to practice social work in other state(s). I have requested Verification of Social Work Licensure from Another State be sent directly to the Board. <i>Forms are available at the Board website.</i>
	I have previously taken an examination given by the Association of Social Work Boards (ASWB). I have requested verification of my test score from ASWB . <i>Forms are available at the Board website.</i>

My initials serve as acknowledgement of **inclusion** of required items or **requests** for items required for license application. Include this document with your application.

Print Name: _____

Initials

Signature

Date

Explanations to questions one (1) and two (2).

These questions deal with the following –

- *Prior felony convictions; and / or convictions of criminal or civil offenses; and / or convictions for possession, distribution or use of a controlled substance or dangerous drug.*

The Board considers each application on a case by case basis. The following information is required if you have answered “yes” to questions one (1) and / or two (2).

1. A **court certified** copy of the conviction and final or most recent disposition of your case(s) from the Court Clerk of the court in which convicted.
2. A letter from you describing the underlying circumstances of the conviction including the nature of the act(s) or crime(s) and the date(s) of the crime.
3. A letter from you describing rehabilitation efforts or changes you have made to prevent future problems. It is your responsibility to present sufficient evidence of rehabilitation to demonstrate your fitness for licensure. The evidence of rehabilitation may include, but is not limited to:
 - a. An evaluation by a mental health practitioner that addresses the problem and fitness for social work licensure.
 - b. Proof of completion of probation if it was required.
 - c. Letters of reference from employers, instructors, professional counselors, probation or parole officers on official letterhead.

The Board may request additional information as it deems necessary. Information provided will be compared to the information received from the legal background check. If this information does not match, the application process will be pended until the discrepancies are addressed to the Board’s satisfaction.

Explanations to questions three (3) through five (5).

These questions deal with the following –

- *Prior denial of certification / licensure; prior denial of approval to take a licensing exam; being subject to an administrative action / proceeding relating to a professional certification / license; disciplined for unprofessional conduct or professional incompetence.*

The Board considers each application on a case by case basis. The following information is required if you have answered “yes” to questions three (3) through five (5).

1. A letter from you describing the circumstance of the incident.
2. A certified copy of the determination made by the licensing or professional entity.
3. If disciplinary action was imposed, the above document should include date and location of the incident, specific violation, date of disciplinary action, and sanctions or penalties imposed.
4. If disciplinary action was imposed, a letter from you describing rehabilitation efforts or changes you have made to prevent further problems. It is your responsibility to present sufficient evidence of rehabilitation to demonstrate your fitness for licensure. The evidence of rehabilitation may include, but is not limited to:
 - a. An evaluation by a mental health practitioner that addresses the problem and fitness for social work licensure.
 - b. Proof of completion of probation if it was required.
 - c. Letters of reference from employers, instructors, professional counselors, probation or parole officers on official letterhead.

The Board may request additional information as it deems necessary.

Explanations to question six (6).

These questions deal with the following –

- *Any current condition or impairment, including substance abuse, alcohol abuse, mental and / or medical conditions which currently affect delivery of social work services.*

The Board considers each application on a case by case basis. The following information is required if you have answered “yes” to question six (6).

1. A letter from you outlining the circumstances.

The Board may request additional information as it deems necessary.

Board of Examiners for Social Workers
Application for Social Worker License

Independent Social Worker

Clinical Social Worker

Please read instructions before completing this fillable form or print in blue or black ink.

General Information

Present Legal Name: Last First Middle

List any other name(s) ever used:

Mailing Address: Street City State Zip

Telephone () Social Security Number: Date of Birth:

What license type are you applying for (see instructions for description)? Provisional "A" Provisional "C" General Endorsement Initial Armed Forces Initial

Are you currently, or have you ever been licensed, registered or certified as a social worker in another state(s)? No Yes If "yes," which state(s)

Have you ever taken an ASWB examination? No Yes If "yes," date taken If "yes," which level? Masters Advanced Generalist Clinical

Have you completed 3000 postgraduate hours specific to the license you are applying for? Yes No If "no," have you included an application for an internship program? Yes No

What other professional Nevada state licenses or certifications do you currently hold?

Citizenship: U.S. Citizen Alien Registration Number Other Submit a copy of birth certificate, passport, certificate of naturalization or alien registration card with application.

Employment History: List ten (10) years of work history in chronological order beginning with most recent (explain any gaps in employment). Add additional sheets if necessary.

Employer Address Telephone
Position Supervisor Dates of Employment
Duties

Employer Address Telephone
Position Supervisor Dates of Employment
Duties

Employer Address Telephone
Position Supervisor Dates of Employment
Duties

Board Use Only

Date Received Check # Amount

Education:

A copy of a certified transcript showing the degree awarded must be received directly from the school.

Name of School	Location	Major	Degree Date	Degree Awarded
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

	Yes	No
1. Have you ever been convicted of a felony?		
2. Have you ever been convicted of a criminal or civil offense and / or convicted of possession, distribution or use of a controlled substance or dangerous drug?		
3. Have you ever been denied a license or certification or been denied approval to take a licensing examination?		
4. Have you ever been the subject of an administrative action / proceeding relating to a professional license or certification?		
5. Have you ever been disciplined for unprofessional conduct or professional incompetence?		
6. Do you currently have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, mental and / or medical condition) which currently affects your ability to deliver essential social work services?		
If the answer to any of the above questions is "yes," a signed statement of explanation must be attached. Copies of any documents that identify the circumstances or contain an order, or agreement, or other disposition are required.		

Email Address: _____

The Board may use this email address to communicate with you. This email address will be added to the Board Listserv, which is used to disseminate information pertinent to all licensees.

Child Support Information: Please check the appropriate answer. *It is mandatory that you answer this question.*

- _____ a. I am not subject to a court order for the support of child.
- _____ b. I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- _____ c. I am subject to a court order for the support of one or more children and am **not** in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Armed Forces / Veterans: Please check the appropriate answer. The term "veteran" has the meaning ascribed to it, pursuant to NRS 417.005.

- _____ a. I have **NO SERVICE** in the Armed Forces, Commissioned Corps of the United States PHS or the Commissioned Corp of NOAA and served in the capacity of a commissioned officer while on active duty.
- _____ b. I am an active member of the Armed Forces.
- _____ c. I am a veteran of the Armed Forces.
- _____ d. Other – Commissioned Corps of the U.S. PHS or the Commissioned Corps of NOAA and served in the capacity of a commissioned officer while on active duty.

I have read all questions, answers and statements and know the content thereof. I hereby certify under the penalty of perjury that the information furnished on this document is true and correct.

I hereby authorize the Board of Examiners for Social Workers, its agents and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualifications and reputation, as it may deem necessary, proper or desirable. No liability of any sort or kind shall attach itself to the said Board of Examiners for Social Workers, its members, or employees or by reason of the use of the authorization.

Dated

Signature of Applicant

Subscribed and sworn to before me this _____

Notary Seal

day of _____

Month / Year

Signature of Notary

Notary Public for State of _____

My commission expires _____