

BOARD OF SOCIAL WORK NEW LICENSE APPLICATION | LSWA, LGSW, LISW, LICSW

CHECKLIST By EXAMINATION

IMPORTANT:

To expedite the processing of your NEW LICENSE APPLICATION be sure to follow the instructions carefully before submitting your ONLINE application portal. It is important to submit in all the required supporting documents listed below based on the method by which you are applying:

CHECKLIST ITEMS	SUBMISSION METHODS	Check Mark
1. All Pages of Application		
All pages of the online application must be completed and submitted.	ONLINE	<input type="checkbox"/>
2. Demographic Information		
The demographic information (i.e., name, date of birth, address, etc.) provided by the application is true and correct and matches what is contained in the electronic licensing system.	ONLINE	<input type="checkbox"/>
3. Social Security Number		
If you do not have social security number then you must submit a <u>Sworn Affidavit</u> , under penalty of perjury, stating that you do not have a social security number AND one of the following: a copy of a Certificate of Citizenship or Naturalization; a Resident Alien Card; a valid foreign passport with a visa; or a work permit card from the Department of Homeland Security (I-766 or I-688B)	ONLINE	<input type="checkbox"/>
4. One (1) Recent and Identical Passport Type Photo (2x2 size) of the Applicant's Face		
The photo must be original and cannot be a computer-generated copy, or paper copy.	ONLINE	<input type="checkbox"/>
5. One (1) photocopy of a current government issued photo ID (1) Recent and Identical Passport Type		
This can be a driver's license or passport.	ONLINE	<input type="checkbox"/>
6. Name Change Documents (if applicable)		
Applicant must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents are <u>Marriage Certificate</u> , <u>Divorce Decree</u> or <u>Court Order</u> .	ONLINE	<input type="checkbox"/>
7. Three (3) Character Reference Form		
List (on the Social Work Application Reference Form) the names and addresses of three responsible persons (2 must be <u>professional social workers</u> and the 3 rd can be <u>family member</u> or <u>friend</u>) who have known you for at least one year and can attest to your character. References must email these directly to the Board dcbosw@dc.gov . Applicants cannot email this form. Form must be emailed after an application has been submitted.	ONLINE	<input type="checkbox"/>

CHECKLIST ITEMS	SUBMISSION METHODS	Check Mark
<p>8. Official School Transcript</p> <p>Transcript showing proof of masters or bachelor’s degree in social work (BSW or MSW) should be provided in a sealed envelope from the issuing institution the applicant attended OR sent electronically via email from issuing institution/issuing body.</p> <ul style="list-style-type: none"> ▪ Send Via Official Email or Mail: An official electronic transcript is acceptable from the issuing institution/agency if directly sent from the school to the Board (dcbosw@dc.gov) via their secure electronic network or mail it to DC Board of Social Work, 899 North Capitol Street, NE, 1st Floor, Washington DC 20002. <p>Foreign Educated Only: Transcripts from a foreign school must be evaluated by the Council on Social Work Education (CSWE) which is recognized by the Council for Higher Education Accreditation as the sole accrediting agency for social work education in the United States.</p>	<p>E-MAIL or MAIL (Preferably via E-Mail and must come directly from the school/issuing institution)</p>	<input type="checkbox"/>
<p>9. Work Experience Form</p> <p>List (on the Work Experience Form) all social work-related experience on form in chronological order. This form must be completed by all SW applicants and uploaded with application documents online.</p>	<p>ONLINE</p>	<input type="checkbox"/>
<p>10. Verification(s) of Licensure Forms (Post LGSW Experience/Supervised Practice)</p> <p>Signed Supervision Calculation Worksheet and Onsite Supervision Verification Form or Offsite Supervision Verification Form (whichever is applicable to applicant) should be emailed directly to the Board (dcbosw@dc.gov) from the supervisor(s). Each supervision form should be fully completed and signed by the supervisor(s). Supervisors SHOULD NOT LEAVE ANY SECTION OF THE FORM BLANK. Incomplete form(s) will delay your application process; please ensure that ALL sections are completed. (A total of 3000 general supervision hours and 100 face to face or immediate supervision hours verified on onsite or offsite supervision forms is required).</p>	<p>E-MAIL or MAIL (Preferably via E-Mail and must come directly from Licensing Boards)</p>	<input type="checkbox"/>
<p>11. Criminal Background Check (CBC)</p> <p>If a recent CBC (fingerprint) already exists in the system within 2 years, no new CBC is required. All other applicants must re-do their CBC with the online application. If answering “YES” to any of the screening questions, an explanation of the incident(s) must be provided by the applicant. For information, please visit the website: https://dchealth.dc.gov/node/120532. (\$50 payment must be paid via online with the application. A link will be provided to you afterward via email).</p>	<p>ONLINE</p>	<input type="checkbox"/>
<p>12. Screening Question Responses</p> <p>Applicants must provide a detailed explanation for any Screening Questions and/or any Clean Hands question to which “YES” was the answer provided. The explanation must sufficiently describe the facts that led to the reason for the “YES” answer. Applicants must also submit any and all relevant documents related to the reason for the “YES” answer (e.g., Court Records, Monitoring Agreements, Licensure Orders, etc.)</p>	<p>ONLINE</p>	<input type="checkbox"/>
<p>13. National Examination</p> <p>The Association of Social Work Boards Exams (ASWB) may be taken as soon as the candidate’s application is approved by the Board as having fulfilled the educational and training requirements for licensure, (including the supervised practice experiences).</p>	<p>UPON BOARD APPROVAL</p>	<input type="checkbox"/>

CHECKLIST ITEMS	SUBMISSION METHODS	Check Mark
14. Vaccination Attestation		
Please submit a new entry via the Attestation portal at https://doh.force.com/ver/s/vaccinereporting	ONLINE	<input type="checkbox"/>
15. Payment (Fee)		
\$230.00 (USD) for Application and License Fee.	ONLINE	<input type="checkbox"/>