

STATE OF OREGON
BOARD OF LICENSED SOCIAL WORKERS
LICENSED CLINICAL SOCIAL WORKER
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. 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 LCSW applicants 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.

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. 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. Licensing 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. 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 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 the applicant 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.

Upon Board approval of your application, an official notification letter will be sent to you including the Law/Rules exam and additional information to register for the ASWB exam if that was not completed or required by your previous licensing board, along with additional information necessary to complete the process (licensure fee, exam, etc.)

APPLICATION FEE INVOICE

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** _____

APPLICATION FEE	\$150
BACKGROUND CHECK FEE	\$ 50 (This fee must accompany your fingerprints.)
LCSW LICENSE FEE-	\$130

No application can be processed or reviewed by the Board without the APPLICATION FEE AND FINGERPRINT FEE. If you download the application make sure to print the Fingerprint ID Form, upon completion of the printing process enclose the fingerprint fee and the ID Form, in a 9 x 12 envelope (brown or grey work best for privacy) and mail it to the Board office for processing.

Checklist: LCSW Applications

Transcript Ordered-----	_____	AMOUNT OF PAYMENT
Remit Form with fee Sent	_____	
License Verification Sent --	_____	\$ _____
Fingerprints Sent	_____	
Fingerprint ID Form printed	_____	

(The results from the back ground check take the longest time 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
Licensed Clinical Social Worker Application

LCSW FORM 1

IDENTIFYING INFORMATION

Date of Birth _____

Name _____

Home Address _____
(Street) (City) (State) (Zip)

Mailing Address (if different from above) _____

Home Telephone: _____ Optional: E-mail address _____

(Used only for Board communications, will not be published/sold)

Optional: Second, public E-mail address _____ (may be published/released)

NOTE: The work address will be posted on the board website as public information. If you use your home address for business this will be the address posted on the website. If you do not want your home address posted you may supply the board with a P.O. Box or alternative mailing address for public release.

EMPLOYMENT

Current Employer _____ Work phone _____
(If applicable)

Employer Address _____
(Street) (City) (State) (Zip)

Date of Employment _____ Job Title _____

Please list all states where you have held a professional license (please indicate license type and approximate

dates of licensure _____

EDUCATION INFORMATION

University or College _____ Conferred Date: BSW/MSW Degree

PROFESSIONAL EXPERIENCE

List any previous employment where you have practiced social work, going back at least five years, or attach a resume with equivalent information.

1. Employer Name _____ Phone (_____) _____

Address _____
(Street) (City) (State) (Zip)

Date of Employment _____ Supervisor _____

2. Employer Name _____ Phone (_____) _____

Address _____
(Street) (City) (State) (Zip)

Date of Employment _____ Supervisor _____

3. Employer Name _____ Phone (_____) _____

Address _____
(Street) (City) (State) (Zip)

Date of Employment _____ Supervisor _____

4. Employer Name _____ Phone (_____) _____

Address _____
(Street) (City) (State) (Zip)

Date of Employment _____ Supervisor _____

5. Employer Name _____ Phone (_____) _____

Address _____
(Street) (City) (State) (Zip)

Date of Employment _____ Supervisor _____

HISTORY

LCSW FORM 1

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. All the questions are directed toward your past conduct.

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 charged with, or convicted of, a felony, any sexual offense, child abuse or elder abuse in any state or jurisdiction, including jurisdictions outside the United States?
3. Have you ever been charged with, or convicted of, any offense involving a controlled substance or alcohol?
4. Have you ever been reprimanded, suspended or restricted from practice in any profession or by any agency, employer or professional association?
5. Have you ever been reprimanded, suspended or restricted from practice by any licensed health care facility?
6. Have you ever had your rights to participate in Medicare, Medicaid or other state or federal health care reimbursement program restricted or revoked?
7. Have you ever had licensure, registration or certification to practice denied, revoked, suspended or restricted, in any profession?
8. Are you currently under investigation, or is disciplinary action pending against you, as a result of an action or investigation against you by any board or tribunal in this or any other state, or foreign jurisdiction?
9. Have you ever been the subject of a complaint to a self-regulated professional organization, licensing board or agency, in any profession?
10. Have you ever surrendered your license, certification or registration while under investigation in lieu of discipline (including revocation), in any profession?
11. Have you ever been found in violation of any professional organizations rules or by-laws?
12. Have you ever had a malpractice carrier or confidential impairment program monitor or restrict your practice of any profession?
13. Have you ever had a judgment entered against you in a civil court for a practice (of any profession) related complaint, or have you received notice of a lawsuit in connection with a complaint related to your practice of any profession?
14. Have you ever been arrested for driving under the influence of intoxicants (DUII)?
15. Have you received any in-patient treatment for a psychological condition, addiction, or chemical dependency issue within the last 10 years?
16. Are you currently in treatment for a serious medical condition? Your response will be evaluated by the Board as to whether or not your current medical condition could impact your ability to practice social work safely.

CERTIFICATION

I hereby certify that I have read this application and further certify that the information provided on this form is true and correct. I am aware that falsifying an application, supplying misleading information or withholding information is grounds for denial of an application or revocation of license or certification. I am aware that the Oregon Board of Licensed Social Workers will conduct a criminal records check.

I have read and agree to abide by the laws and administrative rules of the Oregon Board of Licensed Social Workers found in Oregon Revised Statutes, Chapters 675 and 676, and Oregon Administrative Rule, Chapter 877 (<http://www.oregon.gov/BLSW/laws.shtml>). I am aware that failure to observe these laws and rules may result in disciplinary action taken against my application and/or future license/certification. I understand that all fees are non-refundable.

Signature of Applicant _____ **Date** _____

REQUEST FOR VOLUNTARY INFORMATION

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, your compliance with providing this type of information is voluntary.

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 _____

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.

Social Security Number

Signature

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.

(Sign here for consent to use SSN)

Date



Oregon Board of Licensed Social Workers
Verification of License, Registration or Certification

LCSW FORM 6

3218 Pringle Road SE, Suite 240
Salem, Oregon 97302-6310

This certifies that _____ is
(Name of Applicant)

(Check One) [] Licensed [] Registered [] Certified as a Clinical Social Worker in the

STATE of _____ License Number _____ Initial Date of Licensure _____

The following reflect the minimum requirements for Oregon Licensed Clinical Social Workers. Please verify all items below that apply to this licensee.

1. Applicant acquired a minimum two years of full-time or equivalent part-time work experience. All hours must be post masters supervised clinical social work experience with 3,500 hours of clinical practice and 2,000 hours of direct client therapy.

(Check One) [] Yes [] No

2. Applicant documented a minimum of 100 hours of LCSW or equivalent clinical supervision. Equivalent qualifications include clinical social workers who meet LCSW requirements, Licensed Psychologists, Board Certified Psychiatrists.

(Check One) [] Yes [] No

3. Applicant has taken and passed the CLINICAL Level examination by the Association of Social Work Boards (ASWB). The Board will accept the ASWB Advanced Exam if taken prior to July 2004.

(Check One) [] Yes [] No Date Exam Taken _____ Score _____

4. Any Legal/Disciplinary Actions? [] Yes [] No If "Yes" please attach the necessary paperwork documenting the final disciplinary action.

PLEASE INCLUDE LAWS/RULES IN EFFECT AT THE TIME OF LICENSURE FOR THIS APPLICANT.

**I CERTIFY THE ABOVE INFORMATION IS CORRECT AND TRUE.

Signature: _____

Printed Name: _____

Title: _____

State of _____

Date Completed _____

Affix Official State Seal