



OREGON BOARD OF LICENSED SOCIAL WORKERS

APPLICATION

NAME:

Last Name, First Name Middle Name

OTHER NAMES USED:

SOCIAL SECURITY NUMBER: - -

DATE OF BIRTH: GENDER: MALE FEMALE

HOME ADDRESS:

City State Zip Code

MAILING ADDRESS (IF DIFFERENT THAN HOME ADDRESS):

City State Zip Code

HOME ☎:

MOBILE ☎:

PRIVATE EMAIL ADDRESS (BOARD USE ONLY):

PUBLIC EMAIL ADDRESS (OPTIONAL DISCLOSURE):

FOR OFFICE USE ONLY ~ RECEIVED ON:

(Form Updated 6-20-2016)

- LCSW APPLICANT
- CSWA APPLICANT
- LMSW APPLICANT
- RBSW APPLICANT

SECTION A: ~ APPLICANT INFORMATION

ADDRESS OF RECORD:

Oregon Administrative Rule 877-001-0009 [2013] requires all licensees, applicants, certificate or registration holders of the Board, to designate and keep current, an ADDRESS OF RECORD with the Board. You may designate, at your discretion, a current employment address, home address or P.O. Box address as the ADDRESS OF RECORD. Note: This is where all Board mailings will be sent.

PLEASE CHECK THE BOX DESIGNATING YOUR ADDRESS OF RECORD FOR THE BOARD:

HOME ADDRESS:

MAILING ADDRESS:

WORK ADDRESS:

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 & maintain records of the racial & ethnic makeup of applicants & professionals regulated by the Board. However, the request for this type of information is voluntary & not required.

ETHNIC INFORMATION:

LANGUAGE:

<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;">A.</td><td style="width: 5%; text-align: center;"><input type="checkbox"/></td><td>ASIAN / PACIFIC ISLANDER</td></tr> <tr><td style="text-align: center;">B.</td><td style="text-align: center;"><input type="checkbox"/></td><td>BLACK</td></tr> <tr><td style="text-align: center;">C.</td><td style="text-align: center;"><input type="checkbox"/></td><td>HISPANIC</td></tr> <tr><td style="text-align: center;">D.</td><td style="text-align: center;"><input type="checkbox"/></td><td>AMERICAN INDIAN / NATIVE AMERICAN</td></tr> <tr><td style="text-align: center;">E.</td><td style="text-align: center;"><input type="checkbox"/></td><td>WHITE</td></tr> <tr><td style="text-align: center;">F.</td><td style="text-align: center;"><input type="checkbox"/></td><td>OTHER</td></tr> <tr><td style="text-align: center;">G.</td><td style="text-align: center;"><input type="checkbox"/></td><td>PREFER NOT TO RESPOND</td></tr> </table>	A.	<input type="checkbox"/>	ASIAN / PACIFIC ISLANDER	B.	<input type="checkbox"/>	BLACK	C.	<input type="checkbox"/>	HISPANIC	D.	<input type="checkbox"/>	AMERICAN INDIAN / NATIVE AMERICAN	E.	<input type="checkbox"/>	WHITE	F.	<input type="checkbox"/>	OTHER	G.	<input type="checkbox"/>	PREFER NOT TO RESPOND	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;">1.</td><td style="width: 5%; text-align: center;"><input type="checkbox"/></td><td>ASL</td><td style="width: 5%; text-align: center;">8.</td><td style="width: 5%; text-align: center;"><input type="checkbox"/></td><td>SPANISH</td></tr> <tr><td style="text-align: center;">2.</td><td style="text-align: center;"><input type="checkbox"/></td><td>CHINESE</td><td style="text-align: center;">9.</td><td style="text-align: center;"><input type="checkbox"/></td><td>THAI</td></tr> <tr><td style="text-align: center;">3.</td><td style="text-align: center;"><input type="checkbox"/></td><td>FRENCH</td><td style="text-align: center;">10.</td><td style="text-align: center;"><input type="checkbox"/></td><td>VIETNAMESE</td></tr> <tr><td style="text-align: center;">4.</td><td style="text-align: center;"><input type="checkbox"/></td><td>GERMAN</td><td style="text-align: center;">11.</td><td style="text-align: center;"><input type="checkbox"/></td><td>RUSSIAN</td></tr> <tr><td style="text-align: center;">5.</td><td style="text-align: center;"><input type="checkbox"/></td><td>JAPANESE</td><td style="text-align: center;">12.</td><td style="text-align: center;"><input type="checkbox"/></td><td>OTHER</td></tr> <tr><td style="text-align: center;">6.</td><td style="text-align: center;"><input type="checkbox"/></td><td>KOREAN</td><td style="text-align: center;">13.</td><td style="text-align: center;"><input type="checkbox"/></td><td>ENGLISH</td></tr> <tr><td style="text-align: center;">7.</td><td style="text-align: center;"><input type="checkbox"/></td><td>LAOTIAN</td><td style="text-align: center;">66.</td><td style="text-align: center;"><input type="checkbox"/></td><td>PREFER NOT TO RESPOND</td></tr> </table>	1.	<input type="checkbox"/>	ASL	8.	<input type="checkbox"/>	SPANISH	2.	<input type="checkbox"/>	CHINESE	9.	<input type="checkbox"/>	THAI	3.	<input type="checkbox"/>	FRENCH	10.	<input type="checkbox"/>	VIETNAMESE	4.	<input type="checkbox"/>	GERMAN	11.	<input type="checkbox"/>	RUSSIAN	5.	<input type="checkbox"/>	JAPANESE	12.	<input type="checkbox"/>	OTHER	6.	<input type="checkbox"/>	KOREAN	13.	<input type="checkbox"/>	ENGLISH	7.	<input type="checkbox"/>	LAOTIAN	66.	<input type="checkbox"/>	PREFER NOT TO RESPOND
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IF YOU ARE UNSURE OF THE LICENSE/CERTIFICATE IN WHICH YOU ARE APPLYING FOR, PLEASE READ THE DESCRIPTION FOLLOWING EACH LICENSE OR CERTIFICATION REQUIREMENTS FOR OREGON. PLEASE BE SURE THAT YOU ARE SENDING IN THE APPROPRIATE FEES, AS **ALL FEES ARE NON-REFUNDABLE.**

LICENSURE TYPE:		QUALIFICATIONS:
L.C.S.W.	<input type="checkbox"/> LICENSED CLINICAL SOCIAL WORKER \$460.00 ~ FEES COVER APPLICATION, CRIMINAL BACKGROUND CHECK & INITIAL LICENSE	Have a clinical license in another jurisdiction in which substantially equivalent requirements for Oregon have been met, and passed the ASWB Clinical Exam. ⇒ COMPLETE APPLICATION PAGES 1 – 7 & PAGE 13 *** IF YOU HAVE NOT TAKEN THE ASWB CLINICAL EXAM, YOU WILL NEED TO APPLY FOR THE CSWA
C.S.W.A.	<input type="checkbox"/> CLINICAL SOCIAL WORKER ASSOCIATE \$260.00 ~ FEES COVER APPLICATION, CRIMINAL BACKGROUND CHECK & INITIAL LICENSE	All LCSW's licensed in another state, but who HAVE NOT completed the ASWB Clinical Exam, must apply for the CSWA & work under a revised PLAN OF SUPERVISION until all licensure criteria have been met. MSW's interested in working toward a clinical license. MSW's that have completed significantly equivalent requirements for Oregon in another state, but who have not passed the ASWB Clinical Exam. ⇒ COMPLETE APPLICATION PAGES 1 – 10 & PAGES 11 - 13 WHERE APPLICABLE
L.M.S.W.	<input type="checkbox"/> LICENSED MASTERS SOCIAL WORKER \$200.00 ~ FEES COVER APPLICATION, CRIMINAL BACKGROUND CHECK & INITIAL LICENSE	This is a NON-CLINICAL license for MSW's, & requires no supervision hours. ⇒ COMPLETE PAGES 1 – 7 & PAGE 13 WHERE APPLICABLE
R.B.S.W.	<input type="checkbox"/> REGISTERED BACCALAUREATE SOCIAL WORKER \$150.00 ~ FEES COVER APPLICATION, CRIMINAL BACKGROUND CHECK & INITIAL LICENSE	This is a NON-CLINICAL license for BSW's, & requires no supervision hours. ⇒ COMPLETE PAGES 1 – 7 & PAGE 13 WHERE APPLICABLE

SECTION B: ~ CURRENT EMPLOYMENT

NAME OF CURRENT EMPLOYER:

ADDRESS:

City State Zip Code

JOB TITLE:

DATE OF EMPLOYMENT (MM/DD/YYYY):

WORK ☎: WORK EMAIL:

ADMINISTRATIVE SUPERVISOR:

NUMBER OF HOURS WORKED EACH WEEK: NUMBER OF DIRECT CLIENT HOURS EACH WEEK: