APPLICATION FOR A LICENSE TO PRACTICE SOCIAL WORK
(THIS APPLICATION MUST BE SUBMITTED FOR PRE-APPROVAL TO TAKE THE ASWB MASTER’S EXAMINATION)

QUALIFICATIONS TO TAKE THE ASWB MASTER’S EXAMINATION

1. To be eligible for the ASWB Master’s examination, the applicant must be in the final semester or hold a Master’s Degree or a Doctoral Degree in social work or social welfare from a school accredited by the Council on Social Work Education (CSWE).

2. If the applicant is in his/her final semester, have the CSWE school complete the Verification of Social Work Education for Applicants Enrolled in Their Final Semester form. The form must be sent directly from the educational institution to the Board in an official sealed school envelope. **In order for a license to be issued, an official transcript showing a Master’s degree in social work or social welfare must be sent directly from the educational institution to the Board in an official sealed school envelope.**

3. For an applicant that has graduated and received a Master’s degree, request an official transcript showing a Master’s degree in social work or social welfare to be sent directly from the educational institution to the Board.

4. International graduates must request the Council on Social Work Education (CSWE) send a credential evaluation directly to the Board at the above address. Contact CSWE at 703-683-8080 or by mail at 1600 Duke Street, Alexandria, VA 22314.

QUALIFICATIONS FOR A LICENSE

1. Application fee- $25.00 and is non-refundable. Check/money order should be made payable to “Commonwealth of PA”. A processing fee of $20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for nonpayment. “If the application process has not been completed within one year from the date it was received, applicants will be required to submit an updated application (another application processing fee) and supporting documents as necessary.”

2. Applicant must be of good moral character. Have 2 recommendations completed on page 3.

3. Applicant must hold a Master’s Degree or a Doctoral Degree in social work or social welfare from a school accredited by the Council on Social Work Education.

4. Request an official transcript showing a Master’s degree in social work or social welfare be sent directly from the educational institution to the Board. Bachelor’s level transcripts are not required.

5. Applicant must pass the Master’s Examination (formerly the Intermediate Examination) of the Association of Social Work Boards (ASWB) Phone 1-888-579-3926 or fax 540-829-0142. The Clinical Examination given by the Association of Social Work Boards will be accepted towards licensure as a social worker, only if taken and passed prior to May 11, 2007.

6. International graduates must request the Council on Social Work Education (CSWE) send a credential evaluation directly to the Board at the above address. Contact CSWE at 703-683-8080 or by mail at 1600 Duke Street, Alexandria, VA 22314.

7. If licensed in another state, request each state licensing agency where you have ever held a license to practice (active, inactive, expired, etc..) send a letter of good standing directly to the Board office in an official sealed state board envelope.

8. If documents will be submitted to the Board under a name different from your present name, submit a copy of a legal document showing the name change (marriage certificate, divorce decree, court order, etc..)
TO REQUEST AN EXTENSION TO TAKE THE EXAMINATION

If your expiration date to take the ASWB examination has expired or you have failed the ASWB Master’s Examination and your expiration date will expire, prior to the 90 days that ASWB requires that you wait to re-take the examination, the following documentation will need to be resubmitted to the Board for pre-approval to take the examination.

1. $25.00 application fee if application is required, if application has not be completed within one year from the date the application was received. (Refer to #1 under Qualifications for a License).


3. Updated letter(s) of good standing from each state where a license is held. (Refer to #7 under Qualifications for a License.)

4. If the Verification of Social Work Education form was submitted in order for you to be made eligible to take the ASWB Master’s examination, an official transcript received directly from the school in an official school sealed envelope will be required, before you will be made eligible again to take the examination.

APPLICATIONS NOT COMPLETED WITHIN SIX MONTHS WILL REQUIRE UPDATES OF CERTAIN DOCUMENTS. Pages 1-3 of the application and letters of good standing are valid for six months.
STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS, AND PROFESSIONAL COUNSELORS

APPLICATION FOR A LICENSE TO PRACTICE SOCIAL WORK AND APPLICATION TO TAKE THE ASWB MASTER’S EXAMINATION

Application fee is $25.00 and is non-refundable. Make check payable to Commonwealth of Pennsylvania. A processing fee of $20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

Please indicate if you need to take the ASWB Master’s Examination ( ) Yes ( ) No ( ) Extension

NAME:
LAST FIRST MIDDLE MAIDEN
ADDRESS:
STREET
CITY STATE ZIP
SOCIAL SECURITY NUMBER DATE OF BIRTH
DAYTIME PHONE NUMBER EMAIL ADDRESS

EDUCATION – NAME AND ADDRESS OF EDUCATIONAL INSTITUTION

__________________________________________________________
NAME AS IT APPEARS ON DIPLOMA OR DEGREE:
__________________________________________________________

Date MSW Degree Conferred/or will be conferred

Month/Year

Have you passed the Master’s examination of the Association of Social Work Boards (ASWB)? Yes [ ] No [ ]

Have you passed the Clinical examination of the Association of Social Work Boards (ASWB)? Yes [ ] No [ ]

If yes, please indicate the date and state the exam was taken ____________________________________________

Please note-if you have taken the exam in another state, you must have your scores sent directly to this office by calling ASWB at 1-888-579-3926.
The following questions must be answered, please check the appropriate box.  

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<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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| 1. Do you hold or have you held a professional license for any profession in this state or any other state or jurisdiction?  
  If yes, please list all professions and states where you have been licensed and request a letter of good standing be sent from each state board to the Pennsylvania Board. |     |    |
| 2. Has any disciplinary action been taken or are any charges pending, or any investigation occurring, against any professional license in this or any other state or jurisdiction? |     |    |
| 3. Have you ever withdrawn an application, had an application denied, refused or agreed not to apply for licensure in another jurisdiction? |     |    |
| 4. Have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court. |     |    |
| 5. Have you ever been found guilty of immoral or unprofessional conduct? |     |    |
| 6. Have you ever violated standards of professional practice or conduct? |     |    |
| 7. Are you now, or have you within the past five years, been actively addicted to the intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? (Note: You may answer “NO” if you are currently a participant in or have successfully completed the requirements of the Board’s Health Monitoring Program.) |     |    |
| 8. Do you have any mental or physical condition that would prevent you from practicing social work with reasonable skill? |     |    |

IF YOU HAVE ANSWERED YES TO ANY QUESTIONS FROM 2 THROUGH 8, PLEASE ATTACH AN 8 ½ X 11 SHEET OF PAPER EXPLAINING THE SITUATION IN DETAIL. INCLUDE COURTHOUSE CERTIFIED COPIES OF ANY DOCUMENTS EXPLAINING THE SITUATION, IF APPLICABLE.

VERIFICATION

I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way and that the statements in this application are true and correct to the best of my knowledge, information and belief. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. Section 4911 and I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 (relating to unsworn falsification to authorities) and may result in the suspension or revocation of my license.

______________________________  _________________________
APPLICANT’S SIGNATURE  DATE

Note that disclosing your social security number on this application is mandatory in order for the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). In order to enforce domestic child support orders, the Commonwealth’s licensing boards must provide to the Department of Public Welfare information prescribed by DPW about the licensee, including the social security number. Additionally, disclosing the number is mandatory in order for this board to comply with the reporting requirements of the federal Healthcare Integrity and Protection Data Bank. Reports to the HIPDB must include the licensee’s social security number.
RECOMMENDATIONS

TO BE COMPLETED BY TWO LICENSED SOCIAL WORKERS, OR OTHER LICENSED HEALTH CARE PROFESSIONALS. (THE SOCIAL WORKERS OR OTHER HEALTH CARE PROFESSIONALS CAN BE LICENSED IN ANY STATE)

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<tr>
<th>APPLICANT NAME</th>
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<td>LAST</td>
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I hereby certify that to the best of my knowledge, the applicant is of good moral character and he/she is not currently under the addicting influence of alcohol, a narcotic or other habit-forming drug. I recommend the applicant for a license to practice social work in the Commonwealth of Pennsylvania.

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Return completed form to applicant. The entire form is to be submitted by the applicant with pages 1 & 2 of the application.
VERIFICATION OF SOCIAL WORK EDUCATION
FOR APPLICANTS ENROLLED IN THEIR FINAL SEMESTER
Applicant for EXAMINATION

Applicant: Complete (by printing in blue ink) top section and send form to school. DO NOT COMPLETE IF YOU HAVE ALREADY GRADUATED.

NAME: ____________________________________________
Last  __________  First  __________  M.I.  __________  Maiden  __________

ADDRESS: _________________________________________
Street: ____________________________________________
City: ____________________________________________ State: __________  Zip Code: __________

SOCIAL SECURITY #: ___________________________  DATE OF BIRTH: ___________________________  

This section to be completed by the Dean, Registrar or Chairperson of the CSWE accredited School of Social Work or Social Welfare in which the applicant is enrolled in the final semester of their MSW program.

I certify that ___________________________________________ is currently enrolled in the final semester of the Master's program in Social Work or Social Welfare at ___________________________________________ and is expected to graduate on ___________________________.

(name of applicant)  (Name of CSWE accredited Institution)  (date)

(Signature of Dean/Registrar/Chairperson of MSW Program)  
(SCHOOL SEAL)  (Mandatory)

(Date)

SCHOOL SHALL RETURN AN ORIGINAL COMPLETED FORM DIRECTLY TO BOARD OFFICE IN OFFICIAL ENVELOPE.  (DO NOT send a copy of this form or use envelope if provided by applicant)
UPON RECEIPT OF THE MSW DEGREE, AN OFFICIAL TRANSCRIPT MUST BE SUBMITTED TO THE BOARD OFFICE.