

PROVISIONAL LICENSE APPLICATION

INFORMATION & INSTRUCTIONS

- **REVIEW BOARD STATUTE:** Review Provisional requirements, under Minnesota Statute Chapter 148E, and fingerprint-based criminal background check (CBC), under Minnesota Statutes section 214.075, at 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 and will result in delayed processing.***
- **CRIMINAL BACKGROUND CHECK:** All applicants for initial licensure must submit to a fingerprint-based criminal background check (CBC) under Minnesota Statutes, Chapter 214.075. 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.
- **FEES:** Submit a check or money order, made payable to the Minnesota Board of Social Work, with this application. Fees are stated on the last page of this application. ***All fees submitted to the Board are nonrefundable.***
- **ONE-YEAR DEADLINE:** Applicants for Provisional licensure 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 application received date, or the application is closed. Reapplication, a new fingerprint-based CBC, and payment of the application and CBC fees are required if an application is closed.
- **ELIGIBILITY REQUIREMENTS:**
 - ▶ Must have obtained 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 the Canadian Association of Schools of Social Work (CASSW), or a doctoral in social work from an accredited college or university;
 - ▶ Must complete and submit the required application forms, fees, and supporting documentation.
- **SUPERVISED PRACTICE REQUIREMENTS:**
 - ▶ Must comply with supervised practice requirements in Minnesota Statutes, section 148E, including that the supervisor meet the requirements under MN Statute 148E
 - ▶ Must submit a Provisional supervision plan within **30 days** of beginning practice or making a substantial change to either the practice or supervision.
 - ▶ Must submit an evaluation by the supervisor every six months during the first 2,000 hours of practice.
 - ▶ 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.
- May apply for a standard license after completion of the provisional practice requirements and the supervisor attests to the licensee's ability to practice safely and competently.

PROVISIONAL APPLICATION FOR LICENSURE

APPLICANT STATUS

I am applying for the following Provisional 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) |
|--|--|---|---|

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: <i>(If applicable)</i>	CURRENT LICENSE TYPE: <i>(If applicable)</i> <input type="checkbox"/> LSW <input type="checkbox"/> LGSW <input type="checkbox"/> LISW <input type="checkbox"/> 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/yyyy)</i> <i>(optional)</i>	GENDER: <i>(optional)</i>	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
ETHNIC GROUP: <i>(optional)</i>		
<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		

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 from 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>(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>(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>(classified as public data; provide to receive license renewal notice)</i>				

EDUCATIONAL INFORMATION

- An official transcript, including date degree conferred, must be submitted to the Board directly from your school. You are not eligible for a provisional license until after graduation and degree conferred date is included on official transcript.
- 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 <i>(mm/dd/yyyy)</i> : <i>(Date degree conferred or anticipated)</i>		COMPLETION DATE <i>(mm/dd/yyyy)</i> : <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> : <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:	

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 PROVISIONAL LICSW ONLY** •

If applying for a license type other than Provisional LICSW, skip this section and proceed to page 5 of the application.

360 CLINICAL CLOCK HOURS REQUIREMENT

The Provisional 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 120 continuing education (CE) hours, which may be completed via CE independent learning.

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				

• **ALL APPLICANTS MUST COMPLETE THIS PAGE** •

ACKNOWLEDGMENT

Attestation of Applicant:

1. I have read Minnesota Statutes Chapters 148E, and Minnesota Statutes section 214.075, fingerprint-based criminal background check. 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.
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 agree upon being granted a provisional license to comply with all licensing requirements, including the standards of practice and supervised practice requirements.
4. I understand that I will be required to complete 2000 hours of supervised practice while holding a provisional license. I understand that this supervised practice will not apply to the supervision requirements for a standard license.
5. I understand submission of my application 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 void and will be returned and will result in delayed processing.***
- All applicants for initial licensure must complete a fingerprint-based criminal background check under Minnesota Statutes section 214.075. 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 below 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	With Fingerprint-based Criminal Background Check Fee	Without Fingerprint-based Criminal Background Check Fee <i>(see above for exception)</i>
Provisional License	\$107	\$75

• **ALL FEES PAID TO THE BOARD ARE NON-REFUNDABLE** •

• **SEE NEXT PAGE FOR NEXT STEPS & REQUIREMENTS** •

NEXT STEPS & REQUIREMENTS

- 1. COMPLETE FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK:** All applicants for initial licensure must complete a fingerprint-based criminal background check under Minnesota Statutes section 214.075. 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; wait to receive this email to schedule fingerprinting.**
- 2. SUBMIT SUPPORTING DOCUMENTS:** Complete and submit supporting documents as required. Forms are available on the ‘Downloadable Forms’ page of the Board’s website.
 - ✓ *Official transcript (not required if submitted to the Board previously)*
 - ✓ *Certification of 360 Clock Hours (Provisional LICSW applicants only)*
 - ✓ *Supervision Verification form(s) (Provisional LISW and Provisional LICSW applicants only)*
- 3. PAY INITIAL LICENSE FEE:** If approved for Provisional licensure, the Board will mail a License Fee Statement identifying the Provisional license fee. **A license is effective the date the initial license fee is received by the Board.**

Fees are valid for the full time period a provisional license is effective, up to 3 years. Initial license fees can be paid using the Board’s online services.

 - **Verify your license information online:** Use the [Public License Lookup](#) online service to view or print license details and verification after you pay your initial license fee. A license certificate will be mailed to you after your license is granted.
- 4. PROCESSING TIME & DEADLINES:**
 - **Application Review:** Typically takes 30 to 60 days from date received. The Board will notify you by mail if additional information is required, or if you have been approved for provisional licensure. **Register to use the Board’s online services to check your application status online.**
 - **Fingerprint-based Criminal Background Check:** Typically takes three weeks for the Bureau of Criminal Apprehension (BCA) to process from date fingerprints are submitted to the CBC Program Office.
 - **One-Year Application Deadline:** All required steps, including submission of the initial licensure fee upon approval for licensure, must be completed within one year of the date the application received date, or the application is closed. Reapplication, a new fingerprint-based CBC, and payment of the application and CBC fees are required if an application is closed.