

NORTH CAROLINA SOCIAL WORK CERTIFICATION AND LICENSURE BOARD
(NCSWCLB)
P.O. BOX 1043
ASHEBORO, NORTH CAROLINA 27204

APPLICATION

[Application is valid for two years from date of initial receipt by the Board]

Applying for: Certification _____ Licensure _____ Both _____ Name (print) _____

****REQUIRED FOR ALL CREDENTIALING LEVELS:**

- Official application (notarized signature required)
 - Non-refundable fee of \$115 per level (payable by money order to NCSWCLB - No personal checks accepted)
 - Three completed Professional Reference Forms in sealed envelopes (signed over the closure)
 - Official transcript in an envelope sealed by school
-

**** The CSW (level A), CMSW (level B), and CSWM (level H) certification credentials are NOT a license to engage in clinical social work practice. North Carolina requires licensure as a Licensed Clinical Social Worker (level C) to engage in or offer to engage in clinical social work practice. If you do not qualify for LCSW licensure you may apply for (level C) Associate License as a LCSWA. ****

**** Check the level you are applying for and any appropriate condition(s) - attach appropriate documents when applicable ****

 LEVEL C – LICENSED CLINICAL SOCIAL WORKER (LCSW)

 Comity: Enclose copy of the state/jurisdiction law determining qualifications you were licensed under, verification of current and active license, and certified proof of having passed the ASWB Clinical Level Examination.

 Comity: (as above, but without having taken the ASWB Clinical Examination.) Enclose copy of the state/jurisdiction law determining qualifications you were licensed under and verification of current and active license. [Application will be reviewed for exam eligibility only. Licensure will not be granted until the exam requirement is met.] ****The License Verification form is available for download under the Certification & Licensure tab (FORMS) on our website at www.ncswboard.org.****

 LEVEL C – LICENSED CLINICAL SOCIAL WORKER ASSOCIATE (LCSWA)

 WITHOUT any post-masters supervised clinical experience, (Submit only those items bulleted above).

 Comity: WITH some post-masters supervised clinical experience in another state/jurisdiction, (In addition to the bulleted items, submit Employment Verification Form AND Clinical Social Work Supervision Form, and a copy of current and active license). **Submit only supervised clinical practice that has occurred within the previous four years.** **** These forms are available for download under the Certification & Licensure tab (FORMS) on our website at www.ncswboard.org.****

EACH APPLICANT MUST COMPLETE SECTIONS I THROUGH VI:

SECTION I: Identifying Information (Type or Print clearly)

A. _____
Legal Full Name: First Middle (Maiden) Last

B. _____
Mailing Address: Street P.O./Apt. City St. Zip County

C. _____
Social Security Number Date of Birth Place of Birth

D. _____
Home Phone Work Phone Fax Email

E. _____
NAME: **Print name as it appears on legal identification** (this is how it will appear on your certificate)

SECTION II: Education Information

School	Location	Degree	Subject	Graduation Date
1. _____				
2. _____				
3. _____				

SECTION III: Professional References

Please provide the following information for the three persons supplying the professional reference forms on behalf of your application for certification/licensure. One of your references must have served as your supervisor. The other two references must be familiar with your social work practice. Relatives, subordinates, and clients are not acceptable references.

1. _____
Supervisor's Name Address

Professional Relationship Telephone Years Known

2. _____
Name Address

Professional Relationship Telephone Years Known

3. _____
Name Address

Professional Relationship Telephone Years Known

SECTION IV: Professional Employment History (Use additional 8 1/2 X 11 sheet if necessary):

A. _____
Current or Last Employer Address

Job Title Supervisor

Job Description

Date Employed Date Separated Weekly Hours Reason for Separation

B. _____
Employer Address

Job Title Supervisor

Job Description

Date Employed Date Separated Weekly Hours Reason for Separation

C. _____
Employer Address

Job Title Supervisor

Date Employed Date Separated Weekly Hours Reason for Separation

D. _____
Employer Address

Job Title Supervisor

Date Employed Date Separated Weekly Hours Reason for Separation

SECTION V: Statement of Professional History

1) ___YES ___NO Are you or have you ever been certified, licensed, or registered to practice by this Board, by another occupational Board, or in another state/jurisdiction? If yes, please provide the following:

Credential	State	Issue date (MM/DD/YYYY)	Expiration date (MM/DD/YYYY)	Exam taken

2) ___YES ___NO Have you ever had a credential denied, limited, reprimanded, suspended, or revoked?

3) ___YES ___NO Have you ever been convicted of a felony or misdemeanor under any laws?

4) ___YES ___NO Are any criminal charges pending against you?

5) ___YES ___NO Has any court, board, agency, or professional organization found you guilty of misconduct, unprofessional conduct, dishonest or fraudulent practice, or incompetent practice?

6) ___YES ___NO Are charges pending against you before any court, board, agency, or professional organization for unprofessional conduct, dishonest or fraudulent practice or incompetent practice?

7) If an answer to questions 2 through 6 is YES, please give full details on a separate *NOTARIZED* statement and provide the Board with a certified copy of any and all court records.

**** ALL APPLICATIONS ARE SUBJECT TO A CRIMINAL BACKGROUND CHECK ****

SECTION VI: Affirmation and Signature

Read and sign the following affirmation. *NOTARIZED* signature is required.

I affirm that I have read the North Carolina General Statute 90B Social Worker Certification and Licensure Act, including the Administrative Rules, Ethical Guidelines and Disciplinary Procedures.

I hereby agree to comply fully with them.

I affirm that the information I am submitting is true, and I further understand that the Board reserves the right to make inquiries about me, including criminal records check, and any of the information I have given in support of my application.

I, _____ State _____ County, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Signature of applicant _____ date: _____

Witness my hand and official seal, this the _____ day of _____, 20 _____.

(Official Seal)

Notary Public _____

My commission expires: _____, 20 _____



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Post Office Box 1043
Asheboro, North Carolina 27204

E-mail: swboard@asheboro.com
Website: www.ncswboard.org

Phone (336) 625-1679 Fax (336) 625-4246 NC Toll Free (800) 550-7009

Professional Reference Form
(Top portion to be completed by applicant)

Applicant Name _____ **Date** _____

Reference Name _____ **Level applied for** _____

I hereby authorize the person named above to provide the North Carolina Social Work Certification and Licensure Board with the following information applicable to my qualifications as an applicant for certification/licensure. I understand that federal legislation provides me with a right of access to this information. This right may be waived, but no organization or person can require me to do so. **[Failure to check one of the boxes will be deemed an incomplete reference and result in a delay of the application review process and may require additional references.]**

- () I hereby waive my right to access the information provided.
- () I do not waive my right to access the information provided.

Applicant Signature

To be completed by designated Reference:

The above named individual is in the process of applying for social work certification/licensure. Your input and candor in completing this reference would be appreciated. Please print legibly or type all answers. Carefully answer each question. Please return this form to the applicant in an envelope with your signature over the sealed closure. He or she will in turn forward your sealed reference to us with the completed application packet. You may also feel free to write or call the Board directly if you have any special concerns.

1. What is your profession?

2. What is your present position?

3. What is or was your relationship with this applicant?

4. How long have you known the applicant?

5. What is your knowledge of the applicant's professional qualifications?
(circle one) Limited Moderate Thorough

6. To the best of your knowledge has this applicant ever been guilty of unprofessional conduct, dishonest practice, incompetence, or fraud? No _____ Yes _____

7. Are you aware of any issues (substance abuse, emotional disorders, etc.) that would impair this individual's ability to practice? No _____ Yes _____

8. Do you have any concerns about this individual that you would like to bring to our attention?
No _____ Yes _____
Describe _____

General Evaluation

(Please Check)	Poor	Good	Superior	Unknown
1. Professional Judgment	_____	_____	_____	_____
2. Ethical Conduct	_____	_____	_____	_____
3. Competence and Skill	_____	_____	_____	_____
4. Concern and Empathy	_____	_____	_____	_____
5. Record Keeping	_____	_____	_____	_____
6. Client Relationships	_____	_____	_____	_____
7. Written Communication	_____	_____	_____	_____
8. Verbal Communication	_____	_____	_____	_____
9. Social Work Knowledge Base	_____	_____	_____	_____

Recommendations

- _____ Recommend highly, without reservation
- _____ Recommend as qualified and competent
- _____ Recommend with some reservation (Please explain below)
- _____ Do not recommend (Please explain below)

Comments

Please list any notable strength, weaknesses, special skills, reservations, or other information that will assist us in assessing this applicant's suitability for certification/licensure.

Signed _____ Date _____

Address _____

City, State, Zip _____ Phone(s) _____

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Thank you for your assistance



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2. Ethical Conduct	_____	_____	_____	_____
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