

LCSW ASSOCIATE RENEWAL INFORMATION

Continuing education (CE) for License renewal is required to maintain professional knowledge and technical competency. The LCSW Associate (LCSWA) license is issued on a two-year basis and will expire two years after the initial month of issuance. **Please keep the Board advised at all times of a current address.**

YOU MUST PASS THE QUALIFYING CLINICAL EXAM TO BE ELIGIBLE FOR RENEWAL OF YOUR LCSWA LICENSE. Current Renewal fee is \$140 for the LCSWA license.

Renewal of your license requires 40 contact hours of CE within the two year licensure cycle. At least four (4) hours of CE must be focused on ethics related to social work practice and ethical decision making.

Credit will **not** be allowed for identical programs completed within the same renewal period, or for job orientation, on the job training, supervision, or case consultation.

THE BOARD DOES NOT APPROVE TRAINING ACTIVITIES IN ADVANCE. All training activities must satisfy the Administrative Code guidelines for Continuing Education [21 NCAC 63.0401].

CONTINUING EDUCATION ACTIVITIES MAY INCLUDE:

1. Academic **Social Work** courses taken for credit or audit. One semester hour is equal to 15 contact hours. Credit for auditing an academic course shall be for actual clock hours attended during which instruction was given with one clock hour equal to one contact hour of credit.
2. Agency-based staff development, seminars, institutes, workshops, mini courses or conferences **oriented to social work practice, values, skills and knowledge.**
3. Cross-disciplinary offerings from medicine, law, and the behavioral social sciences or other disciplines, if such offerings are **clearly related to social work practice, values, skills and knowledge.**
4. Study groups focusing on social work practice if the following can be documented: Study topic; study materials; facilitator; and date and hours of attendance. Participants (not the facilitator) may receive credit.
5. Distance learning courses: Home study, webinars or online courses offered by ASWB or NASW-NC approved providers are the **only** distance education activities considered. The maximum allowed for such courses is one-half of the required hours, up to a maximum of twenty (20) contact hours per renewal period. Visit the Board's website at www.ncswboard.org for more information regarding distance learning.

LATE RENEWAL: Your license expires on the date indicated and may not be extended except through the renewal process. Renewal Affidavits received after the license expiration date, but within 60 days after expiration will be assessed an additional late fee of \$50.00.

Persons failing to renew within 60 days after expiration will have their license suspended for failure to renew and will be assessed an additional reinstatement fee of \$125.00, provided you have passed the clinical exam and are eligible for renewal/reinstatement. **If you are retired or not practicing you may submit a request for non-practicing status. Please refer to NCGS 90B-9 (d); however, the six year allotted time frame for satisfying the 2 year/3000 hours of supervised experience will continue to proceed uninterrupted.**

DO NOT send course descriptions, attendance certificates, or other documentation with your renewal forms. **Please maintain these in your records (for a period of no less than 3 years) as they may be requested for audit or verification.**

The Renewal Affidavit (2 pages) including affirmation statements and list of CE activity, and the appropriate fee (payable by check or money order to NCSWCLB) shall be submitted prior to the expiration of your current license. (Renewal is not complete without the \$140 renewal fee).

NCSWCLB
P.O. Box 1043
Asheboro, NC 27204



NORTH CAROLINA
SOCIAL WORK CERTIFICATION AND LICENSURE BOARD

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

PART I: RENEWAL AFFIDAVIT FOR LCSW ASSOCIATE

Please affirm by initialing each statement then sign and date below.

DATE PASSED CLINICAL EXAM: _____ (MANDATORY)

_____ I affirm/certify that I have engaged in at least 40 hours of continuing education activities during the preceding licensure period in compliance with the NCSWCLB renewal standard for continuing education.

_____ I affirm that I have engaged in at least 4 hours of continuing education focused on ethics related to social work practice and ethical decision making in the preceding licensure period.

_____ I affirm that my ability to perform my professional responsibilities is not impaired in any way or by the use of alcohol, prescription or non-prescription drugs, or other controlled substances.

_____ I affirm that I have not been convicted of a crime since my last renewal except as explained in the attached page (if necessary). (Please include a certified copy of any court records or statement of any current charges that may be pending against you before any court, Board, agency, or professional organization).

_____ I affirm that I have reviewed North Carolina General Statute 90B, the "Social Work Certification and Licensure Act"; **and** Title 21, Chapter 63 of the North Carolina Administrative Code, including the Administrative Rules, Ethical Guidelines, and Disciplinary Procedures, including all that apply to LCSWA licensees, and hereby agree to comply fully with them. Available at www.ncswboard.org.

_____ **I affirm that I have not violated any of the provisions of the North Carolina Social Worker Certification and Licensure Act, and associated Rules, including *Ethical* Guidelines.**

_____ I understand that renewal of my certification/license is subject to a Continuing Education audit which will require me to verify the trainings I attended and submitted for renewal; and I hereby agree to comply fully with the Board's audit request.

_____ I affirm that all information submitted by me or at my request is accurate, and I give permission to the North Carolina Social Work Certification and Licensure Board to verify and /or further investigate any such information, as it may deem appropriate. I understand that any material omission or misrepresentation in my submission shall be grounds for the *immediate action by the Board against my license*.

Printed Name **Signature** **Date**

Home Address (Street, City, State, Zip) **N.C. County of residence**

Check here if new address

Employer **Work Phone#**

License # **SS #** **Home Phone #**

Preferred email address **Cell Phone #**

(Please complete Part II)

