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

2014 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. The listing includes your name, degree and license number; employer name, address and phone number.

LICENSE STATUS	TIMELY	DELINQUENT	CONTINUING EDUCATION (Please contact the Board to find out if you are audited)
LCSW Active Status	$260	$460	40 hours, including 6 in ethics
LCSW Semi Retired Status	$130	$180	20 hours, including 6 in ethics
LCSW Inactive Status	$96	$146	No CE requirement

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.

Oregon State Board of Licensed Social Workers
Continuing Education Attestation Form

This form is for licensees not selected for Audit

Name_____ License #_____
(Last) (First) (M)

Please submit the number of new continuing education hours you have completed for this renewal period. These new hours start the day after your last birth month in which you reported continuing education. Your renewal is not selected for the audit, simply complete the Attestation on the reverse side of this form and return it with your renewal. Please do not send us certificates if you are not being audited.

ORS 675.565 requires evidence of completion of continuing education requirements as a condition of renewal in order to ensure the highest quality of professional services to the public.

OAR 877-025-0011(1)(c) A report covering a two-year period must include: (A) For a Registered Baccalaureate Social Worker (RBSW), a minimum of 20 hours of creditable continuing education. (B) For a Licensed Masters Social Worker (LMSW), a minimum of 30 hours of creditable continuing education. (C) For a Licensed Clinical Social Worker (LCSW), a minimum of 40 hours of creditable continuing education.

OAR 877-025-0016(1) **The report must contain six (6) or more hours of continuing education in ethics.**

OAR 877-025-0021(2) states, "The report is part of the renewal application and must contain information sufficient to demonstrate that the regulated social worker has met the requirements in this division of rules. A regulated social worker who fails to meet the requirements is subject to a denial of the application for renewal or to sanction by the board unless the failure was due to circumstances beyond the reasonable control of the regulated social worker and the regulated social worker agrees to a plan to compensate for the deficiency."

If there is a deficiency, you are expected to correct it as soon as possible. If you are required to submit a continuing education report and you submit an incorrect number of CE hours, your Continuing Education Report form will be returned. This delays processing your renewal, issuing a new license, and may result in late fees. If you do not correct any continuing education deficiency before your lapse date your license will not be reissued.

If there are circumstances (such as a major illness or other hardship) which have prevented you from meeting the required 40 hours of Continuing Education, you may request an exception or waiver by submitting a letter of explanation with your report. The Board will consider requests for exceptions and/or waivers on an individual basis and notify you of its decision after the nearest Board meeting following the receipt of your request in the Board office.

Document your CE information on the opposite side of this page

Oregon State Board of Licensed Social Workers
Continuing Education Attestation Form

This Continuing Education Attestation Form does not apply to:

1. Renewals of Inactive Licenses
2. Renewals of Active Licenses that are subject to a Continuing Education Audit (or)
3. Renewals of Active Licenses not required to report Continuing Education.

QUESTION 1 I certify that I have completed _____ (insert number) hours of continuing education during my renewal cycle that comply with Board continuing education requirements as set forth in OAR Chapter 877 Division 25.

QUESTION 2 I certify that the continuing education hours I am reporting above include a minimum of six hours of ethics continuing education. ☐Yes ☐No

I understand it is my responsibility to maintain records including certificates of completion as applicable for the continuing education I have completed, for a minimum of two years from the date of renewal application submission.

_____ _____

Signature **Date**

Your renewal will not be considered complete and cannot be processed unless you answer both questions, insert the total number of continuing education hours completed during this cycle, and sign the form. If you have questions about which continuing education providers are approved by the Board, please refer to the list located on the Board website under the "Continuing Education" section. You do not need to submit a complete record of your continuing education hours and certificates of completion unless you are being audited or the Board specifically requests these records from you.

Please note that the Board will no longer have a historical record of the continuing education you have taken. Supervision courses you have taken as required to supervise a Clinical Social Work Associate will require a photo copy of the applicable completion certificates to be sent to the Board office.

Oregon State Board of Licensed Social Workers
Continuing Education Audit Form

This form is for licensees selected for Audit

Name_____ License #_____
(Last) (First) (M)

To find out if you are selected for Audit, please contact the Board office. If you are audited, you must submit a copy of all your attendance certificates with your CE report on page 2 of this form. Our computer system randomly selects the licensees to be audited. Certificates must identify the date, number of hours, and the credentialing body. If certificates do not identify the credentialing body, it is your responsibility to obtain this information prior to sending in your report or it will be considered incomplete. Information on Board accepted credentialing bodies can be found on the Board website under the "Continuing Education" section.

ORS 675.565 requires evidence of completion of continuing education requirements as a condition of renewal in order to ensure the highest quality of professional services to the public.

OAR 877-025-0011(1)(c) A report covering a two-year period must include: (A) For a Registered Baccalaureate Social Worker (RBSW), a minimum of 20 hours of creditable continuing education. (B) For a Licensed Masters Social Worker (LMSW), a minimum of 30 hours of creditable continuing education. (C) For a Licensed Clinical Social Worker (LCSW), a minimum of 40 hours of creditable continuing education.

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Document your CE information on the opposite side of this page

REPORT OF CONTINUING EDUCATION ACTIVITIES

NAME OF COURSE	DATES ATTENDED	ACCREDITING BODY	# CONTACT HOURS

Reminder: The requirement for continuing education has changed beginning January 1, 2009. The new requirement is for 6 (six) hours of continuing education in ethics per reporting period. Please record your ethics related continuing education in the field below.

NAME OF COURSE	DATES ATTENDED	ACCREDITING BODY	#CONTACT HOURS

TOTAL NEW HOURS THIS RENEWAL _____

Any carry over hours submitted during your last reporting period are automatically calculated when determining your total required hours.