

STATE OF OREGON  
BOARD OF LICENSED SOCIAL WORKERS  
**APPLICATION INSTRUCTIONS**  
(Please Read Thoroughly Before Completing Forms)

**ABOUT THE BOARD**

The Board is a seven-member, Governor-appointed Board. Four members are Licensed Clinical Social Workers and three are Public members. The Board generally meets on the **second Tuesday** of each month, in Salem at the Board office located in the Morrow Crane Building at 3218 Pringle Road SE, Suite 240, Salem, OR 97302-6310. Most questions can be answered by visiting our website at [www.oregon.gov/blsw](http://www.oregon.gov/blsw). Our office is normally staffed Monday-Friday from 8-5. Due to Budget cuts and an increased work load the office hours may vary. Please contact the Board office to confirm that someone will be in the office if you would like to drop off or pick up materials. An answering machine is used to record messages when staff is unavailable. Please allow at least 60 days for the application process.

**TRANSCRIPT**

**All applicants CSWA's and LCSW's must submit an official transcript in a sealed envelope** documenting a Masters in Social Work accredited by the Council on Social Work Education. The transcript must be sent directly from your graduate school to the Board office at 3218 Pringle Road, Suite 240, Salem OR 97302-6310. Also note on Form 1 if the name on your transcript is different from your current name (maiden name, married name). This documentation must be received before the application can go to the Board for review.

**CSWA CERTIFICATE / LCSW LICENSE**

Each applicant seeking licensure in Oregon **must complete the minimum requirements for Oregon or show documentation of meeting substantially equivalent requirements** in another state. See ORS 675.530(3). The requirements for Clinical Social Work Associate (CSWA) certification **and** (LCSW) licensure are contained in ORS Chapter 675 and OAR Chapter 877. You can access these *Statutes* and *Rules* on our website at [www.oregon.gov/blsw](http://www.oregon.gov/blsw). Make copies as necessary. **Send only original applications and signatures to the Board.**

**APPLICATION FORMS**

**Criminal Records Check** – As of 7/1/08 the Board requires all applicants to have a fingerprint background check done before their application can be taken to the Board for approval see OAR 877-022-0005. If you download the application from the website contact the Board office for a fingerprint packet. Once you have successfully completed the print process send in the \$50 fee in the sealed grey envelope immediately, as this process can take up to four weeks to receive the results from the Oregon State Police. The results must be received in the Board office before your application can be taken to the Board for approval. Your application can be mailed separately to the board office for processing.

**Form 1 - Initial Application** B This form must be completed by all applicants. Your mailing address will be the address to which **ALL** correspondence from the Board office will be sent to this address. Licensure information is subject to public disclosure under ORS 192.420. Your work address and work telephone number will be published on our website. If your home address is listed as your work address then this will be the address published on the BLSW website. It is your responsibility to notify this Board **in writing within 30 days** of any changes in address for work, home or mailing address and phone numbers. You can mail a hard copy of the changes to our office at 3218 Pringle Road SE, Suite 240, Salem OR 97302-6310, e-mail them to [Oregon.blsw@state.or.us](mailto:Oregon.blsw@state.or.us). It is the responsibility of each licensee to notify the Board of any change of address. Failure to receive a renewal form from the Board shall not constitute an excuse for failure to pay the renewal fee or to renew one's license.

**Form 2 – CSWA Plan of Supervision** B If your Plan involves more than one supervisor, submit a Plan of Supervision form for each supervisor. Be sure all required signatures are in place this also includes the administrative supervisor. You can complete the requirements in no less than 24 months and no longer than 60 months per plan. After the Board has approved your application and Plan of Supervision, you will be sent an approval packet in the week following the Board meeting.

**Form 4 -- Request for Supervision Exception** B If your supervision was received in another state or if a Plan requires a supervision exception, due to a geographic hardship (no LCSW supervisor within a 50-mile radius), you will need to complete this form.

**Form 5 -- Supervision Documentation** B

This form is to be completed by your Clinical supervisor to document any previous supervision received from another state. If your supervision was received from more than one supervisor, make additional copies as needed and submit a separate form for each supervisor.

**Form 6 -- Verification of License/Registration/Certification in other states** B

This form **must be completed by your previous licensing agency** and mailed directly to our Board office. Your previous licensing Board **must** verify that you have met substantially equivalent requirements for Oregon in that state before an application can be reviewed by the Board. If the Board does not verify the information on our Form 6 then the burden of proof will be up to you to show the Board additional documentation of your supervision and the practice requirements that you met at the time of your initial licensure in the other state. This can be done with a copy of the laws or rules in affect at the time of your licensure. If the licensing agency cannot or will not verify the practice and supervision information, then you must complete Form 4 and Form 5 with each supervisor. Whenever possible have each supervisor include a resume with Form 4 and 5.

**\*\*\*\*IMPORTANT NOTES**

**CSWA applicants** C Please be aware that **No** work or supervision hours will count toward your Plan of supervision **prior** to receiving Board approval of the application, see Rule 877-020-0009(2). Upon approval of a **Plan**, an official notification letter will be sent identifying your approved Plan dates, your certification number, a decorative wall certificate, the months in which your 6 month evaluation reports are due, and blank 6 month evaluation forms.

**LCSW applicants** C Upon Board approval of your **License** application, an official notification letter will be sent to you including the Laws/Rules exam and all other information necessary to complete the process (licensure fee, exam, etc.)

**PREVIOUS EXPERIENCE**

Current rules require all CSWA applicants who are working toward licensure to submit a Plan of Supervision (**which begins at the time it is approved by the Board. Not when you and your supervisor agree to begin**). If you have previous **out-of-state** supervised clinical social work experience and supervision that are equivalent to the requirements of OAR 877-020-0010, the Board **may** consider this experience and supervision as part of your Plan. Therefore, in addition to Form 1, 2 you will need to complete Form 4 and 5. ***ACCEPTANCE OF ANY PREVIOUS PRACTICE AND SUPERVISION HOURS ARE AT THE DISCRETION OF THE OREGON BOARD.***

# APPLICATION REMITTANCE FORM

Please send this remittance invoice along with your fee in the enclosed pre-addressed envelope. If you have downloaded the application from our website please contact the Board office for a Fingerprinting packet.

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

**FEE ENCLOSED** \$ \_\_\_\_\_

Choose either LCSW or CSWA - the one that best fits your application request.  
**(Do not pay both fees)**

LCSW APP FEE-\$150, FBI FEE-\$50

INITIAL LICENSE FEE-\$130 = **TOTAL DUE \$330.00**

\*\*If you have completed all your hours but haven't taken the ASWB Clinical exam or if you have been licensed in another state as an LCSW please pay this amount.

CSWA APP FEE-\$150, FBI FEE-\$50

INITIAL CERTIFICATE FEE-\$60 = **TOTAL DUE \$260.00**

\*\*If you are working toward licensure or have not completed all supervision hours, work hours or client hours please pay this amount.

NO APPLICATIONS CAN BE PROCESSED WITHOUT FEES, TRANSCRIPTS.AND FINGERPRINTS.

IF YOU DOWNLOAD THE APPLICATION **YOU MUST** CONTACT THE BOARD OFFICE FOR THE FBI FINGERPRINT FORM.

## Checklist: LCSW & CSWA Applications

Transcript Ordered----- \_\_\_\_\_  
Fees Sent \_\_\_\_\_  
License Verification Sent -- \_\_\_\_\_  
All Signatures Documented- \_\_\_\_\_

Fingerprints Sent \_\_\_\_\_  
(The results from the back ground check takes about weeks to process, so be sure to get this in quickly.  
The results must be received before your application can be approved in a board meeting.

Incomplete information will cause delays in approving and processing your application. We encourage you to keep a copy of the application for your records. If you have any questions feel free to contact the Board office at 503-378-5735 or e-mail pam.johansen@state.or.us.



OREGON BOARD OF LICENSED SOCIAL WORKERS APPLICATION FOR LICENSE or CERTIFICATION

FORM 1

IDENTIFYING INFORMATION SSN \_\_\_\_\_ DOB \_\_\_\_\_

While this information is required, it is used only for purposes of identification as related to licensure issues, reciprocity, and discipline.

Legal Name \_\_\_\_\_

Home Address \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Mailing Address if different from above \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Optional: E-mail address \_\_\_\_\_ (Newsletters, Board updates, Rule Changes)

WHICH OF THE FOLLOWING BEST APPLIES TO YOU? (Select One)

\_\_\_\_\_ If you are working towards licensure: Complete (Forms 1 & 2) If you have hours documented in another state and would like to transfer those hours: Complete (Form 1, 2, 4 & 5)

\_\_\_\_\_ All licensing requirements were completed in the State of \_\_\_\_\_ but the Clinical exam has not been taken: Complete (Forms 1, 4, 5 & 6)

\_\_\_\_\_ The Board must complete the Oregon Form 6 to verify the criteria you met to be licensed in that state. The requirements must be substantially equivalent to Oregon's, if your previous licensing board does not complete Form 6, then request the a printed copy of the Laws & Rules in effect at the time of your initial licensure. You will want to contact that state board to inquire if a fee is required for the license verification.

Current Employer \_\_\_\_\_

Employer Address \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Beginning Date Of Employment \_\_\_\_\_ F/T [ ] P/T [ ] Job Title \_\_\_\_\_

Number of Work hours each week \_\_\_\_\_ Number of Direct client hours each week \_\_\_\_\_

Name of LCSW Clinical Supervisor(s) \_\_\_\_\_

Name of Administrative Supervisor(s) \_\_\_\_\_

Describe Duties: \_\_\_\_\_

Describe Client Population \_\_\_\_\_

**GRADUATE EDUCATION INFORMATION**

University or College

Conferred Date MSW Degree

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**PROFESSIONAL EXPERIENCE** - List *previous Post-Masters* clinical practice experience with the dates. Please submit complete information on all positions using additional paper as necessary using the same format.

1. Employer Name and Address \_\_\_\_\_

Position \_\_\_\_\_ Employment Dates \_\_\_\_\_

Work Hours \_\_\_\_\_ Direct Client Hours \_\_\_\_\_  
Per Week \_\_\_\_\_ Per Week \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor \_\_\_\_\_ Credentials \_\_\_\_\_

2. Employer Name and Address \_\_\_\_\_

Position \_\_\_\_\_ Employment Dates \_\_\_\_\_

Work Hours \_\_\_\_\_ Direct Client Hours \_\_\_\_\_  
Per Week \_\_\_\_\_ Per Week \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor \_\_\_\_\_ Credentials \_\_\_\_\_

3. Employer Name and Address \_\_\_\_\_

Position \_\_\_\_\_ Employment Dates \_\_\_\_\_

Work Hours \_\_\_\_\_ Direct Client Hours \_\_\_\_\_  
Per Week \_\_\_\_\_ Per Week \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor \_\_\_\_\_ Credentials \_\_\_\_\_

4. Employer Name and Address \_\_\_\_\_

Position \_\_\_\_\_ Employment Dates \_\_\_\_\_

Work Hours \_\_\_\_\_ Direct Client Hours \_\_\_\_\_  
Per Week \_\_\_\_\_ Per Week \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor \_\_\_\_\_ Credentials \_\_\_\_\_

5. Employer Name and Address \_\_\_\_\_

Position \_\_\_\_\_ Employment Dates \_\_\_\_\_

Work Hours \_\_\_\_\_ Direct Client Hours \_\_\_\_\_  
Per Week \_\_\_\_\_ Per Week \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor \_\_\_\_\_ Credentials \_\_\_\_\_

**ADDITIONAL INFORMATION**

**Yes** **No**

If you answer **YES** to any of the questions below, you must submit a detailed explanation (signed and dated) on a separate sheet of paper and include it with this application.

- [ ] [ ] 1. Have you ever used any name other than the one you are using to make this application? If *yes* please list every other name you have ever used.
- [ ] [ ] 2. Have you ever been convicted of a felony, any sexual offense, or any offense involving a controlled substance or alcohol?
- [ ] [ ] 3. Have you ever been reprimanded or suspended from practice by any agency, employer, board, tribunal etc?
- [ ] [ ] 4. Have you ever been denied licensure/registration or certification to practice in this or any other state?
- [ ] [ ] 5. Have you ever been the subject of a complaint to a self-regulated professional organization, licensing board or agency?
- [ ] [ ] 6. Have you ever been found to have violated any professional organization rules, by-laws, etc.?
- [ ] [ ] 7. Has a judgment been entered against you in a civil court for a practice related complaint?
- [ ] [ ] 8. Are there any professional complaints against you currently pending or under investigation?
- [ ] [ ] 9. Have you ever received any driving under the influence of intoxicants (DUII) arrests?
- [ ] [ ] 10. Have you ever received any in-patient mental health care for a psychological, addiction, or chemical dependency issue that affected your ability to safely practice?

**CERTIFICATION**

I certify that all representations made in this application are true and correct to the best of my knowledge. If I am applying for licensure, I certify that I have met all the requirements for clinical practice and supervision as defined in OAR 877-020-0000. I acknowledge that any incorrect or untrue information provided on this form may constitute grounds for denial of my application.

My application fee has been sent to Board of Licensed Social Workers, Unit 03, PO Box 4395, Portland OR, 97208-4395 with the remittance form. You will be mailed a license or certificate once the Board has approved your application and all additional criteria has been met to complete the application process. I understand that all fees are non-refundable.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**REQUEST FOR VOLUNTARY INFORMATION**

**FORM 1**

It is the Board=s desire to be as helpful as possible when requests for specific information are made.

During the 2001 Legislative Session, Senate Bill 786 (Chapter 973) was passed that requires regulatory boards to request and maintain records of the racial and ethnic makeup of applicants and professionals regulated by the Board. However, the request for this type of information is voluntary and not required.

Your response to this request is appreciated. If you have any questions, please feel free to call the Board office at (503) 378-5735. Thank you.

**ETHNIC BACKGROUND**

**LANGUAGES**

- Asian/Pacific Islander
- Black (not Hispanic)
- Hispanic
- American Indian/Alaskan Native
- White (not Hispanic)
- Other: (Identify) \_\_\_\_\_

- Bilingual     Yes     No
- American Sign Language
  - Chinese                     Laotian
  - French                         Spanish
  - Japanese                     Vietnamese
  - Korean                        Russian
  - Other \_\_\_\_\_

**COMMENTS** (We appreciate any suggestions or comments.)

If you have questions regarding this application please feel free to contact our office by phone, mail or e-mail at the following addresses:

**Office:** State Board of Licensed Social Workers  
3218 Pringle Rd SE Ste 240  
Salem OR 97302-6310

**E-mail:** [pam.johansen@blsw.state.or.us](mailto:pam.johansen@blsw.state.or.us)

**Fax:** 503-373-1427

**Phone:** 503-378-5735 or 1-866-355-7050

**ATTENTION**

**SOCIAL SECURITY NUMBER**  
**(Federal Requirement)**

As part of your application for an initial certificate or license, or renewal of the same, issued by the State Board of Licensed Social Workers, you are required to provide your Social Security Number to this agency. **This is a mandatory requirement.** The authority for this requirement is ORS 25.785, ORS 305.385 (Oregon law), 42 USC ' 405(c) (2) (C) (i), and 42 USC ' 666(a) (13) (federal law).

Failure to provide your Social Security Number will be a basis to refuse to issue or renew the certificate or license you seek. This record of your Social Security Number will be used for child support enforcement and tax administration purposes (including identification), unless you authorize other uses of the number. It will also be used to report any final adverse actions against you by the Board to the United States Department of Health and Human Services as required by 42 USC ' 1320a-7e and 45 CFR 61.7. Although a number other than your Social Security Number appears on the face of the certificate or license issued by the State Board of Licensed Social Workers, your Social Security Number will remain on file with this agency.

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**Social Security Number**

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**Signature**

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**Date**

**VOLUNTARY CONSENT TO USE YOUR SOCIAL SECURITY NUMBER**

Oregon Revised Statutes authorizes the State Board of Licensed Social Workers to request that you voluntarily allow the Board to use your Social Security Number for identification purposes *in maintaining records, reporting grades or exam scores, collection purposes, or for verification of licensure, employment, and/or insurance*. Failure to allow your Social Security Number to be used for any of these purposes will not be used as a basis to deny you any right, benefit, or privilege provided by law. If you consent to this use, it will be used only for the purposes described above and not given to the general public. By signing this consent to use your Social Security Number, you authorize the State Board of Licensed Social Workers to use it for the purposes stated above.

I hereby consent to disclose my Social Security Number to the State Board of Licensed Social Workers for the use(s) described above.

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**(Sign here for consent to use SSN)**

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**Date**

