

FORM 1. CERTIFICATION OF CLINICAL CLOCK HOURS BY OFFICIAL OF GRADUATE DEGREE PROGRAM ACCREDITED BY THE COUNCIL ON SOCIAL WORK EDUCATION (CSWE)

INFORMATION & INSTRUCTIONS

- **COMPLETE FORM:** Complete Section 1 of form. Program official from MSW degree program must complete Section 2. You may also attach a MSW Program Course Grid, signed and dated by your MSW Program Official. **Incomplete forms may be returned to you and may result in delayed processing.** Submit via email, fax, or mail.
- **OFFICIAL TRANSCRIPT:** If not already on file with the Board, request official MSW transcript for the courses listed in Section 1.
- **CLASSIFICATION OF DATA:** All information provided is private until your application has been approved. Once it has been approved, all information is public except as noted in the application. Public information is available to any person upon request. The purpose and intended use of this information is to determine whether you meet legal requirements for licensure. You are not required to provide the information requested on this form, but the Board will not be able to act on your application without this information.
- **You may make copies of this form or attach additional sheets as needed. One semester credit = 15 clock hours.**

SECTION 1: LICSW APPLICANT DATA

| | | |
|---|--|---------------------------------------|
| LICENSE NUMBER: <i>(If applicable)</i> | CURRENT LICENSE: <i>(If applicable, circle one)</i> LGSW LISW | DATE OF BIRTH: <i>(mm/dd/yyyy)</i> |
| LAST NAME: | FIRST NAME: | MIDDLE NAME: |

| Clinical Knowledge Areas | Hours Required | Hours Obtained | Course Title(s) and Number(s) |
|---|----------------|----------------|-------------------------------|
| Differential diagnosis and biopsychosocial assessment, including normative development and psychopathology across the life span | 108 | | |
| Assessment-based clinical treatment planning with measurable goals | 36 | | |
| Clinical intervention methods informed by research and current standards of practice | 108 | | |
| Evaluation methodologies | 18 | | |
| Social Work values and ethics, including cultural context, diversity, and social policy | 72 | | |
| Culturally specific clinical assessment and intervention | 18 | | |
| Total hours in all categories | 360 | | |

SECTION 2: CERTIFICATION BY CSWE ACCREDITED GRADUATE DEGREE PROGRAM OFFICIAL

I hereby certify that through graduate coursework from a graduate degree program accredited by the Council on Social Work Education, the above name applicant completed clock hours (one semester credit = 15 clock hours) in the clinical knowledge areas listed above.

| | | |
|--|--------|-----------------------------|
| SIGNATURE <i>(CSWE Accredited Graduate Degree Program Official):</i> | | DATE: |
| TYPE OR PRINT NAME: | | TITLE OR OFFICIAL POSITION: |
| INSTITUTION: | | ADDRESS: |
| TELEPHONE: | EMAIL: | |

FORM 2. CERTIFICATION OF CLINICAL CLOCK HOURS BY OFFICIAL OF ACCREDITED INSTITUTION OF HIGHER LEARNING

INFORMATION & INSTRUCTIONS

- **COMPLETE FORM:** Complete Section 1 of form; official from accredited institution of higher learning must complete Section 2. This form will not be accepted if the signature date in Section 2 precedes date of course completion on transcript. **Incomplete forms may be returned to you and may result in delayed processing.** Submit via email, fax, or mail.
- **OFFICIAL TRANSCRIPT:** Request official transcript for the courses listed in Section 1.
- **CLASSIFICATION OF DATA:** All information provided is private until your application has been approved. Once it has been approved, all information is public except as noted in the application. Public information is available to any person upon request. The purpose and intended use of this information is to determine whether you meet legal requirements for licensure. You are not required to provide the information requested on this form, but the Board will not be able to act on your application without this information.
- **You may make copies of this form or attach additional sheets as needed. One semester credit = 15 clock hours.**

SECTION 1: LICSW APPLICANT DATA

| LICENSE NUMBER: <i>(If applicable)</i> | CURRENT LICENSE: <i>(If applicable, circle one)</i> | LGSW | LISW | DATE OF BIRTH: <i>(mm/dd/yyyy)</i> |
|---|--|----------------|-------------------------------|---------------------------------------|
| LAST NAME: | FIRST NAME: | MIDDLE NAME: | | |
| Clinical Knowledge Areas | Hours Required | Hours Obtained | Course Title(s) and Number(s) | |
| Differential diagnosis and biopsychosocial assessment, including normative development and psychopathology across the life span | 108 | | | |
| Assessment-based clinical treatment planning with measurable goals | 36 | | | |
| Clinical intervention methods informed by research and current standards of practice | 108 | | | |
| Evaluation methodologies | 18 | | | |
| Social Work values and ethics, including cultural context, diversity, and social policy | 72 | | | |
| Culturally specific clinical assessment and intervention | 18 | | | |
| Total hours in all categories | 360 | | | |

SECTION 2: CERTIFICATION BY ACCREDITED INSTITUTION OF HIGHER LEARNING OFFICIAL

I hereby certify that through graduate coursework from an accredited institution of higher learning, the above name applicant completed clock hours (one semester credit = 15 clock hours) in the clinical knowledge areas listed above.

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|--|--------|-----------------------------|
| SIGNATURE <i>(Accredited Institution of Higher Learning Official):</i> | | DATE: |
| TYPE OR PRINT NAME: | | TITLE OR OFFICIAL POSITION: |
| INSTITUTION: | | ADDRESS: |
| TELEPHONE: | EMAIL: | |

FORM 3. CERTIFICATION OF CLINICAL CLOCK HOURS THROUGH CONTINUING EDUCATION (CE) PROGRAMS

INFORMATION & INSTRUCTIONS

- **COMPLETE FORM:** Complete the form and attach supporting documentation. *Incomplete forms or forms not accompanied by the correct supporting documents may be returned to you and may result in delayed processing.* Submit via email, fax, or mail.
- **LIMIT ON TOTAL CE HOURS & INDEPENDENT STUDY CE HOURS:**
 - 1) **No more than 90 clinical clock hours may be obtained through CE.**
 - 2) **No more than 20 of the 90 total clinical clock hours may be obtained through independent study.** Independent study includes online, non-interactive CE courses and/or independent research on your own.
- **SUPPORTING DOCUMENTATION:** Submit copies of verification with this form. **DO NOT SEND ORIGINAL DOCUMENTS.** Once reviewed, documentation submitted will not be retained by the Board and will not be returned to the sender.
 - 1) **Educational Workshops & Seminars:** Certificates of attendance, course descriptions, and post-tests.
 - 2) **Independent Study Online Non-Interactive CE Courses:** Certificates of attendance, course descriptions, and post-tests.
 - 3) **Independent Study Conducted On Your Own:** Written summary of the activity conducted, including: (1) topics studied; (2) applicability to the clinical knowledge area; (3) titles and authors of books and articles; (4) dates research was conducted; and (5) number of clock hours completed.
- **CLASSIFICATION OF DATA:** All information provided is private until your application has been approved. Once it has been approved, all information is public except as noted in the application. Public information is available to any person upon request. The purpose and intended use of this information is to determine whether you meet legal requirements for licensure. You are not required to provide the information requested on this form, but the Board will not be able to act on your application without this information.

LICSW APPLICANT DATA

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|---|--|--------------|-------------|---------------------------------------|
| LICENSE NUMBER: <i>(If applicable)</i> | CURRENT LICENSE: <i>(If applicable, circle one)</i> | LGSW | LISW | DATE OF BIRTH: <i>(mm/dd/yyyy)</i> |
| LAST NAME: | FIRST NAME: | MIDDLE NAME: | | |

ACKNOWLEDGMENT

Attestation of Applicant:

I hereby certify that through continuing education programs, I completed clock hours in the clinical knowledge areas listed on this form.

SIGNATURE OF APPLICANT:

DATE:

(continued on next page)

You may make copies of this page as needed. **KEEP ALL PAGES OF THIS FORM TOGETHER.**

REPORT OF CONTINUING EDUCATION HOURS

- Report the CE course title, CE provider, and number of clock hours you obtained in each clinical knowledge area.
- Reference the following key for the definitions of clinical knowledge areas.
- Record the hours in the corresponding number in the table.
- Submit copies of **certificates of attendance, course descriptions, post-tests** along with this form. **DO NOT SEND ORIGINAL DOCUMENTS.** Once reviewed, documents submitted will not be retained by the Board and will not be returned to the sender.

1 = Differential diagnosis and biopsychosocial assessment, including normative development and psychopathology across the life span
2 = Assessment-based clinical treatment planning with measurable goals
3 = Clinical intervention methods informed by research and current standards of practice

4 = Evaluation methodologies
5 = Social Work values and ethics, including cultural context, diversity, and social policy
6 = Culturally specific clinical assessment and intervention

| Course Title & CE Provider | 1 | 2 | 3 | 4 | 5 | 6 | Independent Study Hours | BOARD USE ONLY |
|----------------------------|---|---|---|---|---|---|-------------------------|--|
| | | | | | | | | 1. ____ 2. ____ 3. ____ 4. ____ Approve YES / NO |
| | | | | | | | | 1. ____ 2. ____ 3. ____ 4. ____ Approve YES / NO |
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| | | | | | | | | 1. ____ 2. ____ 3. ____ 4. ____ Approve YES / NO |
| | | | | | | | | 1. ____ 2. ____ 3. ____ 4. ____ Approve YES / NO |

APPLICANT NAME & LICENSE NUMBER: _____

| BOARD USE ONLY | |
|-----------------------------|---|
| Reviewer initials: Date: | Key: 1. Certificate of attendance 2. Course description 3. Post-test 4. Independent study supporting documents |