



STATE OF NEVADA

BOARD OF EXAMINERS FOR SOCIAL WORKERS

4600 Kietzke Lane, Suite C121, Reno, Nevada 89502

775-688-2555

PLEASE READ BEFORE COMPLETING APPLICATION

Information for Licensure:

CLINICAL SOCIAL WORKER (LCSW) or INDEPENDENT SOCIAL WORKER (LISW)

Pursuant to NRS 641B.500, it is unlawful for any person to represent him/herself as a social worker without a license. You may not engage in the practice of social work until you are licensed.

EACH item on the enclosed application must be completed. Once **ALL** information has been received by the Board, the application will be processed. Allow forty-five (45) days for processing of the completed application. Failure to provide requested information will result in a delay or rejection of the application as incomplete.

GENERAL QUALIFICATIONS / REQUIREMENTS

1. Applicant must be at least twenty-one (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.
 - a. U.S. citizens must submit a copy of their birth certificate or passport. (Hospital certificates are not acceptable).
 - b. Naturalized citizens must forward a copy of their naturalization certificate.
 - c. 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. Applicant must possess a Master's degree in Social Work from a college or university accredited by the Council on Social Work Education.
4. Applicants must pass the appropriate examination given by the Association of Social Work Boards (ASWB).
5. Applicant must pass state and federal background checks.

An application for licensure, which is not completed within six (6) months, will be considered closed. The Board will not refund any fee related to an application, which has closed.

FINAL APPROVAL FOR LICENSURE WILL OCCUR AFTER RECEIPT OF THE BACKGROUND CHECK REPORTS.

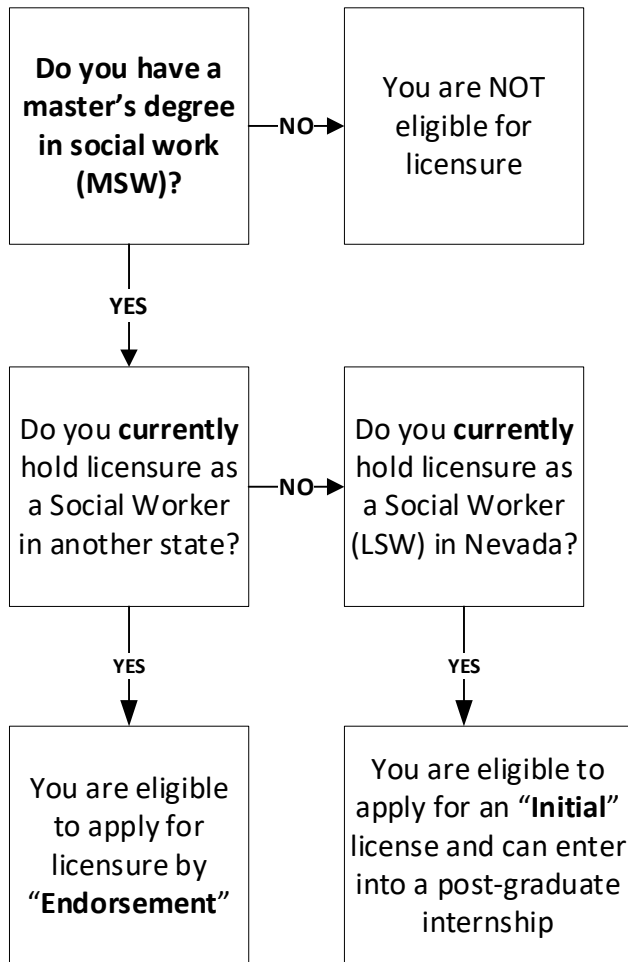
Please refer to NRS 641B and NAC 641B for specific laws and statutes about licensure. Links to these documents can be found at the Board website - <http://socwork.nv.gov/>.

License Types

- Initial LCSW license via completion of a post-graduate clinical internship
- Initial LISW licensure via completion of a post-graduate independent internship
- Licensure as a LCSW or LISW by Endorsement

Please use the decision tree below to determine which type of license to apply for. A narrative explanation will follow the decision tree.

DECISION TREE FOR TYPE OF LCSW / LISW LICENSURE



Narrative explanation of LCSW / LISW License Types

Initial LCSW / LISW license

- Master's Degree in Social Work from a CSWE accredited program.
- Is licensed in Nevada as a Social Worker (LSW) prior to entering into a post-graduate Clinical / Independent Internship.

Licensure by Endorsement

- Master's degree in Social Work from a CSWE accredited program.
- Holds an current, equivalent, valid and unrestricted license to engage in social work in another state(s).

Verification of current licensure is submitted by each state directly to the Board. Nevada document can be found on the Board's website at <http://socwork.nv.gov/licensees/LicNewApp/>.

FEES FOR LICENSURE

- Application fee \$40.00
- Initial license fee \$100.00

If you are applying for an "Endorsed" license – add an additional fee of \$100.00

Armed Forces Discount on License fee (50% reduction in initial license fee)

- Applicant has verified eligibility as an active member of, or the spouse of an active member of the Armed Forces of the United States; is a veteran or a veteran's surviving spouse. Approved verification information can be found on the Board's website at: <http://socwork.nv.gov/uploadedFiles/socworknv.gov/content/licensees/Attachment2.pdf>

Board of Examiners for Social Workers
Application for Social Worker License (LSW)

Please read instructions before completing this fillable form or print in blue or black ink.

General Information:

Present Legal Name: _____
Last First Middle

List any other name(s) ever used: _____

Mailing Address: _____
Street City State Zip

Telephone (____) _____

Social Security Number: _____ Date of Birth: _____

Citizenship:

U.S. Citizen

Alien Registration Number _____

Other _____

Email Address (mandatory): _____

The Board will use this email address to communicate with you. This email address will be added to the Board Listserv, which is used to disseminate information pertinent to all licensees.

License Information:

What license type are you applying for (see instructions for description)?

Initial

Endorsement (Currently licensed as a Social Worker in another state)

Are you currently, or have you ever been licensed, registered or certified as a Social Worker in another state(s)?

No Yes If "yes," list state(s) _____

Have you ever passed an ASWB examination? No Yes If "yes," date taken _____

If "yes," which level? Bachelors Masters Advanced Generalist Clinical

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

Board Use Only

Date Received _____

Check / Money Order # _____ Amount _____

Employment History:

List **ten** (10) years of work history in chronological order **beginning with most recent** (explain any gaps in employment, i.e. attending school, raising children, etc.). You must account for all the time, even if you were not working.

Add 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		

Employer	Address	Telephone
Position	Supervisor	Dates of Employment
Duties		

Employer	Address	Telephone
Position	Supervisor	Dates of Employment
Duties		

Education Information:

A copy of a certified transcript showing the highest degree awarded must be received directly from the school.

Name of School	Location	Major	Degree Awarded	Degree Date

Screening Questions: If you answered “yes” to any of the following five (5) questions, you must provide the Board with requested information as detailed below.

	Yes	No
<p>1. Have you ever been arrested, charged and / or convicted of any misdemeanor, gross misdemeanor or felony (other than a minor traffic violation)? <i>Information provided will be compared to the information received from the legal background check. If this information does not match, the application process will be pended until the discrepancies are addressed to the Board’s satisfaction.</i></p>		
<p>If you answered “yes” to this question, you must provide the following information –</p> <ul style="list-style-type: none"> • A list of your arrest(s), charge(s) and / or conviction(s) in chronological order. • A court certified copy of records pertaining to arrests, charges and / or convictions from the Court Clerk in the community where the incident(s) occurred. • A court certified copy of final or most recent disposition of your case(s) from the Court Clerk of the court in which convicted. • A letter from you describing the underlying circumstances of your arrest(s), charge(s) and / or conviction(s) including the nature of the act(s) or crime(s) and the date(s) of the crime. • A letter from you describing your rehabilitation efforts or changes you have made to prevent future problems. <ul style="list-style-type: none"> ▪ <i>It is your responsibility to present enough evidence of rehabilitation to demonstrate your fitness for licensure. The Board may request additional information as it deems necessary.</i> 		

	Yes	No
<p>2. Have you ever been denied a license or certification or been denied approval to take a licensing examination?</p>		
<p>3. Have you ever been the subject of an administrative action / proceeding relating to a professional license or certification?</p>		
<p>4. Have you ever been disciplined for unprofessional conduct or professional incompetence?</p>		
<p>If you answered “yes” to any of these questions, you must provide the following information –</p> <ul style="list-style-type: none"> • A letter from you describing the circumstance of the incident. • A certified copy of the determination made by the licensing or professional entity. • <u>If disciplinary action was imposed</u>, the above document should include date and location of the incident, specific violation, date of disciplinary action, and sanctions or penalties imposed. • <u>If disciplinary action was imposed</u>, a letter from you describing rehabilitation efforts or changes you have made to prevent further problems. • A letter from you describing your rehabilitation efforts or changes you have made to prevent future problems. <ul style="list-style-type: none"> ▪ <i>It is your responsibility to present enough evidence of rehabilitation to demonstrate your fitness for licensure. The Board may request additional information as it deems necessary.</i> 		

	Yes	No
<p>5. Do you currently have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, mental and / or medical condition) which currently affects your ability to deliver essential social work services?</p>		
<p>If you answered “yes” to this question, you must provide the following information –</p> <ul style="list-style-type: none"> • A letter from you describing the circumstances. <ul style="list-style-type: none"> ▪ <i>The Board may request additional information as it deems necessary.</i> 		

Child Support Information: Please check the appropriate answer. *It is mandatory that you answer this question.*

- _____ a. I am not subject to a court order for the support of 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.

Armed Forces / Veterans: Please check the appropriate answer. The term “veteran” has the meaning ascribed to it, pursuant to NRS 417.005.

- _____ a. I have **NO SERVICE** in the Armed Forces, Commissioned Corps of the United States PHS or the Commissioned Corp of NOAA and served in the capacity of a commissioned officer while on active duty.
- _____ b. I am an active member, or spouse of an active member of the Armed Forces.
- _____ c. I am a veteran, or spouse of a veteran of the Armed Forces.
- _____ d. Other – Commissioned Corps of the U.S. PHS or the Commissioned Corps of NOAA and served in the capacity of a commissioned officer while on active duty.

I have read all questions, answers and statements and know the content 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 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, or employees or by reason of the use of the authorization.

_____ Dated _____ Signature of Applicant _____

State of _____

Notary Seal

County of _____

Subscribed and sworn to before me this _____

day of _____
Month / Year

By _____

Signature of Notary

Notary Public for State of _____

My commission expires _____

Application Checklist – LCSW / LISW License

The following items are required with your application.

Please use the checklist to ensure that you have given us all the information we require. Failing to provide the required information will delay your application.

Initials	
	Application with all information provided. Signatures are notarized.
	<p>GENERAL FEES – ALL APPLICANTS</p> <p style="padding-left: 40px;">Application Fee of \$40.00</p> <p style="padding-left: 40px;">Licensure Fees (select ONE)</p> <p style="padding-left: 40px;">Initial License Fee of \$100.00 OR Armed Forces Initial License Fee of \$50.00</p> <p>SUBTOTAL OF GENERAL FEES \$ _____</p> <p>Additional Fees (select as appropriate)</p> <p style="padding-left: 40px;">Endorsement Fee of \$100.00 if applicant is seeking licensure by endorsement.</p> <p>SUBTOTAL OF ADDITIONAL FEES \$ _____</p> <p>TOTAL FEES SUBMITTED \$ _____</p> <p style="padding-left: 40px;"><i>This can be a personal check, cashier's check or money order made out the Board of Examiners for Social Workers. A \$30.00 fee is assessed on all returned checks.</i></p>
	Copy of Birth Certificate or Passport OR Naturalization Documents OR Documentation from the United States Immigration and Naturalization Service evidencing the lawful entitlement of the applicant to remain and work in the United States.
	Copy of current, legible, official government photo identification (i.e. Driver's License)
	Copy of all legal documents verifying all name changes from birth (including birth certificate).
	Fingerprint packet – <ul style="list-style-type: none"> • <u>Two</u> (2) complete sets of fingerprint cards (Form FD-258) – one (1) for FBI and one (1) for state. • Signed Fingerprint Waiver form, • A money order in the amount of \$36.25 made payable to the Nevada Dept. of Public Safety (NV DPS).
	I have requested certified transcripts be sent directly to the Board verifying my coursework and degree from the university where I received my highest social work degree.

Endorsement Applicants

Initials	
	I have requested Verification of Social Work Licensure documentation from all state(s) I have ever been licensed to practice Social Work in. This documentation must be sent directly to the Board. <i>The State Endorsement Form is available at the Board website.</i>

My initials serve as acknowledgement of **inclusion** of required items or **requests** for items required for license application. Include this document with your application.

Print Name: _____

Initials _____ Signature _____