



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)

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 complete 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 baccalaureate or 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 complete within nine (9) 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/>.

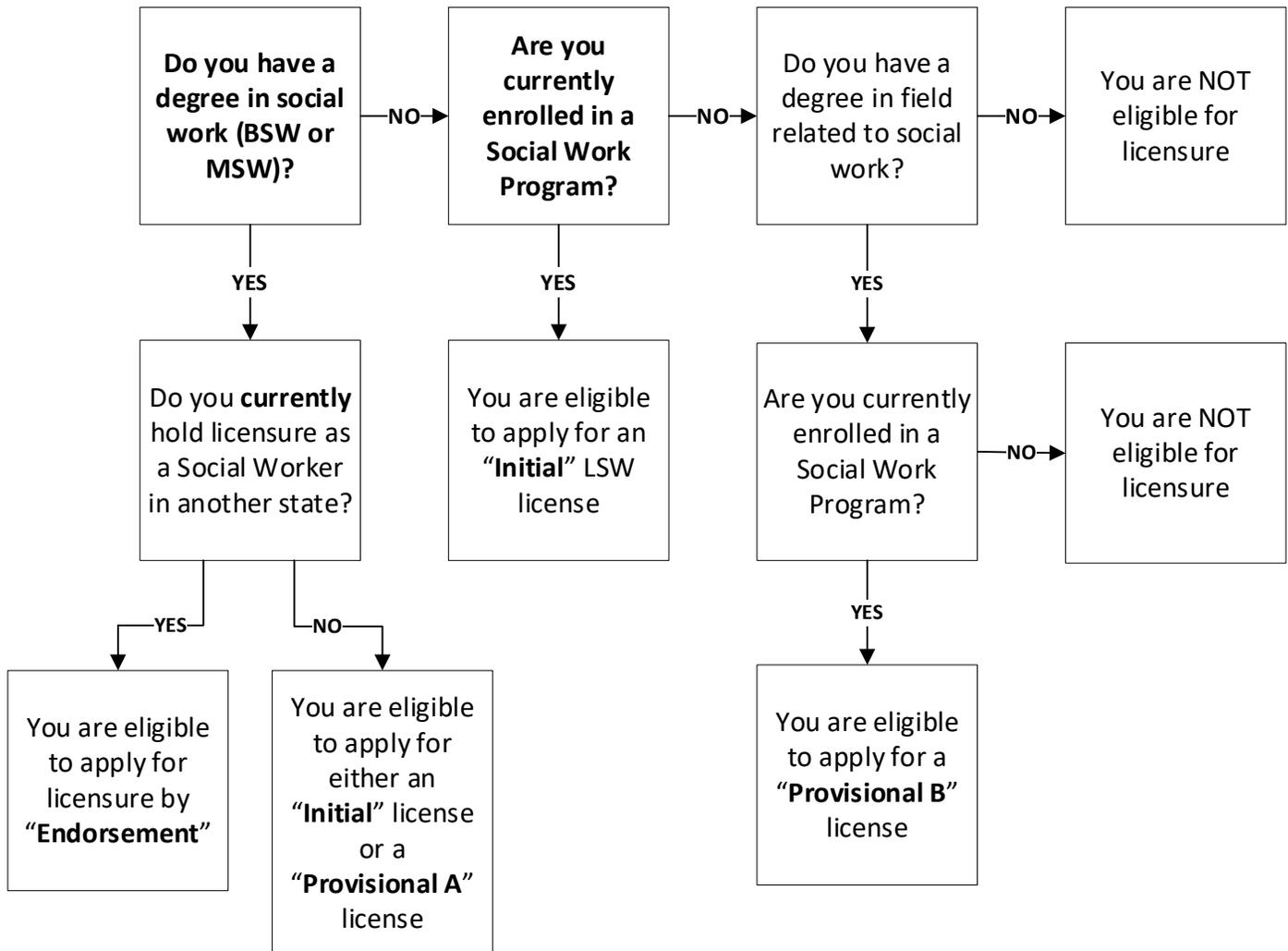
LSW License Types

There are several types of LSW licensure

- Initial LSW license
- Provisional “A” license
- Provisional “B” license
- Licensure by Endorsement

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

DECISION TREE FOR TYPE OF LSW LICENSURE



Narrative explanation of LSW License Types

Initial LSW license

- No prior licensure in the field of social work
- Bachelor's or Master's Degree in Social Work from a CSWE accredited program.

Provisional "A" – Temporary 90-day License

- Bachelor's or Master's Degree in Social Work from a CSWE accredited program.
- Has not taken appropriate licensing exam through ASWB.

Can be granted a "provisional license" for a period of ninety (90) days once Board has given exam approval. The exam must be passed within sixty (60) days. This license is valid for one attempt of the exam only and an applicant may be issued only one provisional license.

Provisional "B"

- Has a Bachelor's degree or Master's degree in a related field of study (see below).
- Is currently enrolled in a Social Work program accredited by CSWE.
- Current college / university has verified enrollment in a Social Work program and verifies a program of study that will allow the student to obtain his / her degree in Social Work within three (3) years.

Can be granted a "provisional license." This license will be valid for up to three (3) years OR graduation, whichever comes first.

***Related Field Definition** - "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."*

Licensure by Endorsement

- Bachelor's or Master's Degree in Social Work from a CSWE accredited program.
- Holds an equivalent, current, valid and unrestricted non-clinical 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 \$50.00
- Initial license fee \$125.00

If you are applying for a "Provisional" license – add an additional fee of \$93.75

If you are applying for an "Endorsed" license – add an additional fee of \$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/socworknv.gov/content/licensees/Attachment2.pdf>

Application for License as a Social Worker (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: _____ 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

Provisional "A" (Temporary license)

Provisional "B" (Related field license)

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 _____

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		

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)?</p> <p><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 _____

Notary Seal

State of _____

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 _____



State of Nevada

Board of Examiners for Social Workers

4600 Kietzke Lane, #C-121, Reno, NV 89502

(775) 688-2555

FINGERPRINT REQUEST FORM

Please provide this form to the fingerprint technician/official at the time the fingerprints are taken to ensure that all fields contain the required/authorized information needed for processing. **Applicants without a Fingerprint Request Form or with an incomplete Fingerprint Request Form may be denied fingerprinting until all applicable information is received.**

Fingerprint technician, please ensure that you see photo ID for identity verification purposes prior to fingerprinting.

Applicant Information:

Name (Last, First, MI): _____

Address: _____

City, State and Zip: _____

Date of Birth: _____ Place of Birth: _____

SSN (if required): _____ Citizenship: _____

Sex: _____ Race: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Authorized Entity Information:

Account Number: (MNU): _____ 881161 _____ ORI: _____ NV 920640-Z _____

Applicant Responsible for Fees: --OR-- Bill to Account Number (MNU) _____ N/A _____

Reason Fingerprinted (NRS or Public Law) _____ NRS 641B.202 _____

Submit Fingerprints Electronic LiveScan Yes No

If NO, please print hard cards and return to applicant for manual submission.

****Signature of Authorization** Caroline A. Rhys
(Signature of Employer or Authorized Entity requesting fingerprints)

Fingerprint Site Information:

Signature of Official Taking Prints: _____

TCN Number (used for tracking purposes): _____



Nevada Department of
Public Safety
Fingerprint Background Waiver

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by NV Board of Examiners for Social Workers (*name of requesting agency*) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant:

Initial

Date

5. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of you FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

16.34 - Procedure to obtain change, correction or updating of identification records. If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

6. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
7. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
8. I hereby authorize NV Board of Examiners for Social Workers (*name of requesting agency*), to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

Applicant:	
_____	_____
<i>Initial</i>	<i>Date</i>

9. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name:
PLEASE PRINT

Last Name	First Name	Middle
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ADDRESS:
PLEASE PRINT

Applicant's Signature: _____

Date: _____

Submitting Agency: NV Board of Examiners for Social Workers

Address: 4600 Kietzke Ln, Rm C-121

Reno, NV 89502

Agency Representative:
PLEASE PRINT

Last Name	First Name	Middle
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Agency Representative Signature: _____

Date: _____

Application Checklist – LSW 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 \$50.00</p> <p style="padding-left: 40px;">Licensure Fees of \$125.00 *</p> <p style="padding-left: 40px;">* I am eligible for a discounted Armed Forces Initial License Fee of \$62.50</p> <p>SUBTOTAL OF GENERAL FEES \$ _____</p> <p>Additional Fees (select as appropriate)</p> <p style="padding-left: 40px;">Provisional “A” or “B” of \$93.75 if applicant is seeking a provisional license.</p> <p style="padding-left: 40px;">Endorsement Fee of \$125.00 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 current Passport.
	Copy of current, legible, official government photo identification (i.e. Driver’s License or state identification card).
	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 (part of application) • A money order in the amount of \$40.25 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

Date