



APPLICATION FOR LICENSURE

INFORMATION & INSTRUCTIONS

- **REVIEW BOARD STATUTE:** Review license by examination or endorsement requirements, under Minnesota Statute Chapter 148E, at the Board of Social Work website.
- **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.*
- **ONE-YEAR DEADLINE:** Applicants for licensure by examination or endorsement must submit the required application form, fees, and supporting documentation. All required steps, including submission of the initial licensure fee upon approval for licensure, must be completed within one year of the date the Board receives an application, or the application is closed.
- **EDUCATION REQUIREMENT:** Applicants must have obtained:
 - (1) a Bachelor's or Master's degree in social work from an academic program which is accredited by the Council on Social Work Education (CSWE); or (2) the Canadian Association of Schools of Social Work (CASSW); or (3) Doctoral degree in social work from an accredited college or university;
 - OR**
 - be currently enrolled in one of the degree programs listed above as a social work student. Students may apply for a permanent license and take the ASWB examination before completing degree requirements.
- **CRIMINAL BACKGROUND CHECK:** A one-time Minnesota Bureau of Criminal Apprehension (BCA) criminal background check is required. If completed with a previous application, do not resubmit.
- **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.*

APPLICANT STATUS

I am applying for the following license type (check one):

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Licensed Social Worker (LSW) | <input type="checkbox"/> Licensed Graduate Social Worker (LGSW) | <input type="checkbox"/> Licensed Independent Social Worker (LISW) | <input type="checkbox"/> Licensed Independent Clinical Social Worker (LICSW) |
|---|---|--|--|

Basis (check one):

- | | |
|---|---|
| <input type="checkbox"/> EXAMINATION <ul style="list-style-type: none"> • Never licensed as a social worker in MN or any other state or jurisdiction • Currently licensed in MN and applying for different license type • Previously but not currently licensed as a social worker in MN or any other state or jurisdiction | <input type="checkbox"/> ENDORSEMENT <ul style="list-style-type: none"> • Currently licensed as a social worker in another state or jurisdiction and applying through endorsement |
|---|---|

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.

APPLICANT DATA

<i>(If applicable)</i> LICENSE NUMBER:	<i>(If applicable, circle one)</i> CURRENT LICENSE:	LSW	LGSW	LISW	LICSW
FULL LEGAL NAME <i>(required)</i> 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: <i>(maiden, alias, former)</i>					
SOCIAL SECURITY NUMBER: <i>(required, but non-public data)</i>					
DATE OF BIRTH <i>(mm/dd/yy)</i> : <i>(optional)</i>		GENDER <i>(circle)</i> : <i>(optional)</i>		FEMALE	MALE
ETHNIC GROUP <i>(circle)</i> : <i>(optional)</i>		African American	Asian/Pacific Islander	Hispanic	Other
		Caucasian	Native American/Alaskan Native	Multi-Racial	

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 application 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> : <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other
CITY:	COUNTY:	STATE:	ZIP CODE:	
MAILING ADDRESS <i>(optional, 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>(optional, 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>(optional, classified as public data)</i> :				

EDUCATIONAL INFORMATION

- An official transcript, including date degree conferred, must be submitted to the Board directly from your school.
- **EXCEPTION:** Students currently enrolled in a social work degree program should wait to submit a transcript until their degree has been conferred.
- If you have previously submitted an official transcript verifying the degree required for the license type you are applying for on this application, do not resubmit.

UNDERGRADUATE PROGRAM		GRADUATE PROGRAM	
SCHOOL:		SCHOOL:	
CITY:	STATE:	CITY:	STATE:
DEGREE:	MAJOR:	DEGREE:	MAJOR:
COMPLETION DATE (mm/dd/yyyy): <i>(Date degree conferred or anticipated)</i>		COMPLETION DATE (mm/dd/yyyy): <i>(Date degree conferred or anticipated)</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: <i>(mm/dd/yyyy)</i>	END DATE: <i>(mm/dd/yyyy)</i>	
TYPE <i>(check one)</i> :	STREET ADDRESS:			
<input type="checkbox"/> Home <input type="checkbox"/> Business <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>	
TYPE <i>(check one)</i> :	STREET ADDRESS:			
<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other	CITY:	COUNTY:	STATE:	ZIP CODE:

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	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. Have you ever violated a social work licensing board or authority’s laws or rules related to the practice of social work?	YES	NO
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	NO
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	NO
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	NO
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	NO
8. Have you ever been investigated by or subjected to disciplinary action by a post-secondary educational institution due to alleged misconduct?	YES	NO

• APPLICANTS FOR LICSW BY EXAMINATION ONLY •

If applying for a license type other than LICSW, or if applying for LICSW by endorsement, skip this section and proceed to page 6 of the application.

360 CLINICAL CLOCK HOURS REQUIREMENT

The LICSW license requires documentation of 360 clock hours in the following clinical knowledge areas:

- 108 clock hours in differential diagnosis and biopsychosocial assessment, including normative development and psychopathology across the life span
- 36 clock hours in assessment-based clinical treatment planning with measurable goals
- 108 clock hours in clinical intervention methods informed by research and current standards of practice
- 18 clock hours in evaluation methodologies
- 72 clock hours in social work values and ethics, including cultural context, diversity, and social policy
- 18 clock hours in culturally specific clinical assessment and intervention

The 360 clock hours may be satisfied through:

1. a graduate degree program accredited by the Council on Social Work Education, the Canadian Association of Schools of Social Work, or a similar accreditation body designated by the board; or a doctorate in social work from an accredited university; or
2. graduate coursework from an accredited institution of higher learning; or
3. up to 90 continuing education (CE) hours, not to exceed 20 hours of independent study. The CE must 1) have a course description available for public review and 2) include a post-test.

CERTIFICATION OF CLINICAL CLOCK HOURS

• In addition to completing this page, submit the applicable form(s) identified below, available on the 'Downloadable Forms' page of the Board's website.

FORM 1 Certification of Clinical Clock Hours by Official of Graduate Degree Program Accredited by the Council on Social Work Education (CSWE)

FORM 2 Certification of Clinical Clock Hours by Official of Accredited Institution of Higher Learning

FORM 3 Certification of Clinical Clock Hours Through Continuing Education (CE) Programs

KNOWLEDGE AREA (required hours)	DEGREE PROGRAM	OTHER HIGHER EDUCATION	CONTINUING EDUCATION (CE)	TOTAL
Diagnosis (108 hours)				
Treatment Planning (36 hours)				
Clinical Intervention (108 hours)				
Evaluation Methods (18 hours)				
Ethics & Cultural Diversity (72 hours)				
Culturally Specific Assessment/Intervention (18 hours)				
TOTAL				

• **APPLICANTS BY ENDORSEMENT ONLY** •

If applying for licensure by examination, skip this section and proceed to page 7 of the application.

VERIFICATION OF LICENSE

- List all current social work credentials below.
- In addition to completing this page, each licensing/credentialing agency must submit verification of your license directly to the Minnesota Board of Social Work, using the [Verification of Licensure](#) form, available on the 'Downloadable Forms' page of the Board's website.

State	License Type	License Number	Issue Date	Expiration Date

ACKNOWLEDGMENT

Attestation of Applicant:

1. I have read Minnesota Statutes Chapter 148E, the laws governing social work practice in Minnesota.
2. 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.
3. I understand that 4,000 hours of supervised practice is required for the LISW and LICSW licenses. If applicable, supervision verification not on file with the Board may be submitted using the Online Services available on the Board’s website, or by submitting the appropriate Supervision Verification form, available on the ‘Downloadable Forms’ page of the Board’s website.
4. I understand submission of my application and passing the examination does not result in licensure or authorization to practice social work in Minnesota until a license is issued by the Board.

SIGNATURE OF APPLICANT:

DATE:

FEES

- All paper applications must include a check or money order for the applicable fee. ***Incomplete applications or applications not accompanied by the correct fee are considered void and will be returned and will result in delayed processing.***
- It is only necessary to comply with the BCA background check once. If you have submitted this form with a previous application, you are not required to resubmit the form and you are not required to pay the background check fee.
- The Background Check Authorization form is available on the ‘Downloadable Forms’ page of the Board’s website.

Application Type	Including Background Check Fee	Without Background Check Fee (see above for exception)
Examination	\$60	\$45
Endorsement	\$100	\$85

NEXT STEPS

- **ADA AND ESL SPECIAL EXAMINATION PROVISIONS:** The Board and ASWB testing sites will make reasonable accommodations for applicants who meet the following conditions: (1) have a disability which qualifies under the Americans with Disabilities Act (ADA); or (2) speak English as a Second Language (ESL). If either applies to you, print the applicable forms found on the ‘Downloadable Forms’ page of the Board’s website.
- **SUPPORTING DOCUMENTS:** Complete and submit supporting documents as required. Forms are available on the ‘Downloadable Forms’ page of the Board’s website.
 - *Criminal Background Check Authorization form (not required if submitted with a previous application)*
 - *Official transcript (not required if submitted to the Board previously)*
 - *Supervision Verification form (LISW and LICSW applicants only)*
 - *Certification of 360 Clock Hours (LICSW applicants by examination only)*
 - *Verification of Licensure form (endorsement applicants only)*
 - *ASWB exam score transfer (endorsement applicants only)*
 - *ADA or ESL Examination Accommodation forms (if applicable)*
- **PROCESSING TIME:** Application review typically takes 30 to 60 days from date received. The Board will contact you by mail to notify you if additional information is required, or if you have been approved for the examination or for licensure. ***Register to use the Board’s online services to check your application status online.***
- **EXAMINATION APPROVAL:** The Board will notify you by mail once approved for examination. Exam results will be automatically forwarded to the Board. Notification will be sent by mail to confirm exam results and to notify you if additional information is required, or if approved for licensure.
- **LICENSURE APPROVAL:** If approved for licensure, the Board will mail a License Fee Statement including the prorated initial license fee. ***A license is effective the date the initial license fee is received by the Board. Initial license fees can be paid using the Board’s online services.***
- **ONE-YEAR DEADLINE:** Applications remain open for one year from the date received by the Board; if all application requirements, including submission of the initial licensure fee, are not met within one year, the application will close.