

NCSWCLB CERTIFICATION / LICENSURE RENEWAL INFORMATION

Continuing education for certification/license renewal is required to maintain professional knowledge and technical competency. **Please keep the Board advised at all times of a current mailing address for renewal notification.**

The renewal affidavit and the appropriate fee (listed below) shall be submitted PRIOR TO THE EXPIRATION DATE. Certification/Licensure is issued for a two-year period and shall expire on June 30th of the second year after it has been issued. (LCSW Associate's will expire two years after the initial month of issuance and are not eligible for renewal without passing the required exam during the initial licensure period.)

LCSW: \$150 LCSWA: \$140 CSW: \$70.00 CMSW: \$90 CSWM: \$150

Payment for renewal may be made by personal check, money order or certified bank check payable to NCSWCLB and submitted to the Board office at P O Box 1043, Asheboro, NC 27204.

Renewal affidavits received by the Board after the expiration date of their certificate or license, but within 60 days after expiration will be assessed a late fee of \$50.00 in addition to any other applicable fees. **Persons failing to renew within 60 days after expiration will have their credential suspended for failure to renew** and will be assessed a reinstatement fee of \$125.00 in addition to any other applicable fees and required forms. **If you are retired or not practicing you may submit a request for non-practicing status. Please refer to NCGS 90B-9 (d).**

Renewal of certification/licensure requires 40 clock hours of continuing education (CE) within the two year credential cycle. However, if the *initial* renewal term is less than 2 years, a minimum of 30 hours of CE is required for your first renewal only. During each renewal period all NCSWCLB Certified and Licensed social workers shall engage in a minimum of four (4) hours of CE focused on Ethics. Unused CE Hours may not be carried over from one renewal cycle to another.

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]. For information regarding applicable continuing education, please refer to the Continuing Education Guidelines in the Administrative Code -21 NCAC 63 .0401], which are available for viewing on the Board's website from the Quick Links section on the home page. Please also review the Board's Position Statement on Continuing Education under the Position Statements tab at the top of the home page.

DO NOT send course descriptions, attendance certificates, or other documentation with your renewal forms. **It is the social workers responsibility to maintain these in their records should the documents be requested for audit or verification. Please maintain documentation for a period no less than three years.**

The Renewal Affidavit (3 pages) including affirmation statements, a list of CE activity, and Public Notice Statement, and the appropriate fee (payable by check or money order to NCSWCLB) shall be submitted prior to the expiration of your current license or certificate. Renewal is NOT complete without the required renewal fee.



NORTH CAROLINA
SOCIAL WORK CERTIFICATION AND LICENSURE BOARD

Post Office Box 1043
Asheboro, North Carolina 27204
Phone (336) 625-1679 Fax (336) 625-4246

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

NC Toll Free (800) 550-7009

PART I: RENEWAL AFFIDAVIT FOR ALL LEVELS
Please affirm by initialing each statement then sign and date below.

I affirm/certify that I have engaged in at least 40 hours of continuing education activities in the preceding 24 months in compliance with the NCSWCLB renewal standard for continuing education. (30 hours if renewal term is less than 2 years).

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 certificate/license cycle.

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 GS90B, 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, and hereby agree to comply fully with them. Available at www.ncswboard.org

I affirm that I have not violated any of the North Carolina Social Work Certification and Licensure Board 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 certification/license.

Printed Name Signature Date

Home Address (Street, City, State, Zip) NC County of residence
Check here if new address

Employer Work Phone#

License # SS # Home Phone #

Preferred Email Address Cell Phone #

(Please complete Part II & Public Notice Statement)

PUBLIC NOTICE STATEMENT

I certify that I have read and understand the “public notice statement” maintained by the N.C. Industrial Commission, Employee Classification Section on their website at www.ic.nc.gov.

Further, I certify that I have ____ / have not ____ (*check one*) been investigated for employee misclassification within the past twelve (12) months for initial applicants or since my last renewal.

Printed Name

Signature

Date (mm/dd/yyyy)

Applicants who have been investigated for employee misclassification shall attach a copy of the investigation results with their application. Failure to comply with this certification statement and disclosure requirement shall result in denial of your application for certification/licensure/renewal.