

## APPLICATION FOR RENEWAL & LICENSE STATUS CHANGE

### INFORMATION & INSTRUCTIONS

- **REVIEW BOARD STATUTE:** Review license renewal and alternate license requirements at the Board of Social Work website.
- **LICENSE RENEWAL:** You must renew your license 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.
- **ALTERNATE LICENSE STATUS:** You may change your current license status during renewal if you meet the limitations on social work practice for each of the alternate license noted below.
  - **Emeritus Active:** If retired and intend to engage in limited practice including only (1) pro bono or volunteer social work practice, or; (2) up to 240 clock hours paid social work practice for the exclusive purpose to provide licensing supervision to meet the Board's requirements.
  - **Emeritus Inactive:** If retired from social work practice and not intending to resume social work practice in Minnesota. An emeritus inactive license may be reactivated only within four years of issuance.
  - **Temporary Leave:** If not practicing social work in any setting in Minnesota, but may wish to resume practice in the future. Temporary leave is valid for a maximum of four consecutive years.
  - **Voluntary Termination:** If not practicing social work in Minnesota except in an exempt setting (see MS Section 148E.065).
- **VOID APPLICATION:** Complete the application form. **Incomplete applications or applications not accompanied by the correct fee are considered void and will be returned, and may result in delays to your renewal, late fees, and/or expiration of your license.**
- **FEES:** Submit a check or money order, made payable to the Minnesota Board of Social work, with this application. Fees are stated on the renewal notice mailed by the Board, and on the last page of this application. **All fees submitted to the Board are nonrefundable.**
- **LATE FEES:** Late fee of 1/4 of your renewal fee is assessed on applications not received on or before the renewal/expiration date and within the 60 day period after your renewal deadline.
- **AUTOMATIC EXPIRATION:** License will automatically expire if application, license renewal fee, and late fee, if applicable, are not received on or before the 60th day after your expiration date.
- **RE-LICENSURE OPTIONS:** Temporary leave and emeritus inactive licenses may be reactivated no later than four years after the effective date of your temporary leave or emeritus inactive license. Expired licenses or licenses terminated voluntarily may be reactivated within one year of the effective date. If you fail to reactivate as outlined above, you must meet all requirements for licensure at the time of reapplication; an ASWB exam score is valid for eight years from date taken if the license is expired or voluntarily terminated. Applicants for reactivation or 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

I am applying for the following renewal status (check one):

- Active   
  Emeritus Active   
  Emeritus Inactive   
  Temporary Leave   
  Voluntary Termination

### 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 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.

LICENSEE DATA				
LICENSE NUMBER:	CURRENT LICENSE:	LSW	LGSW	LISW LICSW
<b>FULL LEGAL NAME (required)</b> If you are reporting changes to the legal name currently on file, please submit a <a href="#">Name Change Form</a> with your renewal application. The Name Change Form is available for download at the Board's website under 'Downloadable Forms.'				
LAST NAME:	FIRST NAME:	MIDDLE NAME:		
<b>PREVIOUS NAMES:</b> <i>(maiden, alias, former)</i>				
<b>PROFESSIONAL NAME (optional, provide only if DIFFERENT than legal name)</b> 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 <a href="#">Name Change Form</a> with your renewal 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 <b>MUST</b> provide a <b>PUBLIC</b> address <u>and</u> a <b>MAILING</b> address, and a <b>PUBLIC</b> phone number <u>and</u> a <b>PRIMARY</b> phone number, which can be the same or different.				
<ul style="list-style-type: none"> <li>• <b>PUBLIC</b> address and <b>PUBLIC</b> 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.</li> <li>• <b>MAILING</b> 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.</li> <li>• <b>PRIMARY</b> phone: If not specified, the public phone will be designated as the primary phone.</li> </ul>				
PUBLIC ADDRESS (required):				TYPE (check one):
CITY:	COUNTY:	STATE:	ZIP CODE:	<input type="checkbox"/> Home
				<input type="checkbox"/> Business
				<input type="checkbox"/> Other
MAILING ADDRESS (provide if DIFFERENT than public address):				TYPE (check one):
CITY:	COUNTY:	STATE:	ZIP CODE:	<input type="checkbox"/> Home
				<input type="checkbox"/> Business
				<input type="checkbox"/> Other
PUBLIC PHONE (required):		TYPE (check one): <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Fax <input type="checkbox"/> Other		
PRIMARY PHONE (provide if DIFFERENT than public phone):		TYPE (check one): <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Fax <input type="checkbox"/> Other		
EMAIL ADDRESS (classified as public data):				

### 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>	
TYPE <i>(check one)</i> : <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other	STREET ADDRESS:		
	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>	
TYPE <i>(check one)</i> : <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other	STREET ADDRESS:		
	CITY:	COUNTY:	STATE:      ZIP CODE:

### CONTINUING EDUCATION

**CE Hour Requirements:**

- Continuing education (CE) hours required at this renewal can be found on your license profile on the Board’s website, or on the renewal notice mailed by the Board.
- CE hours reported must have been obtained within this current renewal cycle.
- Additional CE requirement details can be found at the Board’s website.

**CE Audit:**

- Maintain your verification of completion, or attendance, for at least one year after your license renewal, in the event you are audited by the Board. ***Do not send verification unless requested by the Board.***

**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 renewal. I understand that making a false statement or misrepresentation to the Board is grounds for the Board to take disciplinary action.

**CE VARIANCE REQUEST**

I attest that I have not completed the required continuing education hours for my renewal and am requesting a CE variance. I understand that I will be granted an additional 90 days from the date the Board receives my renewal application to complete the required CE hours, and may be subject to audit. I understand failure to comply with CE variance requirements may be grounds for the Board to take disciplinary action.

• LICSWs MAY SKIP THIS SECTION •

**SUPERVISED PRACTICE**

- Complete the information below to designate your scope of practice and compliance with the Board’s supervised practice requirements. For more information, refer to the Board’s website.
- If you are reporting supervision for this renewal, submit appropriate Supervision Verification form(s), using the Board’s online services.

1. <b>LGSWs/LISWs ONLY:</b> Have you engaged in clinical social work practice?	<b>YES</b>	<b>NO</b>
2. <b>ALL LICENSEES:</b> Are you documenting supervised practice for the entire renewal term?	<b>YES</b>	<b>NO</b>
If you answered ‘NO’ to question 2 above, please provide the reason(s) below.		
2.1 Unemployed? <i>If yes, provide dates (from mo/yr, to mo/yr):</i>	<b>YES</b>	<b>NO</b>
2.2 Leave of absence? <i>If yes, provide dates (from mo/yr, to mo/yr):</i>	<b>YES</b>	<b>NO</b>
2.3 Submitting portion required to complete requirement? <i>If yes, explain in detail (attach additional sheets if necessary):</i>	<b>YES</b>	<b>NO</b>
2.4 Out of compliance with requirements? <i>If yes, explain in detail (attach additional sheets if necessary):</i>	<b>YES</b>	<b>NO</b>
2.5 Supervised practice requirement has been met and documentation is on file with the Board?	<b>YES</b>	<b>NO</b>
2.6 Non-social work position? <i>If yes, list agency name and position title):</i>	<b>YES</b>	<b>NO</b>
2.7 Employed outside of Minnesota?	<b>YES</b>	<b>NO</b>

## 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.	<b>YES</b>	<b>NO</b>
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.	<b>YES</b>	<b>NO</b>
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?	<b>YES</b>	<b>NO</b>
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.	<b>YES</b>	<b>NO</b>
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?	<b>YES</b>	<b>NO</b>
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?	<b>YES</b>	<b>NO</b>
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?	<b>YES</b>	<b>NO</b>
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?	<b>YES</b>	<b>NO</b>

## ACKNOWLEDGMENT

### Attestation of Licensee

1. I have read Minnesota Statutes, Chapter 148E, the laws governing social work practice in Minnesota, including License Renewals 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 Licensee; Renewal and License Status Change Compliance and Approval:

1. I understand that my license renewal application will be approved upon submission of my renewal application and renewal fee.
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 renewal or license status change requirements may be grounds for the Board to take disciplinary action.
4. If applying for a license status change, I understand that my application will be reviewed for eligibility prior to approval.

SIGNATURE OF LICENSEE:

DATE:

## FEES

- All paper applications except Voluntary Termination 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 may result in delays to your renewal, late fees, and/or expiration of your license.***
- Fees submitted to the Board are non-refundable.
- If an application is not received on or before the expiration date of the license, a late fee of 1/4 of your renewal fee is assessed.

Renewal Status	Received by the Board <u>on or before</u> <u>renewal date</u>	Received by the Board <u>within 60 days</u> <u>after renewal date</u>
LSW Active <i>or</i> Temporary Leave	<b>\$81</b>	<b>\$101.25</b> , includes \$20.25 late fee
LGSW Active <i>or</i> Temporary Leave	<b>\$144</b>	<b>\$180</b> , includes \$36 late fee
LISW Active <i>or</i> Temporary Leave	<b>\$216</b>	<b>\$270</b> , includes \$54 late fee
LICSW Active <i>or</i> Temporary Leave	<b>\$238.50</b>	<b>\$298.13</b> , includes \$59.63 late fee
LSW Emeritus Active	<b>\$40.50</b>	<b>\$50.63</b> , includes \$10.13
LGSW Emeritus Active	<b>\$72</b>	<b>\$90.00</b> , includes \$18 late fee
LISW Emeritus Active	<b>\$108</b>	<b>\$135</b> , includes \$27 late fee
LICSW Emeritus Active	<b>\$119.25</b>	<b>\$149.06</b> , includes \$29.81 late fee
Emeritus Inactive ( <i>all license types</i> )	<b>\$43.20</b>	<b>N/A</b>
Voluntary Termination ( <i>all license types</i> )	<b>No fee</b>	<b>N/A</b>

## NEXT STEPS

- **PROCESSING & APPROVAL:** Complete renewal applications accompanied by the correct fee will be approved upon receipt by the Board. If applying for an alternate license status, applications will be reviewed for eligibility prior to approval.
- **SUPERVISION VERIFICATION:** If applicable, you and your licensing supervisor must submit appropriate Supervision Verification form(s) to document supervised practice for the renewal term, using the Board's online services.
- **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 renewal, 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.
- **AUTOMATIC EXPIRATION:** Your license will automatically expire if your application, license renewal fee, and late fee, if applicable, are not received on or before the 60th day after your expiration date.