

APPLICATION FOR REACTIVATION *Expired or Voluntarily Terminated License*

INFORMATION & INSTRUCTIONS

- **REVIEW BOARD STATUTE:** Review license reactivation requirements at the Board of Social Work website.
- **ELIGIBILITY:** Expired or voluntarily terminated licenses may be reactivated for **one year following the expiration date or effective date of termination**. *Applications received by the Board after this deadline are void and will be returned.*
- **REACTIVATION REQUIREMENTS:** 1) Complete application form; 2) pay required fee; 3) document compliance with continuing education.
- **LICENSE REACTIVATION:** You must reactivate an expired or voluntary terminated license to active status to be authorized to practice in Minnesota, unless you are employed in a setting for which licensure is voluntary under Minnesota Statutes, Section 148E.065.
- **ONE-YEAR REACTIVATION DEADLINE:** You may reactivate your license from voluntary termination or expiration within ***one year*** of the termination date.
- **VOID APPLICATION:** Complete the application form. ***Incomplete applications or applications not accompanied by the correct fee are considered void and will be returned, and will result in delayed processing, or missed reactivation deadline.***
- **FEES:** Submit a check or money order, made payable to the Minnesota Board of Social work, with this application. Fees are stated on the last page of this application. ***All fees submitted to the Board are nonrefundable.***
- **RE-LICENSURE OPTION:** If you fail to reactivate as outlined above, you must meet all requirements for licensure at the time of reapplication, including academic and examination requirements. If a license is expired or voluntarily terminated the ASWB examination score is valid only for eight years from date examination taken. Applicants for reapplication following a lapse in licensure, including expiration and voluntary termination, are required to complete a fingerprint-based criminal background check per Minnesota Statutes section 214.075.

LICENSE STATUS

My current license status is (check one):

☐ Expired

☐ Voluntarily Terminated

TENNESSEN WARNING

The Board is seeking data from you which may be considered private or confidential under the Minnesota Government Data Practices Act. Minn. Stat. sec. 13.04, subd. 2 requires the Board to notify you of the following four matters before you are asked to supply such information: (1) This data is being collected to determine whether you have violated any statutes or rules the Board is empowered to enforce and/or to determine whether you meet the requirements for licensure or reactivation; (2) You are not legally required to provide the information requested, but failure to do so may result in the denial of this application, and/or disciplinary or other action by the Board; (3) If you supply the data requested and it shows a violation of any of the statutes or rules enforced by the Board, you may be subject to disciplinary or other action by the Board. In addition, falsification or omission of information may be used by the Board as a basis for disciplinary action. (4) The data which you supply will be accessible to Board staff and may also be released to other persons or governmental entities that have statutory authority to review the data, investigate specific conduct, or take appropriate legal action, such as Board members and the Attorney General. If the Board institutes a formal disciplinary action against you, the information you supply could become public.

LICENSEE DATA		
LICENSE NUMBER:	PREVIOUS LICENSE: <input type="checkbox"/> LSW <input type="checkbox"/> LGSW <input type="checkbox"/> LISW <input type="checkbox"/> LICSW	
FULL LEGAL NAME <i>(required)</i> If you are reporting changes to the legal name currently on file, please submit a Name Change Form with your reactivation application. The Name Change Form is available for download at the Board's website under 'Downloadable Forms.'		
LAST NAME:	FIRST NAME:	MIDDLE NAME:
PREVIOUS NAMES: <i>(maiden, alias, former)</i>		
PROFESSIONAL NAME <i>(optional, provide only if DIFFERENT than legal name)</i> If a professional name is not currently on file, or if you are reporting changes to a professional name currently on file, please submit a Name Change Form with your reactivation application. The Name Change Form is available for download at the Board's website under 'Downloadable Forms.'		
LAST NAME:	FIRST NAME:	MIDDLE NAME:

CONTACT INFORMATION				
You MUST provide a PUBLIC address <u>and</u> a MAILING address, and a PUBLIC phone number <u>and</u> a PRIMARY phone number, which can be the same or different.				
<ul style="list-style-type: none"> PUBLIC address and PUBLIC phone: Classified as public data and available to any person upon request. If this information is not provided, your application is void and will be returned to you. MAILING address: Used to send all Board correspondence. If a mailing address <u>different</u> than the public address is not designated, all correspondence will be sent to the public address. PRIMARY phone: If not specified, the public phone will be designated as the primary phone. 				
PUBLIC ADDRESS <i>(required)</i> :				TYPE <i>(check one)</i> : <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other
CITY:	COUNTY:	STATE:	ZIP CODE:	
MAILING ADDRESS <i>(provide if DIFFERENT than public address)</i> :				TYPE <i>(check one)</i> : <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other
CITY:	COUNTY:	STATE:	ZIP CODE:	
PUBLIC PHONE <i>(required)</i> :		TYPE <i>(check one)</i> : <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Fax <input type="checkbox"/> Other		
PRIMARY PHONE <i>(provide if DIFFERENT than public phone)</i> :		TYPE <i>(check one)</i> : <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Fax <input type="checkbox"/> Other		
EMAIL ADDRESS <i>(classified as public data)</i> :				

EMPLOYMENT INFORMATION

- Report all current employment.
- If currently unemployed, indicate “unemployed.”
- If more than two current employers, list additional employers on separate sheet of paper including the same information as requested below and attach.

CURRENT EMPLOYER #1

EMPLOYER NAME (no acronyms):

POSITION:

START DATE: (mm/dd/yyyy)

END DATE: (mm/dd/yyyy)

STREET ADDRESS:

TYPE (check one):

- ☐ Home
☐ Business
☐ Other

CITY:

COUNTY:

STATE:

ZIP CODE:

CURRENT EMPLOYER #2

EMPLOYER NAME (no acronyms):

POSITION:

START DATE: (mm/dd/yyyy)

END DATE: (mm/dd/yyyy)

STREET ADDRESS:

TYPE (check one):

- ☐ Home
☐ Business
☐ Other

CITY:

COUNTY:

STATE:

ZIP CODE:

CONTINUING EDUCATION

CE Hour Requirements:

- Number of required continuing education (CE) hours can be found on your license profile on the Board’s website.
- Report CE hours in effect at the time your license expired or was voluntarily terminated.
- Complete CE requirements can be found on the Continuing Education page at the Board’s website.

CE Audit:

- Maintain CE documentation required under Minnesota Statutes section 148E.130 for at least one year after your license renewal, in case you are audited by the Board.
- **Do not submit CE documentation unless requested by the Board.**

CE Extension:

- If you check the box for CE extension, the Board will automatically grant a 90-day extension to complete remaining CE hours.
- You may be subject to audit following the 90-day extension.
- Do not submit documentation or verification of completion of CE hours unless requested by the Board.

REPORT OF COMPLIANCE WITH CONTINUING EDUCATION (CE):

Check one of the following options:

☐ CE HOUR REQUIREMENT COMPLETE

I attest that I have completed the continuing education hour requirements required by Minnesota Statutes, Chapter 148E. I attest that I will maintain verification of completion, or attendance, for at least one year after my license reactivation. I understand that making a false statement or misrepresentation to the Board is grounds for the Board to take disciplinary action.

☐ CE EXTENSION REQUEST

I attest that I have not completed the required continuing education hours and am requesting a CE extension. I understand that I may be granted a one-time extension to complete the required CE hours and may be subject to audit. I understand failure to comply with CE extension requirements may be grounds for the Board to take disciplinary action.

STANDARDS OF PRACTICE QUESTIONS

- If you answer “YES” to any question below, include a detailed explanation (attach additional sheets if necessary).
- If you are currently licensed by the Board, do not report information you have previously reported.

1. Since the last application you submitted to the Board, have you pled guilty to, pled no contest to, or been convicted of a misdemeanor, gross misdemeanor, or felony, or are criminal charges pending against you? Include traffic offenses where the charge involves the use of alcohol or drugs even if the final conviction or plea is not related to the use of alcohol or drugs.	YES	NO
2. Are you currently unable to practice social work with reasonable skill and safety due to a mental or physical illness, or use of alcohol, drugs, or chemicals? NOTE: If you are currently participating in the Health Professionals Services Program (“HPSP”) for this illness, you may answer “NO” to this question.	YES	NO
3. Since the last application you submitted to the Board, have you violated a social work licensing board or authority’s laws or rules related to the practice of social work?	YES	NO
4. Since the last application you submitted to the Board, have you been denied a license by a licensing board or authority, investigated or disciplined by a licensing board or authority, or relinquished a license due to a violation of the licensing board or authority’s laws or rules? NOTE: “Licensing” includes registration, credentialing, certification, or any other form of government regulation of individual practitioners.	YES	NO
5. Since the last application you submitted to the Board, in any paid or volunteer job, have you been terminated, resigned in lieu of termination, or been subjected to disciplinary action, due to conduct that may be grounds for disciplinary action under the Social Work Practice Act?	YES	NO
6. Since the last application you submitted to the Board, in any paid or volunteer job, have you been named as a defendant in a civil litigation, arbitration, or a malpractice action?	YES	NO
7. Since the last application you submitted to the Board, have you been denied membership in a professional association, investigated, or disciplined by a professional association, or relinquished membership in a professional association due to a violation of the professional association’s code of ethics?	YES	NO
8. Since the last application you submitted to the Board, have you been investigated by or subjected to disciplinary action by a post-secondary educational institution due to alleged misconduct?	YES	NO

ACKNOWLEDGMENT

Attestation of Applicant

1. I have read Minnesota Statutes, Chapter 148E, the laws governing social work practice in Minnesota, including License Reactivation and Alternate License status changes, if applicable.
2. I attest that all information provided in this application is true and correct.
3. I understand that making false statements or misrepresentation to the Board is grounds for the Board to take disciplinary action.

Attestation of Applicant; License Reactivation Compliance and Approval

1. I have read and understand the requirements in Minnesota Statutes, Chapter 148E for reactivations, and will comply with license reactivation requirements.
2. I will submit all required documentation not included with this application, including, but not limited to, supervised practice, standards of practice, and name change.
3. I understand that non-compliance with license reactivation requirements may be grounds for the Board to take disciplinary action.
4. I understand that my application for license reactivation will be reviewed for eligibility prior to approval.
5. I understand that I will not receive a paper license card and license status and information must be verified using the Public License Lookup online service at the Board of Social Work website.

SIGNATURE OF APPLICANT:

DATE:

FEES

- All paper applications must include a check or money order for the correct fee. ***Incomplete applications or applications not accompanied by the correct fee are void and will be returned, and will result in delayed processing, or missed reactivation deadline.*** The fee for reactivation of an expired or voluntarily terminated license is 1.5 times the renewal fee.
- Fees submitted to the Board are non-refundable.

License Type	Reactivation Fee
LSW	\$172.50
LGSW	\$315
LISW	\$457.50
LICSW	\$502.50

NEXT STEPS

- **PROCESSING & APPROVAL:** Applications will be reviewed for eligibility prior to approval. You will be notified by mail if additional information is needed or at the time of approval.
- **SUPERVISION VERIFICATION:** If applicable, you and your licensing supervisor must submit appropriate Supervision Plan or Verification form(s) to document supervised practice.
- **NAME CHANGE:** If you reported a change to your legal and/or professional names, download and submit the [Name Change Form](#), available on the 'Downloadable Forms' page of the Board's website.
- **CE AUDIT:** Maintain your verification of CE hours for at least one year after your license reactivation, in the event you are audited by the Board. ***Do not send verification unless requested by the Board.*** If selected for audit, you will be notified by mail.
- **CHECK LICENSE STATUS ONLINE:** You will not receive a paper license card in the mail. Use the Public License Lookup online service at the Board's website to view or print or your license information and status.