STATE OF MAINE

BOARD OF SOCIAL WORKER LICENSURE

APPLICATION FOR
LICENSED SOCIAL WORKER (LS)

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 USERS CALL MAINE RELAY 711
Internet: www.maine.gov/professionallicensing

Office located at: 76 Northern Avenue, Gardiner, Maine

Revised 10/2016

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. Submissions by fax or e-mail will not be accepted. The application will be reviewed 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 and fees if they still wish to be considered for licensure.
- Please do not call our office regarding the status of your application. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation's website: http://www.maine.gov/professionallicensing. We appreciate your thoughtful attention to this request.

DESCRIPTION:

A "Licensed Social Worker" (LSW) is a person who has received a license as a Social Worker from the Board. A LSW may:

- Conduct basic data gathering of records and specific life issues of individuals, groups, couples and families;
- Assess the above data, formulate and implement a plan to achieve specific goals related to specific life issues;
- Serve as an advocate for clients or groups of clients for the purpose of achieving specific goals relating to specific life issues;
- Refer clients to other professional services;
- Plan, manage, direct or coordinate social services;
- Participate in the training and education of social work students; and
- Supervise other LSWs, other professionals practicing related professions and paraprofessionals engaged in related activities.

LSWs cannot engage in private/independent social work practice.

If applying for LSW Licensure and you have a Bachelor of Social Work (BSW) or Social Welfare degree from a Council on Social Work Education (CSWE) accredited program, you must submit:

- ☐ A completed and signed Application;
- ☐ Official Transcript of an earned Bachelor of Social Work (BSW) degree from a Council on Social Work Education (CSWE) accredited program;
- ☐ Request for Examination (Bachelors) or Official documentation of successful passage of the required examination (Bachelors);
- ☐ A completed Agreement to Provide Consultation Form;
- ☐ 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.

If applying for LSW Licensure and you are currently licensed as a LSW Conditional, please submit the following:

- ☐ Completed and signed Application;
- ☐ A completed Verification of Consultation Form documenting completion of 96 hours of consultation concurrent with 3200 hours of social work employment;
- ☐ Request for Examination (Bachelors) or Official documentation of successful passage of the required examination (Bachelors);
- ☐ Official Transcript if not already on file with the Board;
- ☐ Agreement to Provide Consultation Form;
- ☐ 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.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address**: 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8603 Fax: (207) 624-8637 TTY users call Maine relay 711 Web: www.maine.gov/professionallicensing

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.
- **Can I come to Gardiner to pick up my license?** No. Your license will be emailed to you.
- **How can I check the status of my application?** You can check our website: http://pfr.informe.org/almsonline/almsquery/welcome.aspx.
- **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 Professional and Occupational Regulation 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	FIRST	MIDDLE INITIAL	LAST
ANY OTHER NAMES EVER USED			
DATE OF BIRTH mm / dd / yyyy	SOCIAL SECURITY NUMBER		
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE ( )	FAX ( )	E-MAIL	

CRIMINAL BACKGROUND DISCLOSURE

NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.

1. **Have you ever been convicted by any court of any crime? (circle one) NO YES**
   If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.
2. **Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES**
   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.

SIGNATURE **DATE**

Board of Social Worker Licensure

Please Select License Type:

☐ Licensed Social Worker (LS1421)

Office Use Only:

1421 - $70.00
1446 - $25.00
2619 - $21.00

Required Fee: $116
(includes Criminal History Records Check Fee)

Office Use Only:

Check #_____
Amount:_____
Cash #_____
Lic. #_____

Rev. 2/2011

PAYMENT OPTIONS:

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) FIRST MIDDLE INITIAL LAST

I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my ☐ VISA ☐ MASTERCARD the following amount: $_____

☐ **I understand that fees are non-refundable**

Card number: XXXX-XXXX-XXXX-XXXX Expiration Date mm / yyyy

SIGNATURE **DATE**

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?	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: _____

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

Paul R. LePage
Governor

Anne L. Head
Commissioner

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
☐ Bachelors Examination (applicants for LSW)
☐ Masters Examination (applicants for LMSW or LMSW – Conditional Clinical)
☐ Clinical Examination (applicants for LCSW)

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

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AGREEMENT TO PROVIDE CONSULTATION FOR LICENSURE

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 named consultant agrees to provide consultation as stated 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-DHHS 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.

DHHS social workers must receive consultation from social workers who are LSW that have been licensed for at least 4 years, LMSW, or LSW licensed for 2 years **and** is designated by DHHS 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 social work in a **clinical setting**. <u>At least three of the four hours per month must be individual consultation.</u>

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 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

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 Counsultee:		
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:	

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: _____

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35 STATE HOUSE STATION
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VERIFICATION OF CONSULTATION FORM

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:	

VERIFICATION OF CONSULTATION FORM

Licensee Consultation Information (To be completed in full by Consultant)	
Total Number of Hours Licensee Worked Per Week	
Total Number of Hours Per Month ***Individual*** Supervision/Consultation Was Given	
Total Number of Hours Per Month ***Group*** Supervision/Consultation Was Given	
Total Number of Hours Licensee Worked During the Period Listed Below	

Dates the Applicant was Under your Supervision: From _____ (month/day/year) To _____ (month/day/year)

1. Please describe licensee's specific functions in terms of social work. If consultation was provided to a Master's level Social Worker, please describe applicant's functions in terms of prevention, diagnosis and treatment of mental illness/disorders and psychosocial treatment:

_____

_____

_____

_____

2. Please state briefly licensee's personal character, ethical conduct, and competence:

_____

_____

3. Do you recommend that this person be re-licensed? [ ] YES [ ] NO
If not, please describe why:

_____

_____

_____

I ATTEST THAT ALL OF THE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I ALSO AGREE TO RETURN THIS FORM TO THE LICENSEE FOR MAILING TO THE BOARD OF SOCIAL WORKER LICENSURE.

Signature of Consultant: _____ Date: _____

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Board of Social Worker Licensure
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

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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:

PRINTED ON RECYCLED PAPER
TTY USERS CALL MAINE RELAY 711
OFFICE PHONE: (207)624-8674
OFFICES LOCATED AT: 76 NORTHERN AVENUE, GARDINER, MAINE
FAX: (207)624-8637
www.maine.gov/professionallicensing

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: _____