

# STATE OF MAINE

## BOARD OF SOCIAL WORKER LICENSURE

### APPLICATION FOR LICENSED SOCIAL WORKER (LSX) CONDITIONAL



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

## 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 Conditional Social Worker in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, please feel free to call or e-mail our office.

### FURNISHED TO APPLICANT

- Application Guide for Licensure as a Conditional Social Worker
- Individual License Application
- Agreement to Provide Consultation 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.

## **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. 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.

**DESCRIPTION:**

“Conditional License” indicates the licensee is completing a required consultation period under certain conditions to progress to another level of licensure. A licensee must be licensed at this level while accruing required consultation experience. LSW-Conditionals cannot engage in private/independent social work practice.

**LSW Conditional Applications Shall Include the Following:**

- Completed and signed Application;
- Official Transcript of an earned degree that is sufficiently related to social work or social welfare;
- Three (3) current (dated within the past year) letters of professional recommendation, two (2) of which must be from licensed social workers (at any level of licensure from any state);
- Evidence of employment in a social service delivery field;
- Agreement to Provide Consultation Form;
- 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 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.**

### 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.



**STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF LICENSING AND REGISTRATION  
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE (    )	FAX (    )	E-MAIL	

<b>CRIMINAL BACKGROUND DISCLOSURE</b>	
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>	
<b>1. Have you ever been convicted by any court of any crime? (circle one)</b>	<b>NO          YES</b>
If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.	
<b>2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one)</b>	<b>NO          YES</b>
If yes, enclose a detailed explanation and copies of all documents.	
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.	
<b>SIGNATURE</b>	<b>DATE</b>

<b>Board of Social Worker Licensure</b>	
<b>Please Select License Type:</b>  <input type="checkbox"/> Licensed Social Worker, Conditional (LSX1421) <input type="checkbox"/> Licensure without Examination	<b>Office Use Only:</b> 1421 - \$70.00 1446 - \$25.00 2619 - \$21.00
<b>Required Fee: \$116</b> <b>(includes Criminal History Records Check Fee)</b>	
Rev. 6/2010	
<i>Office Use Only:</i> Check # _____ Amount: _____ Cash # _____ Lic. # _____	

<b>PAYMENT OPTIONS:</b>			
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:			
NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Dept. of Professional and Financial Regulation, Office of Licensing and Registration to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD                      the following amount: \$ _____			
Card number: <i>XXXX-XXXX-XXXX-XXXX</i>		Expiration Date <i>mm / yyyy</i>	
<b>SIGNATURE</b>	<b>DATE</b>		

### Undergraduate Education

Name of Academic Institution:

Mailing Address:

City:

State:

Zip Code:

Major:

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  
OFFICE PHONE (207) 624-8674  
TTY/HEARING IMPAIRED (888) 577-6690

ANNE L. HEAD  
DIRECTOR

**AGREEMENT TO PROVIDE CONSULTATION FOR LICENSURE**  
**Page 1 of 2**

This is to notify the Board of Social Worker Licensure that \_\_\_\_\_ has agreed to provide social work consultation.

The above named consultant is accountable for the professional development of the consultee. The consultant will assume responsibility for the assessment of the competence and ethics of the consultee during the consultation period. The consultant has an obligation to assess the consultee and to share this assessment with the Board. The above name consultant agrees to provide consultation as state below and return the Verification of Consultation Form to the consultee when the required consultation is completed.

Please check the appropriate box below:

Licensed Social Worker Conditional/Licensed Social Worker

An Agreement to Provide Consultation (face to face case discussion and evaluation focusing on raw data, goals and objectives from the social worker's practice) must be provided to the board for all LSW Conditional and all LSW applicants. Consultation may be provided in a group (not to exceed 8 members) or individual setting.

A total of 96 hours must be provided for 3200 hours of social work employment in not less than two nor more than four years.

Non-DHS social workers must receive consultation from social workers who are a LCSW, CSW-IP, or LMSW. Only conditional social workers may receive consultation from a LSW who has been licensed at least two years and holds a BSW degree.

DHS social workers must receive consultation from social workers who area LSW licensed for at least 4 years, LMSW, or LSW licensed for 2 years **and** is designated by DHS as a supervisor trainee who is concurrently receiving 48 hours of consultation from an LMSW.

Licensed Master Social Worker Conditional Clinical

Four hours per month of consultation (face to face discussion and evaluation focusing on raw data, goals and objectives of specific social work practice) must be provided while practicing work in a **clinical setting**. At least three of the four hours per month must be individual consultation.

A total of 96 hours within 3200 hours of social work employment in not less than two nor more than four years is required for licensees whose MSW degree is in a clinical concentration. For licensees whose MSW degree is in a non-clinical concentration, 192 hours of consultation within 6400 hours of social work employment in not less than four nor more than six years is required.

Consultants must be social workers who are LCSW, CSW-IP or certified for clinical practice in the state which the consultation is obtained.

Credit for consultation experiences shall be given only for practice in an organized public or private agency, school, institution or organization which provides the opportunity for contact with other professional disciplines and work experience with a broad range of clients.

**AGREEMENT TO PROVIDE CONSULTATION FOR LICENSURE**

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**Consultant Data**

Name Consulting Social Worker:		
Mailing Address:		
City:	State:	Zip Code:
License Number:	Work Telephone Number:	
Type of Social Work Degree:		

**Consultee Data**

Name of Consultee:		
Mailing Address:		
City:	State:	Zip Code:
License Number (If Applicable):	Work Telephone Number:	

**Applicant's Employment Data**

Place of Employment:		
Mailing Address:		
City:	State:	Zip Code:
Telephone Number:	Beginning Date of Employment:	
Signature of Agency Supervisor:		Date:

**Affirmation**

We have read, understood and accepted the conditions of this relationship as defined by the Rules of the Board of Social Worker Licensure and by the Statutes of the State of Maine. Since the consultee is practicing social work by the virtue of the services provided by the consultant, any changes in the relationship must be registered with the Board.

Consultant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Consultee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



JOHN ELIAS BALDACCI  
GOVERNOR

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF LICENSING & REGISTRATION  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035

ANNE L. HEAD  
DIRECTOR

**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**