

## TEMPORARY LICENSE APPLICATION

### • INFORMATION AND INSTRUCTIONS •

- **REVIEW BOARD STATUTE:** Review temporary license requirements, under Minnesota Statutes, Chapter 148E, and fingerprint-based criminal background check (CBC), under Minnesota Statutes section 214.075, on the Board of Social Work website.
- **VOID APPLICATION:** Complete the application form. *Incomplete applications or applications not accompanied by the correct fee are void and will be returned resulting in delayed processing of the application.*
- **CRIMINAL BACKGROUND CHECK:** All applicants for initial licensure must submit to a fingerprint-based criminal background check under Minnesota Statutes section 214.075.
  - (1) If you have a current application for licensure in process with the Board, and have previously submitted the CBC fee and fingerprints, you do **not** need to complete another fingerprint-based criminal background check.
  - (2) If you **do not** hold a current license with the Board, including a Temporary License, you must submit the required fee specified in the "Fees" section of this form and comply with fingerprint-based criminal background check requirements.
- **FEES:** Submit a check or money order, made payable to the Minnesota Board of Social work, with this application.  
*All fees submitted to the Board are nonrefundable.*

### • TEMPORARY LICENSE TYPES AND REQUIREMENTS •

There are three temporary licenses under Minnesota Statutes, Section 148E.060, which allow a qualified candidate to begin authorized social work practice for a time-limited period:

- (1) **Students and applicants not licensed to practice social work in any jurisdiction:**
  - **Attention BSW and MSW students:** Do not apply too soon as a temporary license can only be approved when you complete 1) all degree requirements, and 2) obtain a passing score on required ASWB exam
  - Applied for a standard license
  - Taken and passed ASWB examination
  - Completed all degree requirements for a social work degree accredited by the Council on Social Work Education (CSWE) or Canadian Association of Schools of Social Work (CASSW)
  - Expires 6 months after date issued
- (2) **Current licensees authorized to practice social work in another jurisdiction:**
  - Currently licensed in another jurisdiction
  - Submitted required fees and documentation for a criminal background check (CBC) under Minnesota Statutes section 214.075 (if application for a standard license is submitted prior to applying for a temporary license, CBC fee is submitted with standard license application)
  - Expires 6 months after date issued; cannot be issued more than one time in a 12-month period
- (3) **Students who have completed requirements for a baccalaureate or graduate degree in social work from a program in candidacy status:** (degree programs working toward accreditation)
  - Applied for a standard license
  - Taken and passed ASWB examination
  - Completed all degree requirements for a social work degree program which is pending accreditation by the CSWE or CASSW
  - Expires 12 months after date issued; may be extended if program remains in candidacy status

# APPLICATION FOR TEMPORARY LICENSE

## • APPLICANT STATUS •

I am applying for the following temporary license: (check one, see previous page for information)

- |                                                          |                                                                         |                                                                                    |
|----------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> (1) Student; unlicensed persons | <input type="checkbox"/> (2) Currently licensed in another jurisdiction | <input type="checkbox"/> (3) Student graduating from a program in candidacy status |
|----------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------------|

Type: (check one)

- |                                                                                                                                                                             |                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>BACCALAUREATE</b><br>• If applying for <b>LSW</b> standard license or <b>licensed</b> at a bachelor level social worker in another jurisdiction | <input type="checkbox"/> <b>MASTERS</b><br>• If applying for <b>LGSW, LISW, LICSW</b> standard license or <b>licensed</b> at a master's level social worker in another jurisdiction |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## TENNESSEN WARNING

The Board is seeking data from you which may be considered private or confidential under the Minnesota Government Data Practices Act. Minnesota Statute Section 13.04, subdivision. 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 renewal;
- (2) You are not legally required to provide the information requested, but failure to do so may result in the denial of the licensure 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.

## • APPLICANT DATA •

LICENSE NUMBER:

CURRENT LICENSE: (check one) ☐ LSW ☐ LGSW ☐ LISW ☐ LICSW

**FULL LEGAL NAME-required:** (If you are reporting changes to the legal name currently on file, you may be contacted by the Board if additional information is needed.)

|            |             |              |
|------------|-------------|--------------|
| LAST NAME: | FIRST NAME: | MIDDLE NAME: |
|------------|-------------|--------------|

ALL PREVIOUS NAMES:  
(maiden, alias, former)

SOCIAL SECURITY NUMBER-required:  
(classified as not public data)

DATE OF BIRTH-optional:  
(mm/dd/yyyy)

GENDER-optional:  
(check one) ☐ FEMALE ☐ MALE

ETHNIC GROUP-optional: (check one)

|                                           |                                                         |                                       |                                |
|-------------------------------------------|---------------------------------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian/Pacific Islander         | <input type="checkbox"/> Hispanic     | <input type="checkbox"/> Other |
| <input type="checkbox"/> Caucasian        | <input type="checkbox"/> Native American/Alaskan Native | <input type="checkbox"/> Multi-Racial |                                |

### • APPLICANT CONTACT INFORMATION •

You **MUST** provide a **PUBLIC** address and a **MAILING** address, and a **PUBLIC** phone number and a **PRIMARY** phone number, which can be the same or different.

- **PUBLIC** address and **PUBLIC** phone: Classified as public data and available to any person upon request. If this information is not provided, your document is void and will be returned to you.
- **MAILING** address: Used to send all Board correspondence. If a mailing address different 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><br><input type="checkbox"/> Home<br><input type="checkbox"/> Business<br><input type="checkbox"/> Other |
| CITY:                                                                                | COUNTY: | STATE: | ZIP CODE:                                                                                                                                                                               |                                                                                                                                  |
| MAILING ADDRESS- <i>optional</i> : <i>(Provide if DIFFERENT than public address)</i> |         |        |                                                                                                                                                                                         | TYPE: <i>(check one)</i><br><input type="checkbox"/> Home<br><input type="checkbox"/> Business<br><input type="checkbox"/> Other |
| CITY:                                                                                | COUNTY: | STATE: | ZIP CODE:                                                                                                                                                                               |                                                                                                                                  |
| PUBLIC PHONE- <i>required</i> :                                                      |         |        | TYPE: <i>(check one)</i><br><input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Fax <input type="checkbox"/> Other |                                                                                                                                  |
| PRIMARY PHONE- <i>optional</i> : <i>(provide if DIFFERENT than public phone)</i>     |         |        | TYPE: <i>(check one)</i><br><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>                                    |         |        |                                                                                                                                                                                         |                                                                                                                                  |

### • APPLICANT EDUCATIONAL INFORMATION •

- An official transcript is not required with a temporary license application but is required for a standard license application.

| UNDERGRADUATE PROGRAM                                                         |        | GRADUATE PROGRAM                                                              |        |
|-------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------|--------|
| SCHOOL:                                                                       |        | SCHOOL:                                                                       |        |
| CITY:                                                                         | STATE: | CITY:                                                                         | STATE: |
| DEGREE:                                                                       | MAJOR: | DEGREE:                                                                       | MAJOR: |
| COMPLETION DATE: <i>(mm/dd/yyyy)</i><br>Date degree conferred or anticipated. |        | COMPLETION DATE: <i>(mm/dd/yyyy)</i><br>Date degree conferred or anticipated. |        |

**• APPLICANT 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: <i>(mm/dd/yyyy)</i> |           | END DATE: <i>(mm/dd/yyyy)</i> |                                                                                                                                  |
| STREET ADDRESS: |         |                                 |           |                               | TYPE: <i>(check one)</i><br><input type="checkbox"/> Home<br><input type="checkbox"/> Business<br><input type="checkbox"/> Other |
| CITY:           | COUNTY: | STATE:                          | ZIP CODE: |                               |                                                                                                                                  |

**CURRENT EMPLOYER #2**

EMPLOYER NAME: *(no acronyms)*

|                 |         |                                 |           |                               |                                                                                                                                  |
|-----------------|---------|---------------------------------|-----------|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| POSITION:       |         | START DATE: <i>(mm/dd/yyyy)</i> |           | END DATE: <i>(mm/dd/yyyy)</i> |                                                                                                                                  |
| STREET ADDRESS: |         |                                 |           |                               | TYPE: <i>(check one)</i><br><input type="checkbox"/> Home<br><input type="checkbox"/> Business<br><input type="checkbox"/> Other |
| CITY:           | COUNTY: | STATE:                          | ZIP CODE: |                               |                                                                                                                                  |

**• APPLICANTS CURRENTLY LICENSED IN ANOTHER JURISDICTION ONLY •**

*If not licensed in another jurisdiction, skip this section and proceed to page 4 of the application.*

**• VERIFICATION OF LICENSE •**

- List all current social work credentials held in jurisdictions other than Minnesota below.

| State | License Type | License Number | Issue Date | Expiration Date |
|-------|--------------|----------------|------------|-----------------|
|       |              |                |            |                 |
|       |              |                |            |                 |
|       |              |                |            |                 |
|       |              |                |            |                 |
|       |              |                |            |                 |

### • 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) Have you ever 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<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 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<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 3) Have you ever violated a social work licensing board or authority’s laws or rules related to the practice of social work?                                                                                                                                                                                                                                                               | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 4) Have you ever 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<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 5) In any paid or volunteer job, have you ever 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<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 6) In any paid or volunteer job, have you ever been named as a defendant in a civil litigation, arbitration, or a malpractice action?                                                                                                                                                                                                                                                      | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 7) Have you ever 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<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 8) Have you ever been investigated by or subjected to disciplinary action by a post-secondary educational institution due to alleged misconduct?                                                                                                                                                                                                                                           | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |

### • APPLICANT ATTESTATION •

- All applicants must agree with the following statements, and sign below.

- 1) I have read Minnesota Statutes Chapters 148E, including the requirements for a temporary license, and Minnesota Statutes section 214.075, fingerprint-based criminal background check.
- 2) I understand that temporary licenses are time-limited and have conditions, which may include scope of practice designations, supervision for practice, and representation requirements.
- 3) I attest all information provided in this application is true and correct. I understand that making a false statement or misrepresentation to the Board is grounds for the Board to take disciplinary action.

APPLICANT SIGNATURE:

DATE:

### • FEES •

- All 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 to you and will result in delayed processing.***
- All applicants for initial licensure must submit to a fingerprint-based criminal background check under Minnesota Statutes section 214.075. (1) If you have a current application for licensure in process with the Board, and have previously submitted the required fee and fingerprints, you do **not** need to complete another fingerprint-based criminal background check. (2) If you **do not** hold a current license, including a Temporary License, with the Board, you must submit the required fee specified in the “Fees” section of this form and comply with fingerprint-based criminal background check requirements.
- The Criminal Background Check Program Office will email instructions and forms directly to applicants.

| Application Type                       | <u>With</u> Fingerprint-based Criminal Background Check Fee | <u>Without</u> Fingerprint-based Criminal Background Check Fee ( <i>see above for exception</i> ) |
|----------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Temporary License ( <i>all types</i> ) | \$82                                                        | \$50                                                                                              |

- **PROCESSING TIME:** If required, a temporary license application cannot be processed until you submit fingerprints to the Criminal Background Check (CBC) Program Office. It typically takes between one to two weeks to process a temporary license application from the date fingerprints are received. The Board will notify you via mail if you are approved for a temporary license.  
*Register to use the Board's Online Services to check your application status online.*
- **TIME LIMITED TEMPORARY LICENSE:** A temporary license is time-limited and non-renewable. Temporary licenses expire at either 6 or 12 months, or until the permanent license is issued, denied, or revoked.
- **AUTHORIZED SCOPE OF PRACTICE:**
  - ▶ **Baccalaureate** temporary licenses authorize the practice of social work but *does not* authorize clinical social work practice.
  - ▶ **Graduate** temporary licenses authorize both the practice of social work and clinical social work practice.
- **LICENSING SUPERVISION FOR PRACTICE REQUIRED:**
  - ▶ If not licensed in another jurisdiction, all baccalaureate and graduate temporary license holders must obtain licensing supervision for any social work practice in Minnesota provided by a social worker appropriately licensed and eligible to provide supervision under the Board's Practice Act.
  - ▶ **Supervision Plan** form is required within 60 days after beginning a social work practice position.
  - ▶ Supervised practice obtained while the temporary license is effective *will apply* toward the supervised practice requirement after licensure for the LSW or the LGSW license.
- **REPRESENTATION TO THE PUBLIC:**
  - ▶ **Baccalaureate temporary license:** Must represent yourself as a "temporary license baccalaureate social worker".
  - ▶ **Graduate temporary license:** Must represent yourself as a "temporary license graduate social worker".
  - ▶ **Temporary licensees:** May *not* use the credentials LSW, LGSW, LISW, or LICSW until a standard license is issued.