



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

LCSW SHORT-FORM APPLICATION

(Two-Part Document)

PART I: Affirmation and Signature

Note: This document to be used only by LCSW Associates who have completed all requirements for LCSW licensure:

1. 3000 hours of paid supervised clinical experience **in a period no less than 2 years** or more than 6 years;
2. Minimum of 100 hours of clinical supervision; **It must be 2 years since date of 1st supervised practice.**
3. Passed the ASWB Clinical level exam _____ (date of exam).
4. Documentation of continuing education at the required rate of 40 hours within a two-year licensing period, with at least 4 hours of continuing education focused on ethics in social work practice. [Refer to Part II CE log sheet for information on pro-rated continuing education.]

****You will need to include a final Six-Month Review Form with this Short Form application to document all supervised clinical practice experience obtained since your last review.**

____ I affirm that I have completed the necessary requirements to obtain licensure in North Carolina as a Licensed Clinical Social Worker and that the information provided herein is accurate.

____ I affirm that I have reviewed the North Carolina General Statute GS § 90B, the Social Worker Certification and Licensure Act, and Title 21, Chapter 63, of the North Carolina Administrative Code, including the Administrative Rules, Ethical Guidelines, and Disciplinary Procedures; and I hereby agree to fully comply with them. (Please reference the Board's website at www.ncswboard.org for the most current edition)

____ I affirm that I have not violated any of the North Carolina Social Work Certification and Licensure Board governing rules or statutes, including the *Ethical Guidelines*.

____ I affirm that I have not been convicted of a crime (excluding minor traffic violations) since my initial application for associate licensure. (Attach letter of explanation if applicable)

Full Name _____ LCSWA license # _____

Home Address _____

Street/P.O. Box

City/State/Zip

Work Address _____

Street/P.O. Box

City/State/Zip

Home Phone# _____ Work Phone# _____

****All correspondence will be mailed to your home address unless otherwise noted.**

Enclose a non-refundable fee of \$115.00 (personal check, cashier's check or money order) payable to NCSWCLB.

Signature _____ Date _____

LCSW Supervisor Signature _____ Date _____

LCSW Supervisor to check appropriate space below:

_____ I recommend continued supervised clinical practice at the LCSWA level.

_____ I recommend this LCSWA for LCSW licensure (applicable only after completing all minimum requirements).

