Government of the District of Columbia
Department of Health
Health Professional Licensing Administration

BOARD OF SOCIAL WORK
NEW LICENSE APPLICATION

GENERAL INSTRUCTIONS

All applicants must complete every section of this application and submit the original application and all required supporting documents. The fee must be included for this application to be processed. If more space is needed to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2514. If you have any questions, call HPLA Customer Service at 1-888-204-6205, Monday through Friday, 8AM to 5PM EST.

SECTION 1. TYPE OF LICENSE

Please mark the type of license for which you are applying.

	TOTAL
☐ Licensed Social Work Associate (LSWA) Examination	$230
☐ Licensed Social Work Associate (LSWA) Endorsement	$230
☐ Licensed Graduate Social Work (LGSW) Examination	$230
☐ Licensed Graduate Social Work (LGSW) Endorsement	$230
☐ Licensed Independent Social Work (LISW) Examination	$230
☐ Licensed Independent Social Work (LISW) Endorsement	$230
☐ Licensed Independent Clinical Social Work (LICSW) Examination	$230
☐ Licensed Independent Clinical Social Work (LICSW) Endorsement	$230
Re-Examination (select one) ☐LSWA ☐ LGSW ☐LISW ☐LICSW	$85
☐ **Duplicate Licenses (limit 5)** _____ **X $34.00 =**	**$_____.00**
Total Enclosed	**$_____.00**

Make check or money order payable to DC Treasurer
A charge of $65.00 will be imposed for dishonored checks (Public Law 89-208)

MAIL TO:

Department of Health
Health Professional Licensing Administration
Board of Social Work
899 North Capitol St NE, 1st Floor
Washington, DC 20002

HPLA ONLY

Check $	Check #	Staff
$ _ _ _ .00		

SECTION 2. APPLICANT NAME/DEMOGRAPHIC INFORMATION

Enter your name exactly as it should appear on the license. If your name has changed at any point since you first attended college or university, you must provide a copy of legal name change document for EACH time that it has changed. Acceptable documents are marriage certificates, divorce decrees or court orders. Complete Section 4 on page 2 of this application.

FIRST NAME | MI | LAST NAME | SUFFIX (Jr, Sr, etc.)

SOCIAL SECURITY NUMBER ___ — __ — ____

If applicant does not provide a social security number, a sworn affidavit is required

DATE OF BIRTH M M — D D — Y Y Y Y

PLACE OF BIRTH
Provide City and State for US birthplace or Country for foreign place of birth.

GENDER ☐ Male ☐ Female
Please check the correct box.

SECTION 3A. HOME ADDRESS

Even if you have a PO Box, a street address should also be provided, if applicable.

☐ APARTMENT ☐ SUITE ☐ FLOOR ☐ PO BOX NUMBER

HOME STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise, use this line to indicate STREET NUMBER and STREET NAME)

HOME STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY

STATE | ZIP CODE + 4

HOME PHONE NUMBER ___ — ___ — ____ | HOME FAX NUMBER ___ — ___ — ____ | E-MAIL ADDRESS

SECTION 3B. BUSINESS ADDRESS

Please note: This information will be made available to the public.

COMPANY NAME

☐ APARTMENT ☐ SUITE ☐ FLOOR ☐ PO BOX NUMBER

BUSINESS STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)

BUSINESS STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY

STATE ZIP CODE + 4 —

BUSINESS PHONE NUMBER — — BUSINESS FAX NUMBER — — E-MAIL ADDRESS

SECTION 3C. PREFERRED MAILING ADDRESS

Indicate your preferred mailing address by placing an "X" in the appropriate box. This will be the address to which all future licensing documents will be mailed.

☐ HOME ☐ BUSINESS

SECTION 4. PREVIOUS NAMES

If your name has changed at any point since you have first taken any exams or attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

Changed to current name by: ☐ Marriage ☐ Divorce ☐ Court Order ☐ Spouse Death Certificate

FIRST NAME MI LAST NAME SUFFIX (Jr, Sr, etc.)

Changed to current name by: ☐ Marriage ☐ Divorce ☐ Court Order ☐ Spouse Death Certificate

FIRST NAME MI LAST NAME SUFFIX (Jr, Sr, etc.)

Changed to current name by: ☐ Marriage ☐ Divorce ☐ Court Order ☐ Spouse Death Certificate

FIRST NAME MI LAST NAME SUFFIX (Jr, Sr, etc.)

SECTION 5. SUPPORTING DOCUMENTS

Please indicate the supporting documents you have included with this package or requested to be sent to the Board of Social Work. Keep a photocopy of all supporting documents for your records.		HPLA ONLY
A. Two recent and identical passport-type photos of the applicant's face (approx. 2"X2") with applicant's name printed on the back. The photos must be original photos and cannot be computer-generated copies or paper copies.	YES ☐ NO ☐	☐
B. Three (3) character reference forms, a minimum of two (2) must be professional references.	YES ☐ NO ☐	☐
C. Verification(s) of licensure – These should be provided in a sealed envelope from the issuing jurisdiction for each license identified in Section 6B on this page.	YES ☐ NO ☐	☐
D. Degree in Social Work Transcript – This should be provided in a sealed envelope from the issuing institution for each school listed in Section 6A.	YES ☐ NO ☐	☐
E. **LISW, LICSW ONLY** – Supervision Verification Forms for a minimum of 3,000 work experience hours for the Companies or Agencies identified on the Applicant Post Graduate Work Experience Form.	YES ☐ NO ☐	☐
F. **Foreign Trained Applicants** – A certification of education from the Foreign Equivalency Determination Service of the Council on Social Work Education.	YES ☐ NO ☐	☐
G. Copy of current license. **ENDORESEMENT APPLICANTS ONLY**		
H. Examination scores – An original copy or score transfer must be provided. Month and Year of applicable exam _____	YES ☐ NO ☐	☐

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 $25 *(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.

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.

A. 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 ☐

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 ☐

		YES	NO	HPLA ONLY
B.	Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession?	☐	☐	☐
C.	Have you ever been convicted or arrested for a crime (other than minor traffic violations)?	☐	☐	☐
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.)*	☐	☐	☐
E.	Have you ever been party to a malpractice action or had a malpractice action brought against you?	☐	☐	☐
F.	Have you ever voluntarily surrendered a license after formal charges have been filed against you or while under investigation?	☐	☐	☐
G.	Have you ever been terminated from or resigned from a clinical or professional training program?	☐	☐	☐
H.	Do you have a physical or medical condition that currently impairs your ability to practice your profession?	☐	☐	☐
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?	☐	☐	☐
J.	Have you ever been terminated or asked to resign from employment since obtaining your (professional) license?	☐	☐	☐

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	☐