

APPLICATION FOR LICENSURE: *Provisional to Standard*

INFORMATION & INSTRUCTIONS

- **REVIEW BOARD STATUTE:** Review Provisional and Standard License requirements, under Minnesota Statute Chapter 148E
- **VOID APPLICATION:** Complete the application form. ***Incomplete applications will be returned. This will result in delayed processing.***
- **PROFESSIONAL LICENSE RESPONSIBILITY:** Upon completion of the requirements of a provisional license, it is necessary for the applicant to pursue a standard license to continue to engage in social work practice under Minnesota Statute Chapter 148E.
- **PAY INITIAL LICENSE FEE:** The Board will mail a License Fee Statement identifying the initial license fee. You must pay this fee as soon as possible to continue practicing social work per MS148E. The new license will be effective the day the Board receives this fee.
- **APPLICATION DEADLINE:** All required steps, including submission of the initial licensure fee upon approval for licensure, must be completed within 1 year or the application is closed.
- **IF AN APPLICATION IS CLOSED:** Reapplication, a new fingerprint-based CBC, and payment of the application and CBC fees are required.
- **ELIGIBILITY REQUIREMENTS:**
 - ▶ Completed 2,000 hours of provisional supervision practice requirements.
 - ▶ Supervisor submitted a final evaluation attesting to the applicant's ability to practice ethically and competently.

APPLICANT STATUS

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

- Licensed Social Worker (LSW)
 Licensed Graduate Social Worker (LGSW)
 Licensed Independent Social Worker (LISW)
 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. 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

LICENSE NUMBER:		PROVISIONAL LICENSE: <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>					
<i>(required, but non-public data)</i>					
SOCIAL SECURITY NUMBER:					
<i>(optional)</i> DATE OF BIRTH: <i>(mm/dd/yyyy)</i>			<i>(optional)</i> GENDER: <i>(check one)</i> <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
<i>(optional)</i> ETHNIC GROUP: <i>(circle one)</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 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 (check one): <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other
CITY:	COUNTY:	STATE:	ZIP CODE:	
MAILING ADDRESS (provide if DIFFERENT than public address):				TYPE (check one): <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other
CITY:	COUNTY:	STATE:	ZIP CODE:	
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; provide to receive license renewal notice):				

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: <i>(no acronyms)</i>				
POSITION:		START DATE: <i>(mm/dd/yyyy)</i>		END DATE: <i>(mm/dd/yyyy)</i>
TYPE (check one): <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other	STREET ADDRESS:			
	CITY:	COUNTY:	STATE:	ZIP CODE:
CURRENT EMPLOYER #2				
EMPLOYER NAME: <i>(no acronyms)</i>				
POSITION:		START DATE: <i>(mm/dd/yyyy)</i>		END DATE: <i>(mm/dd/yyyy)</i>
TYPE (check one): <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

ACKNOWLEDGMENT

Attestation of Applicant:

1. I have read Minnesota Statutes Chapters 148E.100-148E.125 and 148E.130, on supervision and continuing education requirements.
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 supervision done with my provisional LSW or LGSW license will NOT apply toward the supervision requirements of my standard LSW or LGSW license.

SIGNATURE OF APPLICANT:

DATE:

• SEE NEXT STEPS & REQUIREMENTS •

1. **PAY INITIAL LICENSE FEE:** The Board will mail a License Fee Statement identifying the initial license fee. You must pay this fee as soon as possible to continue practicing social work per MS148E. The new license will be effective the day the Board receives this fee.
2. **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.
3. **PROCESSING TIME & DEADLINES:**
 - a. **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 licensure. **Register to use the Board's online services to check your application status online.**
 - b. **Application Deadline:** All required steps, including submission of the initial licensure fee upon approval for licensure, must be completed within 1 year or the application is closed.
 - c. **If an application is closed:** Must apply again, obtain new fingerprint-based CBC, and payment of the application and CBC fees are required.