



PROVISIONAL LICENSE APPLICATION FOR FOREIGN-BORN / ESL APPLICANTS

◆ APPLICANT STATUS *(please type or print clearly with black ink)* ◆

I AM APPLYING FOR THE FOLLOWING PROVISIONAL LICENSE *(check one)*:

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

◆ INSTRUCTIONS & LICENSEE DATA *(Please type or print with black ink.)* ◆

You *MUST* provide the following data:

1. **Full legal name:** If you make changes in your legal and/or professional name, you may be contacted by the Board if additional information is needed.
2. **Professional name (if applicable):** You may practice under a professional name that may be different from your legal name provided that you inform the Board of both the professional and legal name.
3. **Mailing address:** Your mailing address is classified as public. All information from the Board will be sent to your mailing address. The telephone number that you provide with your mailing address is also public.
4. **Home address:** If your home address is different from your mailing address, your home address is classified as private and cannot be accessed by the public.
5. **Submit the form and fee:** Complete this form and submit with the required provisional license fee (listed at the end of the form) to the Board office. Make checks payable to the Minnesota Board of Social Work.
6. **Enclose verification of foreign-born status:** Submit a legible copy of a document, including an English translation if necessary, verifying your foreign-born status. Documents may include a birth certificate, passport, green card, or naturalization certificate.

• Information provided is private until application approval. Once approved, all application data is public except social security number, Standards of Practice answers, and home address, if different than mailing address. Public information is available to any person upon request.

• Submission of this application does not automatically result in approval. If additional information is needed, the Board will contact you.

LICENSE NUMBER (if applicable):	CURRENT LICENSE (circle):			
	LSW	LGSW	LISW	LICSW
(FULL LEGAL NAME) LAST:		FIRST:	MIDDLE (full):	
PROFESSIONAL NAME (IF DIFFERENT) LAST:		FIRST:	MIDDLE (full):	
ALL MAIDEN, ALIAS, AND/OR FORMER NAMES:				
DATE OF BIRTH: month/day/year	PLACE OF BIRTH: City:	State/Province: (if applicable):	Country:	
TYPE OF DOCUMENT(S) SUBMITTED TO VERIFY FOREIGN-BORN STATUS:				
HOME ADDRESS:				
CITY:		COUNTY:	STATE:	ZIP CODE:
HOME PHONE :		BUSINESS:	FAX:	
E-MAIL ADDRESS:			DAYTIME PUBLIC PHONE:	
MAILING ADDRESS (if different from home address): (NEW? YES NO):				
CITY:		COUNTY:	STATE:	ZIP CODE:

YES	NO	4. Have you ever relinquished your membership in a professional association or your license from a state, territorial, provincial, or foreign licensing agency while a complaint was pending against you? • If Yes: Please explain in detail and provide the appropriate documents.
YES	NO	5. Have you ever applied for and been denied (a) membership in a professional association, or (b) licensure by a state, territorial, provincial, or foreign licensing agency, or are any proceedings pending against you? • If Yes: Please explain in detail and provide the appropriate documents.
YES	NO	6. Have you ever, in order to avoid denial, withdrawn an application for (a) membership in a professional association, or (b) licensure by a state, territorial, provincial, or foreign licensing agency? • If Yes: Please explain in detail and provide the appropriate documents.
YES	NO	7. In any paid or volunteer job you have held, have you ever been terminated, had a contract not renewed, been subjected to disciplinary action of any kind, or resigned in lieu of termination or disciplinary action or are any employment proceedings pending against you? • If Yes: Please explain in detail and provide the appropriate documents.
YES	NO	8. Are you now or have you ever been a party to civil litigation, arbitration, mediation, or a malpractice action related to any paid or volunteer job you have held? • If Yes: Please describe the allegations, responses, and your role in the incident. Also provide the appropriate documents.
YES	NO	9. Have you ever (a) engaged in, or assisted an individual to engage in, the practice of social work without a license in a non-exempt setting, or (b) falsely used, or assisted an individual to falsely use, the title "social worker"? • If Yes: Please explain in detail and provide the appropriate documents
YES	NO	10. Have you ever been subjected to disciplinary action by a post-secondary educational institution, withdrawn from a post-secondary educational institution, or been investigated by a post-secondary educational institution, because of alleged misconduct of any kind? • If Yes: Please explain in detail and provide the appropriate documents.
YES	NO	11. Are you currently unable to practice social work with reasonable skill and safety by reason of illness, use of alcohol, drugs, chemicals, or any other materials, or as a result of any mental, physical, or psychological condition? • If Yes: Please explain in detail and provide the appropriate documents. This information will remain confidential under all circumstances.

◆ PROVISIONAL LICENSE REQUIREMENTS ◆

ELIGIBILITY REQUIREMENTS FOR APPLICANTS:

1. Must have applied for a permanent license under Minnesota Statutes, section 148E.055 and have met all licensing requirements except to obtain a passing score on the ASWB licensing examination
2. Must have been born in a foreign country
3. Communicates in English as a second language (ESL)
4. Submit a provisional license application form and pay the required fee

CONDITIONS: A provisional license is valid until expiration, or until the Board issues or denies a license under section 148E.055, or until the Board revokes the provisional license, whichever comes first, and expires three years after the effective date.

SUPERVISED PRACTICE REQUIREMENTS:

1. Must comply with supervised practice requirements in Minnesota Statutes, section 148D.062, including that the supervisor be a) licensed appropriately as a social worker, and b) has either completed 5,000 hours in authorized social work practice, or completed 30 hours of training in supervision.
2. Must submit a supervision plan within 30 days of beginning practice or making a substantial change to either the practice or supervision.
3. Must submit an evaluation by the supervisor every six months during the first 2,000 hours of practice.
4. After completion of the 2,000 hours of supervised practice, the supervisor must submit a final evaluation attesting to the applicant's ability to practice safely and competently.
5. May be granted a permanent license if the supervisor attests to the licensee's ability to practice safely and competently.

◆ CERTIFICATION OF APPLICANT ◆
(all applicants must complete this section)

All applicants must consider and place a check mark in the box in front of the following paragraphs before signing this application.

- I affirm that I am foreign-born and that I speak English as a second language (ESL). I have enclosed a copy of a document which verifies my foreign-born status.
- I understand that I am obligated to comply with and keep informed of changes to the Board's statute and other regulations governing social work practice. I have read the Board's statute, Chapter 148D and 148E (available at www.socialwork.state.mn.us) governing social work practice in Minnesota.
- I certify that all information provided in this application is true and correct to the best of my knowledge. I understand that making a false statement or misrepresentation to the Board is grounds for the Board to take disciplinary action against my license.
- I agree upon being granted a provisional license to comply with all licensing requirements, including the standards of practice and supervised practice requirements.
- I have enclosed the correct provisional license fee, as noted below. (Fees are non-refundable.)

ADDRESS CHANGE: You must notify the Board within 30 days of any changes in your mailing address, home address or telephone number. You must submit this change via US mail, email, fax, or the Board's website.

NAME CHANGE: You must notify the Board of any changes to your legal or professional name within 30 days of the change by US mail. Please call the Board office for details of what you will need to submit.

AUTHORIZATION TO PRACTICE: You may not practice social work in Minnesota (a) without a license, unless you are practicing social work in a setting for which licensure is not required pursuant to Minnesota Statutes, Sections 148E.065, **or** (b) you are issued a provisional license, pursuant to Minnesota Statutes, Sections 148D.055, subdivision 7a, or (c) you are issued a permanent license pursuant to Minnesota Statutes, Sections 148E.055.

**SIGNATURE
OF APPLICANT:**

DATE:

◆ FEES AND VOID APPLICATIONS ◆

FEES: Please submit the correct fee noted below with your application form. **Make checks payable to the Minnesota Board of Social Work.** Any fees submitted to the Board are non-refundable according to Minnesota Statutes, section 148E.175.

VOID APPLICATIONS: Applications that are incomplete or not accompanied by the correct fee are void, and will be returned.

Provisional License:	Fee Amount:
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Licensed Social Worker	\$ 81.00
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Licensed Graduate Social Worker	\$144.00
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Licensed Independent Social Worker	\$216.00
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Licensed Independent Clinical Social Worker	\$238.50
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(Fees are valid for the full time period a provisional license is effective, up to 3 years. When a permanent license is issued that fee will be adjusted.)