



**State of Oregon - Board of Licensed Social Workers**

3218 Pringle Rd. SE, Ste. 240, Salem, OR 97302  
 (503) 378-5735 | Oregon.BLSW@state.or.us

**2013 LCSW License Renewal Application**

License Number:		Renewal Date (end of your birth month):	Amount Enclosed:	
Legal Name:	Last	First	Middle	
Mailing Address:	Number and Street	City	State	Zip Code
Home Phone:	Cell Phone:		Work Phone:	
Work Address:	Name	Number and Street	City	State Zip Code
Board Use Only Email Address (must be provided):		Optional Public Email Address:		

**Instructions:** Make your check payable to the State Board of Licensed Social Workers and return with this form to 3218 Pringle Rd SE, Suite 240, Salem, OR 97302. If your renewal is postmarked after your renewal date, you must pay the delinquent amount. ORS 675.600(1)(b) requires the board to 'Publish annually a list of the names and addresses of all persons who have been certified or licensed under ORS 675.510 to 675.600.' This Directory is now on the Board's website at [www.oregon.gov/BLSW](http://www.oregon.gov/BLSW). The listing includes your name, degree and license number; employer name, address and phone number.

License Type	Odd Numbered License		Even Numbered License	
	Timely	Delinquent	Timely	Delinquent
LCSW Active Status	\$260	\$460	\$130	\$330
LCSW Semi Retired Status	\$130	\$180	\$65	\$115
LCSW Inactive Status	\$96	\$146	\$48	\$98

**REQUEST FOR ACTIVE STATUS**

Certification: By my signature below, I certify that I have answered the mandatory questions and certify that all statements on this renewal are true and correct to the best of my knowledge. I am engaged in meeting the Continuing Education requirements as defined in OAR 877-025-0000. The information I have reported is complete, accurate, and the CE activities are clinical in nature. This is an active license.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Your signature is required to renew your Active license.

**REQUEST FOR SEMI-RETIRED STATUS**

Certification: By my signature below, I certify that I have answered the mandatory questions and certify that all statements on this renewal are true and correct to the best of my knowledge. I am engaged in meeting the Continuing Education requirements as defined in OAR 877-025-0000. The information I have reported is complete, accurate, and the CE activities are clinical in nature. I will not practice or volunteer social work service in the State of Oregon beyond the 500 hours as required by OAR 877-020-0060(2)(c). **To qualify for Semi-Retired status, applicants must have been under the authority of a licensing agency (licensed/registered/certified) for 20 years and no disciplinary action within the last 15 years.** This is an active license.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Your signature is required to request Semi-Retired Status.

**REQUEST FOR INACTIVE STATUS**

Retired     Residing in the State of \_\_\_\_\_     Military Duty     Major illness, not working     Sabbatical from Active practice

Certification: By my signature below, I certify that I have answered the mandatory questions and certify that all statements on this renewal are true and correct to the best of my knowledge. I will not use the title of LCSW or volunteer or practice clinical social work in the State of Oregon while my license is Inactive.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Your signature is required to request Inactive Status.

**Please check Yes or No in response to the following questions for your last renewal period only. If you answer "Yes" to any of the following questions, you must submit a detailed explanation (signed and dated) on a separate sheet of paper, and include copies of related official documentation (including all police reports, court documents, final actions, etc. in your possession) with this renewal form. If you do not respond, your renewal is considered incomplete and will be returned.**

1.  **Yes**  **No** Since your last renewal or completed application, have you used any name other than the one you are using to make this renewal application? If yes please list every name you have used.
2.  **Yes**  **No** Since your last renewal or completed application, have you ever knowingly been the **suspect** in, **arrested** for, **charged** with, **cited** in lieu of custody or **convicted** of any of the following in any state or jurisdiction, including jurisdictions outside the United States? This includes any conditional discharge or postponed adjudications that have not been dismissed by any court at the time this renewal has been signed:  **a felony**  **any sexual offense**  **child abuse**  **elder abuse**  **animal abuse**
3.  **Yes**  **No** Since your last renewal or completed application, have you knowingly been the **suspect** in, **arrested** for, **charged** with, **cited** in lieu of custody or **convicted** of any offense involving any controlled substance (to include marijuana) or alcohol? This includes any conditional discharge or postponed adjudications that have not been dismissed by any court at the time this renewal has been signed.
4.  **Yes**  **No** Since your last renewal or completed application, have you knowingly been the **suspect** in, **arrested** for, **charged** with, **cited** in lieu of arrest/custody, or **convicted** of any offense or crime? This includes any conditional discharge or postponed adjudications by any court.
5.  **Yes**  **No** Since your last renewal or completed application, have you been arrested for driving under the influence of intoxicants (DUII) in any state? **NOTE: You must disclose even if you were granted a diversion or conditional discharge.**
6.  **Yes**  **No** Are you currently on parole or probationary status with any court, law enforcement agency or other?
7.  **Yes**  **No** Since your last renewal or completed application, have you been reprimanded, suspended or restricted from practice in any profession or by any agency, employer, professional association, health care facility, other?
8.  **Yes**  **No** Since your last renewal or completed application, have you had your rights to participate in Medicare, Medicaid or other state or federal health care reimbursement programs restricted or revoked?
9.  **Yes**  **No** Since your last renewal or completed application, have you had licensure, registration or certification to practice denied, revoked, suspended or restricted, in any profession?
10.  **Yes**  **No** 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?
11.  **Yes**  **No** Since your last renewal or completed application, have you been the subject of a complaint to a self-regulated professional organization, licensing board or agency, in any profession?
12.  **Yes**  **No** Since your last renewal or completed application, have you surrendered your license, certification or registration while under investigation in lieu of discipline or any action (including revocation), in any profession?
13.  **Yes**  **No** Since your last renewal or completed application, have you been found in violation of any professional organization's rules or by-laws?
14.  **Yes**  **No** Since your last renewal or completed application, have you been the subject of any employer disciplinary action where your practicing privileges were denied, reduced, restricted, suspended, revoked, or terminated (to include non-renewal of employment contacts)?
15.  **Yes**  **No** Since your last renewal or completed application, have you had a malpractice carrier or a confidential impairment program monitor or restrict practicing privileges within any profession?
16.  **Yes**  **No** Since your last renewal or completed application, have you had civil judgment or other court order for any of the following:  
 **Lawsuit or complaint related to your practice of any profession**  **Stalking Order**  **Restraining Order**  **Other:** \_\_\_\_\_
17.  **Yes**  **No** Are there any pending court proceeding against you (**excluding the following:** divorce, custody and domestic partnership proceedings)?
18.  **Yes**  **No** Since your last renewal or completed application, have you received any **in-patient** treatment for a psychological condition, addiction, or chemical dependency issue within the last 10 years?
19.  **Yes**  **No** Are you currently in treatment for any 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.