

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

Introductory Letter

Dear Social Worker Applicant:

Enclosed please find your application packet. Included you will find information and forms necessary to understand and initiate the application process.

Please read the information carefully before initiating any inquiries. If you have any questions after careful review, you may contact the Board office. Please allow a minimum of 10-14 business days for processing of any complete application packet. Upon completion of the review process, you will be notified by mail.

NOTE: When submitting your application please include **ALL** necessary documents in one complete packet (excluding Verification of Licensure from another jurisdiction as it must come directly from the jurisdiction's regulatory board). **DO NOT SEND DOCUMENTS SEPARATELY.** Be sure that the Professional Reference Forms are in sealed envelopes with the signature of the reference over the sealed closure. Only official (sealed) transcripts and primary source score reports (in sealed envelopes) are acceptable. **AN APPLICATION WILL NOT BE REVIEWED UNTIL ALL REQUIRED DOCUMENTS HAVE BEEN RECEIVED, INCLUDING THE NEWLY REQUIRED PUBLIC NOTICE STATEMENT.**

If you would like verification of receipt of your application, please mail your application with delivery confirmation.

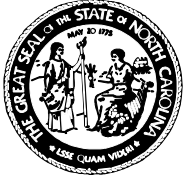
Clinical licensure is a license to practice, and is **mandatory** for those who practice clinical social work in North Carolina. All certification levels are voluntary, but highly valued as a statement of professional responsibility and accountability to upholding established standards.

Certification/Licensure is a significant professional milestone that benefits those we serve and our profession as a whole. We wish you well with this effort and with your other professional endeavors.

Pursuant to N.C. Gen. Stat. §93B-15.1(k), active military or military spouse applicants shall not be charged an initial application fee for a license, certification, registration, or temporary practice permit. If you are applying under these terms, please include a copy of your current orders and military/military dependent ID.

Sincerely,

The North Carolina Social Work Certification and Licensure Board



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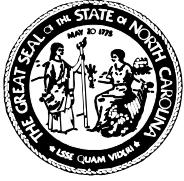
APPLICANT INFORMATION

Application and Application Fee: Application for certification/licensure must be on the forms provided by this Board and must be received and approved by the Board prior to any applicant being authorized to take the Association of Social Work Boards (ASWB) professional examination. An application fee of \$115.00 (US dollars), payable by certified bank check or money order to the NCSWCLB, must accompany the application for certification/licensure. **No personal checks are accepted.** Please review Certification & Licensure Levels and Eligibility Requirements carefully as application fees are not refundable. Individuals who apply for more than one level of certification/licensure must check the appropriate box(es) and forward an additional application fee for each credentialing level (\$115 per level). **Professional reference forms must be dated within a year from receipt of the application by the Board office.** Applications for certification/licensure are valid for two years from the date of initial receipt.

- **APPLICATION FOR CERTIFICATION (Non-clinical social work practice):** Complete pages, 1, 3, 4, 5 and 6 of the application and enclose other documents as applicable to the level for which you are applying. Application, Fee, Professional Reference Forms and transcript required for all levels.
- **APPLICATION FOR LICENSURE:** Complete pages 2, 3, 4, 5 and 6 of the application and enclose other documents as applicable for the level for which you are applying. Application, Fee, Professional Reference Forms and transcript required for all licenses.
- **APPLYING FOR MULTIPLE LEVELS:** If you are interested in applying for more than one level (i.e. licensure and certification), then you will need to complete all five pages of the application and submit an application fee of \$115 for each level for which you are applying, along with the Application, Professional Reference Forms, transcript, and any other required documentation.
- **PUBLIC NOTICE STATEMENT:** The signed statement acknowledging that you have read and understand the Public Notice Statement maintained by the N.C. Industrial Commission, Employee Classification Section is required for **ALL** applicants and applications shall not be considered without receipt of the signed statement.

The North Carolina General Statute 90B-11(a) provides that the Board may, in accordance with the provisions of Chapter 150B of the General Statutes, deny, suspend, or revoke an application, certificate, or license on any of the following grounds:

- 1) Conviction of a misdemeanor or the entering of a plea of guilty or nolo contendere to a misdemeanor under this Chapter.
- 2) Conviction of a felony or entering of a plea of guilty or nolo contendere to a felony under the laws of the United States or any state of the United States.
- 3) Gross unprofessional conduct, dishonest practice, or incompetence in the practice of social work.
- 4) Procuring or attempting to procure a certificate or license by fraud, deceit, or misrepresentation.
- 5) Any fraudulent or dishonest conduct in social work.
- 6) Inability of the person to perform the functions for which he or she is certified or licensed, or substantial impairment of abilities by reason of physical or mental disability.
- 7) Violations of any of the provisions of this Chapter or rules of the Board.



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CERTIFICATION & LICENSURE LEVELS AND ELIGIBILITY REQUIREMENTS

NOTE: Educational requirements are based on a social work degree from a social work program accredited by the Council on Social Work Education (CSWE). Applicants whose social work degree was obtained outside of the United States or its territories should contact CSWE at 1725 Duke Street | Suite 500 | Alexandria VA 22314-3457 to determine educational equivalency.

LEVEL A - CERTIFIED SOCIAL WORKER (CSW)

EDUCATION: BSW from CSWE accredited undergraduate school

EXAMINATION: ASWB **Bachelors level** examination

LEVEL B - CERTIFIED MASTER SOCIAL WORKER (CMSW)

EDUCATION: MSW, DSW, or PhD in social work from CSWE accredited school

EXAMINATION: ASWB **Masters level** examination or ACSW examination

LEVEL C - LICENSED CLINICAL SOCIAL WORKER (LCSW) - A mandatory license for clinical practice.

EDUCATION: MSW, DSW or PhD in social work from CSWE accredited school

EXAMINATION: ASWB **Clinical level** exam

EXPERIENCE: Minimum of 3,000 hours of paid post MSW employment (appropriately supervised clinical practice) **accumulated in no less than two (2) years, nor more than six (6) years.**

SUPERVISION: 100 hours of supervision from a LCSW, MSW with an additional two-years post LCSW clinical social work practice, on a regular basis: at least one (1) hour of supervision for every thirty (30) hours of clinical practice. A maximum of twenty-five (25) hours may be group supervision.

LEVEL C – LICENSED CLINICAL SOCIAL WORKER ASSOCIATE (LCSWA)

EDUCATION: MSW, DSW or PhD in social work from CSWE accredited school

The Associate License (LCSWA) is available for new graduates and for applicants who have not satisfied all requirements for LCSW licensure. Applicants approved and issued the LCSWA license may practice only with appropriate LCSW supervision.

LEVEL H - CERTIFIED SOCIAL WORK MANAGER (CSWM)

EDUCATION: BSW, MSW, DSW, or PhD in Social Work from a CSWE accredited school.

EXAMINATION: ASWB **Advanced Generalist level** examination

EXPERIENCE: Three thousand (3,000) hours of paid employment accumulated in no less than two (2) years, no more than six (6) years in an administrative setting. ***Supervised practice must have occurred within the six year period prior to the date of application.***

SUPERVISION: One hundred (100) hours of supervision by a Social Work Administrator certified by the Board on at least one level with a minimum of five years administration experience in a social work or mental health setting provided on a regular basis. A maximum of fifty (50) hours may be group supervision.

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) [*Active military/military spouse applicants, see introductory letter regarding initial fees.*]
 - 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 wish to apply for licensure, skip this page and begin with page 2. If you do not qualify for LCSW licensure you may apply for (level C) Associate License as a LCSWA. ****

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

___ LEVEL A – **CERTIFIED SOCIAL WORKER (CSW)**

___ Not currently credentialed as a social worker in any other jurisdiction.

___ Substantial Equivalency: Enclose verification of current certification, license, or registration and certified proof of having passed the ASWB Bachelors Level Examination.

___ LEVEL B – **CERTIFIED MASTER SOCIAL WORKER (CMSW)**

___ Not currently credentialed as a social worker in any other jurisdiction.

___ Substantial Equivalency: Enclose verification of current certification, license, or registration and certified proof of having passed the ASWB Masters Level Examination or ACSW exam.

___ LEVEL H – **CERTIFIED SOCIAL WORK MANAGER (CSWM)**

___ Not currently credentialed as a social worker in any other jurisdiction.

___ Enclose completed CSWM Administrative Supervision Form AND Employment Verification Form to demonstrate administrative experience, (**Supervised experience must have occurred within the last six years**).**Administrative Supervision and Employment Verification forms are available for download under the Certification & Licensure tab (FORMS) on our website at www.ncswboard.org.**

___ Substantial Equivalency: Enclose copy of state/jurisdiction law determining qualifications you were certified under and verification of current license, (Requires certified proof of having passed the ASWB Advanced Generalist Exam).

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APPLICATION

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

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

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

___ LEVEL C – **LICENSED CLINICAL SOCIAL WORKER (LCSW)**

___ Substantial Equivalency: 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.

___ Substantial Equivalency: (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).

___ Substantial Equivalency: 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 _____

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.

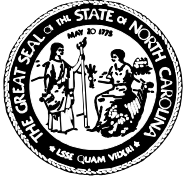
Further, I certify that I have _____ / have not _____ (*check one*) been investigated for employee misclassification within the past twelve (12) months for initial applicants or since my last renewal.

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.



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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

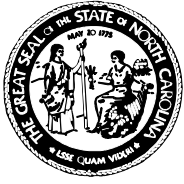
Please list any notable strength, weaknesses, special skills, reservations, or other information that will assist us in assessing this applicant's suitability for certification/licensure.

Signed _____ Date _____

Address _____

City, State, Zip _____ Phone(s) _____

Return this form to the applicant in an envelope with your signature over the sealed closure.
Thank you for your assistance



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

Applicant Name _____ **Date** _____

Reference Name _____ **Level applied for** _____

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5. What is your knowledge of the applicant's professional qualifications?

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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	_____	_____	_____	_____
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9. Social Work Knowledge Base	_____	_____	_____	_____

Recommendations

- _____ Recommend highly, without reservation
- _____ Recommend as qualified and competent
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Comments

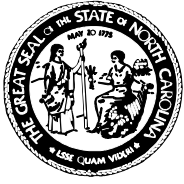
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Address _____

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

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Reference Name _____ **Level applied for** _____

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 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	_____	_____	_____	_____
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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