



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 via Post-Graduate Internship
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 provide one form of identification that verifies birth date, including
 - a. Copy of birth certificate (Hospital certificates are not acceptable), or
 - b. Copy of current passport.
3. Applicant must provide a copy of current driver's license or state identification card.
4. Applicant must possess a Master's degree in Social Work from a college or university accredited by the Council on Social Work Education.
5. Applicants must pass the appropriate examination given by the Association of Social Work Boards (ASWB).
6. 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.

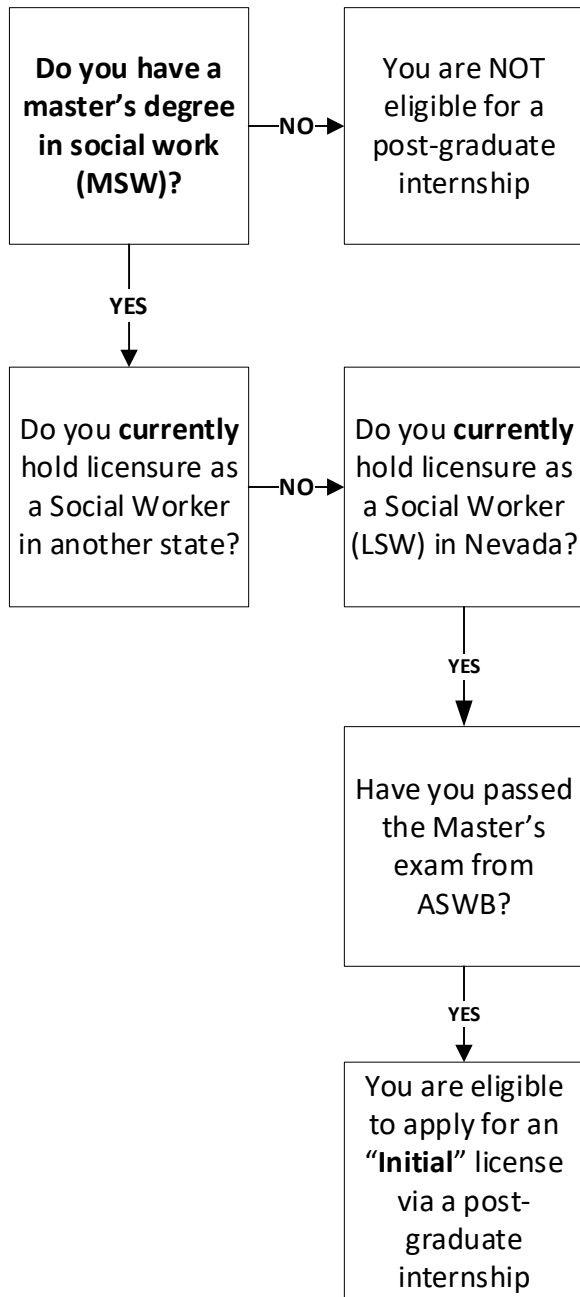
Please refer to NRS 641B and NAC 641B for specific laws and statutes about licensure. Links to these documents can be found at the Board website - <http://socwork.nv.gov/>.

License Types

- LCSW licensure via completion of a post-graduate clinical internship
- LISW licensure via completion of a post-graduate independent internship

Please use the decision tree below to determine if you are eligible for licensure via a post-graduate internship. A narrative explanation will follow the decision tree.

DECISION TREE FOR TYPE OF LCSW / LISW INTERNSHIP



Narrative explanation of LCSW / LISW Internship Types

Initial LCSW / LISW license via Internship

- Master's Degree in Social Work from a CSWE accredited program.
- Is licensed in Nevada as a Social Worker (LSW).
- Has passed the Master's examination given by the Association of Social Work Boards (ASWB).

FEES FOR LICENSURE

- Application fee \$50.00
- Initial license fee \$125.00

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/socworknvgov/content/licensees/Attachment2.pdf>

Board of Examiners for Social Workers
Application for Clinical Social Worker License (LCSW) or
Independent Social Worker (LISW) via Internship

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: _____ **OR**

ITIN Number: _____

Date of Birth: _____

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 LCSW licensure via a post-graduate internship

Initial LISW licensure via a post-graduate internship

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 _____

Amount _____

Check # _____

Money Order # _____

EFT Payment _____

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 | | |

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| 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 _____

County of _____

Notary Seal

Subscribed and sworn to before me this _____

day of _____
Month / Year

By _____

_____ Signature of Notary

Notary Public for State of _____

My commission expires _____

To Be Completed by Internship Supervisor

Present Legal Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip

Telephone (_____) _____

Nevada Clinical Social Work (LCSW) or Independent Social Work (LISW) license number: _____

Email Address (mandatory): _____

Are you an employee of, or contracted with, the proposed **Internship Site one (1)**? Yes No If "no," who is the licensed on-site mental health professional (include his/her licensure) _____

Are you an employee of, or contracted with, the proposed **Internship Site two (2)**? Yes No If "no," who is the licensed on-site mental health professional (include his/her licensure) _____

Are you able to demonstrate at least three (3) years of experience as a licensed clinical social worker or independent social worker? Yes No

Have you completed an intern supervisor training workshop in the last five years? Yes No

Are you able to demonstrate that your current practice consists of not less than 15 hours per month of practice?
 N/A Yes No

Do you or have you ever had any business or personal relationship with the applicant? Yes No

Do you or have you ever had a client relationship with the applicant? Yes No

Number of social work interns you currently have under your supervision (not including this applicant)? _____

If this is your first time as an intern supervisor, please attach a copy of your current resume and list the names, addresses and telephone numbers of three (3) references that are able to critique your qualifications as a social worker and supervisor of social worker interns.

| Supervisor's Initials | |
|-----------------------|--|
| | Supervisor assures that the intern will be properly trained to administer and score the following list of assessment tools used in the agency, prior to implementing use of them . Assessments used are – _____ _____ _____ |
| | Agency provides secure storage for client files , including transportation of client files if these files are taken out of the Agency (e.g. to provide in-home services). |
| | If the intern will be providing services, including therapy, AWAY FROM THE AGENCY , supervisor confirms that there is a clear safety plan, including an on-call list for the intern to use if needed. |

SUPERVISOR - My initials serve as certification of items initialed above.

Supervisor's Name: _____

Initials Signature Date

CLINICAL / INDEPENDENT INTERNSHIP SUPERVISION CONTRACT

Article I PARTIES

This contract is made by and between _____ and _____
Intern Supervisor
hereafter referred to as Intern and Supervisor, respectively.

Article II PURPOSE

The purpose of this agreement is the provision of internship supervision for the practice of clinical social work or independent social work in Nevada as defined by Nevada Revised Statute (NRS) 641B.

Article III TERM

This contract is effective from _____ and will remain in effect until _____ unless
month / day / year month / day / year
unless terminated by the Intern or Supervisor after thirty (30) days advanced written notice. Duration and termination of internships and internship supervision is subject to conditions specified by Nevada Revised Statute (NRS) 641B and Nevada Administrative Code (NAC) 641B.

Article IV INTERNSHIP SITE(S)

Internship Site One (1): _____

Internship Site Two (2): _____

Intern and Supervisor agree and declare that no practice shall be engaged in outside of the site(s) listed above.

Article V INTERNSHIP CONTENT AND PROCESS

Content: Intern and Supervisor agree the content of the internship learning experience will adhere to the Board of Examiners for Social Workers "Learning Objectives" for clinical or independent internships as available on the Board website. www.socwork.nv.gov.

Process: Intern and Supervisor agree that the process of the internship learning experience will comply with Nevada Administrative Code (NAC) 641B.140 through 641B.170 as available on the Board website. www.socwork.nv.gov.

Intern and Supervisor agree to establish supervision scheduled no less than one (1) hour per week.

Article VI COMPENSATION FOR SUPERVISION

Intern agrees to pay Supervisor \$ _____ per hour for supervision provided during the contract period.

Supervisor agrees to do monthly on-site visits at any site that they are not employed at or contracted with.

Article VII GENERAL PROVISIONS

This agreement supersedes any and all other agreements, oral or written, between Intern and Supervisor hereto with respect to the rendering of supervision of Intern by Supervisor. This document contains all of the covenants and agreements between Intern and Supervisor with respect to representations, inducements, promises or agreements, orally or otherwise, made by any party, or anyone acting on behalf of any party, which are not embodied herein, and that no other agreement, statement or promise not contained in the agreement shall be void or binding.

Any modification of this agreement will be effective only if in writing, signed by Interns and Supervisor, submitted to and approved by the Nevada State Board of Examiners for Social Workers. Such modifications must be in compliance with applicable Nevada Revised Statutes and Nevada Administrative Codes.

If any action at law or in equity, including an action for declaratory relief, is brought to enforce or interpret the provisions of this agreement, the prevailing party will be entitled to reasonable attorney's fees, which may be set for that purpose, in addition to any other relief that the party may be entitled.

Intern applicants are reminded that a Board approved internship is not a license to independently practice social work in Nevada. Interns must post, in a conspicuous place, the Board issued internship certificate which clearly identifies the applicant as an intern and the name of the intern supervisor. Pursuant to NAC 641B.240(2), an intern must use the title "Intern" in all communications with the Board and his or her respective clients.

The minimum length of an approved internship program is twenty-four months of practice; the internship program must be completed within thirty-six months from the original approval date unless otherwise approved by the Board. Extensions are granted for good cause only.

Supervisors and interns are required to meet for at least one hour every week. There are typically twenty-six (26) weeks in a reporting period.

| Supervisor's Initials | Internship will address the following competencies, required for successful completion of the internship. |
|-----------------------|--|
| | Completion of clinical psychosocial assessments and determination of comprehensive diagnoses using current edition of DSM. |
| | Knowledge and utilization of mental status exams. |
| | Knowledge and use of various assessment tools to assess individuals, couples, families and groups. |
| | Development and implementation of treatment plans and measurable goals. |
| | Utilization of various clinical intervention approaches in the practice of psychotherapy. |
| | Engagement in psychotherapy with individuals, couples, families and groups. |
| | Review and document treatment outcomes in a timely way. |
| | Knowledge, coordination and use of community, county, state and federal resources. |
| | Knowledge of pharmacology and its impact on clients. |
| | Knowledge of substance and behavioral addictions and related clinical interventions |
| | Completion of evaluations for suicidal / homicidal ideation and use of related interventions (to include legal holds and duty to warn). |
| | Understanding of mandated reporting of child abuse, elder abuse, and abuse of vulnerable populations and related interventions |
| | Engagement with a wide range of clients and diagnoses. |
| | Understanding the parameters of client confidentiality and the legal / ethical ramifications pertaining to social work practice. |
| | Knowledge and implantation of ethical and cultural considerations in clinical practice. |
| | Utilization of supervision for a critical review of practice. |
| | Connecting social work goals, values and ethics to administrative responsibility to clients, agency and community. |
| | Intern engages in self-evaluation, to include awareness of and conscious use of self in practice. |
| | Understanding of safety considerations, managing crisis situations and risk management issues related to clients. |
| | Understanding of NRS 641B and NAC 641B as governing language about the practice of social work. Connecting NASW Code of Ethics to Nevada laws. |
| | Competence in the use of technology associated with practice and telehealth as a method of treatment. |
| | Understanding of agency operations, including funding sources, billing for services, payment for services and collections. |
| | Other: |
| | Other: |

This agreement shall be governed by and constructed in accordance with the laws of the State of Nevada.

_____ Dated

_____ Signature of Intern

_____ Dated

_____ Signature of Supervisor

State of _____

County of _____

Subscribed and sworn to before me this _____

day of _____

Month / Year

By _____

Notary Seal

_____ Signature of Notary

Notary Public for State of _____

My commission expires _____

Application Checklist – LCSW / LISW Internship

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 | |
| | License Application with all information provided. Signatures are notarized. |
| | <p>GENERAL FEES – ALL APPLICANTS</p> <p>Application Fee of \$50.00</p> <p>Licensure Fees (select ONE)</p> <p>Initial License Fee of \$125.00 OR Armed Forces Initial License Fee of \$62.50</p> <p>TOTAL FEES SUBMITTED \$ _____</p> <p><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). |
| | <p>Fingerprint packet IF background check for LSW license is more than six (6) months old</p> <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 \$40.25 made payable to the Nevada Dept. of Public Safety (NV DPS). |
| | <p>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.</p> <p>This is in addition to the transcripts requested for your LSW file.</p> |

| | |
|----------|---|
| Initials | |
| | Internship Application with all information provided. |
| | Job Description(s) for internship position(s) |
| | Supervision Contract |
| | Access Letter (if supervisor is not employed / contracted by the agency where internship will be completed) |

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

Applicant's Name: _____

Initials

Signature

Date