

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH – HEALTH PROFESSIONAL LICENSING ADMINISTRATION
NEW LICENSE APPLICATION

SECTION 6A. SOCIAL WORK EDUCATION

List all colleges and universities from which you obtained your social work degree. You need only to list the degree that applies to the license level for which you are applying.

School Name, City, State, Country	Number of Hours Completed	Date of Graduation	Type of Degree/Certificate

SECTION 6B. SOCIAL WORK LICENSES IN OTHER STATES/JURISDICTIONS

List all states and jurisdictions in which you have ever held a social work license. You must request verification of licensure for all of these licenses, past and/or present. You must provide verification for all social work licenses held, past or present.

Jurisdiction	Date License Was First Obtained	License Number

SECTION 6C. SCORE TRANSFER INFORMATION

If you did not take the ASWB exam in the District of Columbia, you will need to transfer your test score to the District of Columbia. This process is handled by the American Association of State Social Work Boards (ASWB). Please submit your request with a certified check or money order in the amount of \$30*(payable to ASWB) to:

**ASWB Registration Center
PO Box 1508
Culpepper, VA 22701**

You can also request a score transfer via telephone using a MasterCard, VISA, Discover credit card. Call (888) 579-3926.

PLEASE NOTE – The DC Board of Social Work does not have reciprocity with any jurisdiction. Licensure in the District of Columbia will not be granted on the basis of licensure in another state. Applicants must apply for licensure in the District and meet all of the District’s social work licensing requirements. The DC Board of Social Work does not grandfather or waiver license requirements. *Fee is subject to change.

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SECTION 7. SCREENING QUESTIONS – Applicants MUST answer all of the following questions.

Applicants must complete all questions by placing an “X” in the appropriate boxes. ***If your answer “Yes” to any of the questions A through J below, you must provide full information and complete details on a separate sheet of paper including copies of relevant court documents and attach with this application form.***

HPLA
ONLY

Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement.

Please read the information below carefully before responding to this yes or no question, as **any false information provided requires that the Department of Health proceed immediately to revoke your License or Permit** for which you are now applying, and fine you one thousand dollars (\$1,000.00), pursuant to D.C. Official Code § 47-2864 (2001).

IF YOU ANSWER “YES” TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR RENEWAL APPLICATION BE DENIED.

As of this date, do you owe more than one hundred dollars (\$100.00) to the District of Columbia Government as a result of any of the following:

Yes No

A.

1. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985);
2. Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994);
3. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985);
4. Past due taxes;
5. Past due District of Columbia Water and Sewer Authority service fees; or
6. Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)?

The information presented above is in compliance with the requirement to submit with your application for licensure or permit under the *Clean Hands Before Receiving a License or Permit Act of 1996*, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et

YES NO

B. Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
C. Have you ever been convicted or arrested for a crime (other than minor traffic violations)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
D. Are you now or have you ever been licensed in DC or any other state/jurisdiction? (If "Yes," be sure to complete Section 6B of this form.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
E. Have you ever been party to a malpractice action or had a malpractice action brought against you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
F. Have you ever voluntarily surrendered a license after formal charges have been filed against you or while under investigation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
G. Have you ever been terminated from or resigned from a clinical or professional training program?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
H. Do you have a physical or medical condition that currently impairs your ability to practice your profession?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I. (Please answer with respect to D.C. or any other state/jurisdiction) (1) Have you withdrawn an application to practice your profession? (2) Has any authority or peer review board taken adverse action against your license or privileges? (3) Are you currently under investigation or were you investigated by any authority or peer review board for any violation of state, federal, or local law? (4) Has any authority or peer review board informed you of any pending charge(s) or investigation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
J. Have you ever been terminated or asked to resign from employment since obtaining your (professional) license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>

LISW AND LICSW APPLICANTS – Be sure to complete the Applicant Post Graduate Work Experience Form and the DC Social Work Supervision Calculation Worksheet.

SECTION 8. APPLICANT AFFIDAVIT

This form will be returned unprocessed if the form is not signed by the applicant. Keep a photocopy of this form for your records.

I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.

HPLA
ONLY

LICENSEE SIGNATURE

NAME (Please Print)

DATE