



State of Nevada
Board of Examiners for Social Workers
4600 Kietzke Lane - C-121
Reno, NV 89502
(775) 688-2555

PLEASE READ BEFORE COMPLETING APPLICATION

Information for Licensure: SOCIAL WORKER (LSW)

Each item on the enclosed application must be completed. Allow 30 days for processing of the application. Failure to provide any of the requested information will result in the application not being processed or being rejected as incomplete. The information provided will be used for identification and to determine qualification for licensure per Nevada Revised Statutes and Nevada Administrative Code, Chapter 641B, which authorizes collection of this information. **PURSUANT TO NRS 641B.500 IT IS UNLAWFUL FOR ANY PERSON TO REPRESENT HIMSELF AS A SOCIAL WORKER WITHOUT A LICENSE. PLEASE BE AWARE YOU MAY NOT ENGAGE IN THE PRACTICE OF SOCIAL WORK UNTIL YOU ARE LICENSED. TO DO SO COULD JEOPARDIZE YOUR LICENSE.**

General Qualifications

1. Applicant must be at least 21 years of age.
2. Applicant must be a United States citizen or must be lawfully entitled to remain and work in the United States. US citizens must submit a copy of their birth certificate or passport. (Hospital certificates are not acceptable). Naturalized citizens must forward a copy of their naturalization certificates. Aliens must submit a copy of documentation from the United States Immigration and Naturalization Service evidencing the lawful entitlement of the applicant to remain and work in the United States.
3. A copy of a current picture I.D. (i.e.: clear picture driver license) must be submitted with your application.
4. Copies of legal documents must be submitted verifying all name changes.
5. Effective July 1, 2005, all applicants for licensure as a social worker in the State of Nevada must submit to the Board a complete set of his fingerprints which the Board will forward to the Central Repository for Nevada Record of Criminal History for submission to the Federal Bureau of Investigation for its report (NRS 641B202). Upon receipt of an application for a license as a social worker, Applicant will be sent TWO (2) fingerprint cards. Applicant is responsible for the fees required to complete the background check. No action can be taken on the file until the fingerprint cards and the appropriate fees have been received in the office.
6. Applicant must possess a baccalaureate or master's degree in Social Work from a college or university accredited by the Council on Social Work Education or which is a candidate for such accreditation. An applicant must cause the college or university from which he graduated to forward directly to the Board a certified transcript of his educational coursework and the degree awarded. In addition to a transcript sent directly to the Board from his university, a graduate of a foreign social work program must also submit the appropriate forms and documentation to the Council on Social Work Education for evaluation of foreign credentials and cause the Council on Social Work Education to submit an original letter to the Board verifying equivalency.
7. Applicant must request verification to be sent directly from each state in which he has been or is currently certified or licensed to practice social work. (The enclosed state verification form may be copied.)

8. Applicant must pass an examination given by the Association of Social Work Boards (ASWB). An examination packet will be sent after the application fees and all supporting documents have been received and approved. An examination fee will be required by ASWB when you register to take the examination. An applicant who possesses a baccalaureate degree in social work will be approved to take the ASWB Bachelors examination. An applicant who possesses a master's degree in social work will be given the option of taking either the ASWB Bachelors or the Masters examination. If an applicant plans to apply for an internship to complete postgraduate hours for a Clinical or Independent Social Worker license he will need to show proof of a satisfactory score on the ASWB Masters examination. An applicant who has taken the ASWB examination in another state must have verification of examination results sent directly to the Board from the state for which examination was taken or from ASWB. (See state verification form enclosed.). If the applicant is not currently licensed in another state, the appropriate examination must have been taken within six months prior to the submission of this application. If the applicant is applying for endorsement, the applicant must have taken the appropriate examination within the last 15 years. An applicant who is enrolled in the last semester before the award of a social work degree in a program accredited by the Council on Social Work Education is eligible to sit for the examination. The applicant must request the social work program to send verification of enrollment in final semester directly to the Board.
9. An applicant seeking endorsement from another state must have verification of licensure sent directly to the Board from the issuing agency. The Board may grant a license to a person who holds a current license to engage in the practice of social work in another state if the requirements at the time the license was issued are substantially equivalent to the requirements in this state. An applicant who holds at least an equivalent license that is in good standing to provide social work services in another state may be licensed without taking the examination prescribed by the Board if the applicant has successfully passed the appropriate licensing examination approved by the Board within the preceding 15 years. Proof of the examination must be received by the Board before a license can be issued.

PROVISIONAL LICENSE

A. A person who applies to take the ASWB appropriate examination (See Item 8 to determine appropriate examination) and meets all the requirements except for the examination may be granted a provisional license. The examination must be taken within 60 days after Board approval. The provisional license is valid for one sitting of the examination only. Only one provisional license per applicant may be issued.

B. A person who meets qualifications 1-5 (on reverse) and (a) possesses a baccalaureate degree or a master's degree in a related field* of study from an accredited college or university recognized by the Board, and (b) presents satisfactory evidence of enrollment in a social work program accredited by the Council on Social Work Education. The verification of enrollment must be sent directly from the program and must include evidence, satisfactory to the Board, of formal admission to the program of study, satisfactory progress toward the degree and a plan showing that the applicant will be able to obtain the degree in social work within 3 years. Applicant must have the college or university from which he graduated with a related degree forward directly to the Board a certified transcript of his educational coursework showing the degree awarded. A license issued under this provision will be valid up to 3 years or upon graduation, whichever occurs first.

*"Related field" means a degree that includes a curriculum in (1) theories or concepts of human behavior and the social environment, (2) methods used in the practice of social work for intervention and the delivery of services, (3) research concerning social work, including, without limitation, the evaluation of programs or practices, (4) management, administration or social policy; (5) ethics in the practice of social work.

Please review the following information if you answered “yes” to any of questions 1 - 8 on the application. Applicants who answer “yes” to any of these questions may be required to appear before the Board if deemed necessary. Failure to provide this information will be grounds for denying the application. The use of deceit or fraud in applying for a license will be grounds for denying the application.

Reporting prior conviction(s) (Questions 1 and 2):

The Board considers each application on a case by case basis. The following information should be submitted with the application if you answer “yes” to questions 1 and 2.

1. A certified copy of the conviction and disposition of your case from the Court Clerk of the court in which convicted.
2. A letter from you describing the underlying circumstances of the conviction including the nature of the act(s) or crime(s) and the date(s) of the crime.
3. A letter from you describing rehabilitation efforts or changes you have made to prevent future problems. It is your responsibility to present sufficient evidence of rehabilitation to demonstrate your fitness for licensure. The evidence of rehabilitation may include, but is not limited to:
 - a. A current psychiatric evaluation that addresses the problem and your suitability for licensure as a social worker.
 - b. Proof of completion of probation if it was required.
 - c. Letters of reference from employers, instructors, professional counselors, probation or parole officers on official letterhead.

The Board may request additional information as it deems necessary.

Reporting administrative actions (Questions 3 –6)

The Board considers each application on a case by case basis. The following information should be submitted with the application if you answer “yes” to questions 3 - 6.

1. A letter from you describing the circumstance of the incident.
2. A certified copy of the determination made by the licensing or professional entity.
3. If disciplinary action was imposed, the above document should include date and location of the incident, specific violation, date of disciplinary action, and sanctions or penalties imposed.
4. If disciplinary action was imposed, a letter from you describing rehabilitation efforts or changes you have made to prevent further problems. It is your responsibility to present sufficient evidence of rehabilitation to demonstrate your fitness for licensure. The evidence of rehabilitation may include, but is not limited to:
 - a. A current psychiatric evaluation that addresses the problem and your suitability for licensure as a social worker.
 - b. Proof of completion of probation if it was required.
 - c. Letters of reference from employers, instructors, professional counselors, probation or parole officers on official letterhead.

The Board may request additional information as it deems necessary.

Other Questions 7 and 8

The Board considers each application on a case by case basis. The following information should be submitted with the application if you answer “yes” to questions 7 and 8

1. A letter from you outlining the circumstances. Further information may be requested.

Fee Schedule (LSW Licensure)

ALL FEES MUST BE INCLUDED WITH THE NOTARIZED APPLICATION OR THE APPLICATION WILL NOT BE PROCESSED.

Fees may be paid by personal check, cashiers/certified check, or money order payable to Board of Examiners for Social Workers. A \$ 30.00 fee is assessed for all returned checks.

_____ \$ 40.00 - Application Fee (Non-refundable)
_____ 75.00 - Initial License Fee (Must be submitted with all application)
_____ 75.00- Provisional License Fee
_____ 100.00 - Endorsement Fee (Applicants who apply for endorsement must include application fee, initial license fee and endorsement fee.)
_____ Total Fees

A money order or certified check in the amount of **\$48.50** made payable to the **Nevada Dept. of Public Safety (NV DPS)** must be submitted with the 2 completed fingerprint cards. **Fees incorrectly received will be rejected.**

An application for licensure, which is not completed within 1 year, will be considered to have lapsed. The Board will not refund any fee related to an application, which has lapsed.

An examination fee of \$230.00 must be paid to ASWB at the time you register to take the examination.

Revised: 03/12

State of Nevada Board of Examiners for Social Workers

License Application for Social Worker (LSW)

Please Type or Print in Blue or Black Ink

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

General Information

Present Legal Name _____
Last First Middle

List any other name ever used: _____

Mailing Address _____
Street City State Zip

Telephone (____) _____ Social Security Number _____ Date of Birth _____

Are you currently or have you ever been licensed, registered, or certified as a social worker in another state?

Yes _____ No _____ If yes, which state(s)? _____

Have you taken an ASWB examination? Yes _____ No _____ If yes, Date exam taken _____

If Yes, which level? Bachelors _____ Masters _____ Advanced Generalist _____ Clinical _____

What other professional Nevada state licenses or certifications do you currently hold? _____

Are you seeking a provisional license? Yes _____ No _____

If yes, to take ASWB exam _____ or, to obtain a social work degree _____ ?

Citizenship: US Citizen _____ Alien Registration # _____ Other _____

SUBMIT COPY OF BIRTH CERTIFICATE, PASSPORT, CERTIFICATE OF NATURALIZATION OR ALIEN REGISTRATION CARD.

Employment

List a **minimum 10 years work history** in chronological order beginning with the most recent (**explain any gaps**).

Attach additional sheets if necessary.

Employer Address Telephone

Position Supervisor Dates of Employment

Duties

Employer Address Telephone

Position Supervisor Dates of Employment

Duties

Employer Address Telephone

Position Supervisor Dates of Employment

Duties

Board Use Only

Date Received _____ Check # _____ Amount _____

Education:

A COPY OF A CERTIFIED TRANSCRIPT SHOWING THE DEGREE AWARDED MUST BE RECEIVED DIRECTLY FROM THE SCHOOL

Name of School	Location	Major	Date Degree	Awarded
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- | | Yes | No |
|---|-------|-------|
| 1. Have you ever been convicted of a felony? | _____ | _____ |
| 2. Have you ever been arrested or convicted of or charged with a criminal or civil offense and/ or convicted or charged with possession, distribution or use of a controlled substance or dangerous drug? | _____ | _____ |
| 3. Have you ever been denied a license or certification or been denied approval to take a licensing examination? | _____ | _____ |
| 4. Have you ever been the subject of an administrative action or proceeding relating to a professional license or certification? | _____ | _____ |
| 5. Have you ever surrendered a professional license or certification voluntarily or otherwise? | _____ | _____ |
| 6. Have you ever been charged with unprofessional conduct or professional incompetence? | _____ | _____ |
| 7. Do you have a medical condition that in any way impairs or limits your ability to deliver _____ essential social work services? | _____ | _____ |
| 8. Do you use any chemical substance(s) (including prescriptions) which in any way impairs or limits your ability to deliver essential social work services? | _____ | _____ |

If the answer to any question 1 through 8 is "Yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstances or contain an order, agreement or other disposition are required.

9. **Child Support Information-Please check appropriate answer-It is mandatory that you answer this question.**
- a. ___ I am not subject to a court order for the support of a child
- b. ___ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- c. ___ I am subject to a court order for the support of one or more children and am **not** in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

I have read all questions, answers and statements and know the contents thereof. I hereby certify under the penalty of perjury that the information furnished on this document is true and correct.

I hereby authorize the Board of Examiners for Social Workers, its agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualifications and reputation, as it may deem necessary, proper or desirable. No liability of any sort or kind shall attach itself to the said Board of Examiners for Social Workers, its members, servants or employees or by reason of the use of the authorization.

Dated

Signature of Applicant

Subscribed and sworn to before me on this ____ day of _____
Month/Year

Notary Seal

Signature of Notary

Notary Public for State of _____

My commission expires _____

State of Nevada
Board of Examiners for Social Workers
4600 Kietzke Lane – C-121, Reno, NV 89502

Applicant: Complete the top portion of this form and send it to each state in which you are or have been certified, registered or licensed. The agency issuing the license, registration or certification should complete the form and return it directly to this office. Some states require a fee for this service.

The Nevada State Board of Examiners for Social Workers has received an application for social work license from:

Name: _____ Date of Birth: _____

License #: _____ Social Security #: _____

1. Is this individual currently certified or licensed in your state? Yes _____ No _____
If yes, Date of issue: _____ Expiration date _____ At What level? _____

2. Is the license currently in good standing? Yes _____ No _____

3. What was the basis for certification or licensure in your state? Endorsement _____ Exam _____
Grandfathered _____

If licensed by exam, please complete the following:

ASWB Exam ? Yes _____ No _____ Examination Level _____

Passing Score _____ Applicant's Score _____ Examination Date _____

Were postgraduate supervised hours a requirement for licensure or certification? Yes _____ No _____

If yes, what was the requirement? _____

If yes, what were the qualifications for the supervisor(s) _____

If yes, how often did the supervisor and applicant meet? _____

4. Has this certification/license ever been suspended, revoked, restricted or otherwise encumbered?
Yes _____ No _____ If yes, please explain: _____

5. Has this individual ever been the subject of any disciplinary action? Yes _____ No _____
If yes, please explain: _____

6. Are there any unresolved complaints pending against this individual? Yes _____ No _____
If yes, please explain: _____

Signature State

Title Date

Seal