

# STATE OF MAINE

## BOARD OF SOCIAL WORKER LICENSURE

### APPLICATION FOR LICENSED CLINICAL SOCIAL WORKER (LC)



Department of Professional and Financial Regulation  
Office of Licensing and Registration  
35 State House Station  
Augusta, ME 04333-0035

Office Telephone: (207) 624-8674  
Office Facsimile: (207) 624-8637  
TTY/HEARING IMPAIRED: (888) 577-6690  
Internet: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

Office located at: 76 Northern Avenue, Gardiner, Maine

Revised 6/2010

## **APPLICANT INFORMATION GUIDE**

The application material you have requested from the Board of Social Worker Licensure is enclosed. It contains all the relevant materials you need to complete your application for licensure as a Clinical Social Worker in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, please call or e-mail our office.

### **FURNISHED TO APPLICANT:**

- Application Guide for Licensure as a Social Worker
- Individual License Application
- Request for Examination Form
- Verification of Consultation Form
- Verification of Licensure Form
- NPDB/HIPDB Self-query Report Information Sheet

### **ADDITIONAL RESOURCES**

- ASWB Social Work Licensing Examination Candidate Handbook  
Available: <http://www.aswb.org/handbook.pdf> or call (207) 624-8674

- Licensing Law for Social Workers

**Please read carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.**

Available: <http://www.mainelegislature.org/legis/statutes/32/title32ch83sec0.html> or call (207) 624-8674

- Licensing Rules for Social Workers

**Please read carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.**

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#416> or call (207) 624-8674

- National Association of Social Workers (NASW) Code of Ethics

Available: <http://www.naswdc.org/pubs/code/> or call 1-800-638-8799 ext. 238

- Statutory Authority, Titles 5 & 10

Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

## **APPLICATION PROCEDURE:**

- Please submit your application materials by mail or hand delivery to our offices. Fax submissions will not be accepted. If the application you submit to us is complete, it will be reviewed and processed in the order it was received.
- If there are deficiencies with your application, you will be notified by mail. **Please note:** Candidates whose applications have been incomplete for more than one (1) year will be required to submit **new** applications if they still wish to be considered for licensure.
- Please do not call our office regarding the status of your application. Information about the status of applications may be found at the Office of Licensing & Registration's website: [http://www.maine.gov/professionallicensing/license\\_search.htm](http://www.maine.gov/professionallicensing/license_search.htm). We appreciate your thoughtful attention to this request.

## **DESCRIPTION:**

A "Licensed Clinical Social Worker" (LCSW) is a person who has received a license as a Clinical Social Worker from the board, and may engage in private Clinical Social Work Practice: The professional application of social work theory and methods to the evaluation, diagnosis, treatment and prevention of psychosocial dysfunction, disability or impairment, including emotional and mental disorders. It is based on knowledge and theory of psychosocial development, behavior, psychopathology, unconscious motivation, interpersonal relationships, environmental stress, social systems, and cultural diversity with particular attention to person-in-environment. It shares with all social work practice the goal of enhancement and maintenance of psychosocial functioning of individuals, families and small groups.

***Note: You must apply for LMSW Conditional Clinical licensure in order to begin your clinical consultation towards LCSW licensure. No clinical consultation acquired outside LMSW Conditional Clinical licensure may be used towards LCSW licensure.***

## **LCSW Licensure Applications Shall Include the Following:**

- Completed and signed Application;
- Official Transcript of an earned MSW degree from a Council on Social Work Education (CSWE) accredited program;
- Verification of Consultation Forms; (Please refer to Chapter 3, Section 1(H)(3) of the Board rules for further clarification.)
- Three (3) current (dated within the past year) letters of professional recommendation, the first must be from the applicant's consultant and written on forms provided by the Board of Social Worker Licensure (Verification of Consultation Form) the second recommendation must be from a LCSW, a CSW-IP or a LMSW; and the third recommendation may be from a LCSW, a CSW-IP, a LMSW, a Board Certified Psychiatrist, a Licensed Clinical Psychologist, a Licensed Clinical Professional Counselor, or an ANA approved Psychiatric Nurse; or by a similarly-credentialed professional from any state or country.
- Request for Examination (Clinical) or Official documentation of successful passage of the required examination (Clinical);
- Current HIPDB/NPDB Self-query Reports – must be dated within the last six (6) months (see information sheet – last page of application);
- Payment of a non-refundable \$25.00 Application fee;
- Payment of a Licensure fee of \$70.00; and
- Payment of a non-refundable Criminal History Check fee of \$21.00.

**Note: All fees can be in one payment.**

## **For Applicants Currently Licensed in Another State:**

If you are currently licensed in another state and are applying for licensure in Maine, you must submit the following in addition to the items mentioned above:

- A copy of the state laws and rules under which the applicant is licensed;
- A copy of the applicant's social work license; and
- A completed Verification of Licensure Form.

Reciprocity applicants who submit documentation of clinical licensure obtained prior to 1984 are not required to submit proof of having passed the examination. At its discretion, the Board may waive the requirement of Conditional licensure if the applicant has met the conditions for Conditional licensure in another state.

## **CONTINUING EDUCATION**

Continuing education is required for the renewal of a license. A minimum of 25 contact hours of continuing education must be completed during the preceding twenty-four (24) month period. Four (4) of the twenty-five (25) hours must be related to social work ethics. LSW-Conditional licensees licensed on or after January 1, 2004 must complete six (6) hours of ethics and six (6) hours of psychosocial assessment. Please be sure to review the Rules, Chapter 14 for more information or for possible changes to continuing education requirements.

### Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035.
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 a.m. to 5:00 p.m. weekdays.
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How can I check the status of my application?** You can check our website: [www.maine.gov/professionallicensing/license\\_search.htm](http://www.maine.gov/professionallicensing/license_search.htm).
- **How far back do I go answering the criminal conviction question?** Any conviction, ever.
- **Can I fax my application?** No.

### NOTICES

**BACKGROUND CHECK:** Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history records check as part of the application process for all applicants.

**PUBLIC RECORD:** This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

**SOCIAL SECURITY NUMBER:** The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application including the criminal background disclosure question.
- Sign and date your application.
- Include the required fee(s). Make checks payable to "Maine State Treasurer" or complete the credit card section on the application. **DO NOT SEND CASH.**
- Make a copy of your application to keep for your records.



### Undergraduate Education

Name of Academic Institution:

Mailing Address:

City:

State:

Zip Code:

Major:

Degree Granted:

Date Conferred:

### Graduate Education

Name of Academic Institution:

Mailing Address:

City:

State:

Zip Code:

Major:

Choose one:  Clinical Track  Non-Clinical Track

Degree Granted:

Date Conferred:

### Credentialing History

Have you ever held a professional license/certification/registration in this or any other state/country? [ ] YES [ ] NO

If yes:

Profession	License #	State/Country	Date Issued	Expiration Date

Have you ever taken a social work examination? [ ] YES [ ] NO

If yes:

Which Exam & Level?	Where?	Date Taken:

### Disciplinary History

1. Do you have pending against you any complaints from a regulatory board or professional organization? If yes, please enclose a detailed explanation.  YES  NO
2. Have you ever been or are you currently a defendant in a civil proceeding related to your professional activities? If yes, please enclose a detailed explanation.  YES  NO

### Affirmation

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



JOHN ELIAS BALDACCI  
GOVERNOR

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
**Board of Social Worker Licensure**  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035

ANNE L. HEAD  
DIRECTOR

**REQUEST FOR EXAMINATION**

To qualify for licensure as a licensed social worker, a licensed master social worker, a licensed master social worker – conditional clinical or a licensed clinical social worker, applicants must achieve a passing score on the required examination.

ASWB now requires applicants to be approved to sit for the examination. To request examination, please fill in the information requested below and **return this form** with all other required application materials to the Board at the above address. Once your application is **complete and approved**, you will receive notification of eligibility to sit for the exam. You will register with ASWB directly at that time.

You may register for the examination by telephone at 1-888-579-3926 or by going to ASWB's website: <http://www.aswb.org>.

Check Appropriate Category	
<input type="checkbox"/>	Bachelors Examination (applicants for LSW)
<input type="checkbox"/>	Masters Examination (applicants for LMSW or LMSW – Conditional Clinical)
<input type="checkbox"/>	Clinical Examination (applicants for LCSW)

Applicant Information (please print)		
Name of Applicant:		
Mailing Address:		
City:	State:	Zip Code:
Telephone:	Date of Birth:	

OFFICE PHONE: (207)624-8674



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FAX: (207)624-8637

(888)577-6690 (HEARING IMPAIRED)  
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GARDINER, MAINE  
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DIRECTOR

**VERIFICATION OF CONSULTATION FORM**  
**Page 1 of 2**

**Use a separate form for each person verifying experience and for each employment setting.  
If more space is needed, attach an additional sheet. Please print clearly.**

Licensee Data (To be completed in full by Licensee)		
Name of Licensee:	License Number:	
Mailing Address:		
City:	State:	Zip Code:
Work Telephone:	Original Licensure Date:	
Place of Employment During Consultation Period:		

Consultant Data (To be completed in full by Consultant)		
Name of Consultant:	License Number:	
Mailing Address:		
City:	State:	Zip Code:
Work Telephone:	Home Telephone:	
Consultant's Education/School:		
Year Graduated	Degree Awarded:	

OFFICE PHONE: (207)624-8674



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**VERIFICATION OF LICENSURE FORM**  
**(for use by applicants licensed or certified in another jurisdiction)**

The applicant listed below is applying for licensure to practice as a social worker in the State of Maine. The Maine Board of Social Worker Licensure requests written verification from each state that applicant holds or has held any certification, licensure, or credential. This is your authority to release any information in your files, favorable or otherwise. **Please mail this verification directly to the Maine Board of Social Worker Licensure at the above listed address.**

**The section below is to be completed by the applicant and forwarded to the State Board in which you hold or have held a license to practice social work. Any associated fees are the responsibility of the applicant. If verification of licensure is needed for more than one (1) state, please copy form as needed.**

Name:		
Mailing Address:		
City:	State:	Zip Code:
License Number:	State:	Date of Issue:
Signature of Applicant:		Date:

**The remaining portion is to be completed by the State Licensing Board where the applicant holds or has held a license to practice social work. Please submit any copies of verification of supervision received after applicant received their MSW license, if available.**

Name of Licensee:	
License Number:	Licensure Level:
Original License Date:	Expiration Date:



## VERIFICATION OF LICENSURE

Please verify which of the following requirements have been met in your state:

BSW from CSWE accredited school \_\_\_\_\_

MSW from CSWE accredited school \_\_\_\_\_

Two (2) years post MSW experience \_\_\_\_\_

Exam taken:     PES             AASSWB/ASI             Other \_\_\_\_\_

Date exam passed:

Level of exam taken:

If no examination was taken, how was licensure obtained?

Grandfathered             Endorsement from which state \_\_\_\_\_

Are there any pending complaints against this licensee?            [ ] Yes    [ ] No  
If yes, please explain:

Have there been any other actions taken against this licensee?            [ ] Yes    [ ] No  
If yes, please explain:

Is the licensee considered to be in good standing in your state?            [ ] Yes    [ ] No  
If no, please explain:

State Board Seal

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

State: \_\_\_\_\_    Phone Number \_\_\_\_\_

Date: \_\_\_\_\_



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STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
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OFFICE OF LICENSING & REGISTRATION  
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04333-0035

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**National Practitioner Data Bank (“NPDB”) and  
Healthcare Integrity and Protection Data Bank (“HIPDB”)  
Self-Query Reports**

Pursuant to 10 M.R.S.A. §8003, sub-§10\*, the Office of Licensing and Registration will require all applicants to submit a NPDB/HIPDB Self-Query Report as part of the initial application for licensure within each of the following allied health licensure programs effective **November 1, 2007**. Applications received without the NPDB/HIPDB self-query report will be considered incomplete which will further delay the application process.

\* **“National disciplinary record system.** Within the limits of available revenues, all bureaus, offices, boards or commissions internal or affiliated with the department shall join or subscribe to the national disciplinary record system used to track interstate movement of regulated professionals who have been the subject of discipline by state boards, commissions or agencies and report disciplinary actions taken within this State to that system.”

**Alcohol and Drug Counselors**

License Alcohol and Drug Counselors  
Certified Alcohol and Drug Counselor  
Certified Clinical Supervisor  
Alcohol and Drug Counselor Aide

**Athletic Trainers**

Athletic Trainers

**Chiropractic Licensure**

Chiropractor, Chiropractic Assistant  
Chiropractic Acupuncture

**Complementary Health Care**

Acupuncturist, Naturopathic Doctor,  
Naturopathic Acupuncture, Chinese Herbal  
Formulation Certification

**Counseling Professionals**

LP, PC, LMFT, LCPC, RC  
Including Conditional

**Dietetic Practice**

DI, DT / Including Temporary

**Hearing Aid Dealers and Fitters**

Hearing Aid Dealer and Fitter / Trainees

**Massage Therapists**

Massage Therapist

**Nursing Home Administrators**

AD, MLA, RC

**Occupational Therapy**

OT, OTA / Including Temporary

**Physical Therapy**

Physical Therapists  
Physical Therapists Assistants

**Pharmacy**

Pharmacist  
Pharmacist Technician  
Pharmacies  
Mail Order Pharmacies  
Mail Order Contact Lens Suppliers  
Wholesale Distributor  
Manufacturer

**Podiatric Medicine**

Podiatrist, Resident Podiatrist

**Psychologists**

Psychologist, Psychologist Examiners  
Including Conditional and Temporary

**Radiologic Technologists**

Radiologic Technologists – 3 authorities  
Limited Radiographers / Special Permit  
Including Temporary

**Respiratory Care**

Respiratory Therapist  
Respiratory Technician  
Associate

**Social Worker Licensure**

LS, LX, LM, LC, MC

**SLP and Audiologists**

SLP, Audiologist

The instructions to request a self-query report are available at NPDB/HIPDB’s website:

[www.npdb-hipdb.hrsa.gov](http://www.npdb-hipdb.hrsa.gov)

The website includes a Fact Sheet on self-querying, as well as FAQs to assist you in requesting a report. Customer Service Contact information is provided below:

**NPDB-HIPDB Customer Service Center**

**Tel: (800)767-6732**

**TDD: (703)802-9395**