DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Health Regulation &
Licensing Administration

Board of Social Work 2025
Renewal Requirements

License Renewal Dates

- Board of Social Work renewal period will start on 05/01/2025 and will end on 07/31/2025.
- Late renewal period will begin on 05/01/2025 and will end on 09/30/2025.

Renewal Status Eligibility

- Active
- Reprimand*
- Probation*

***IT Specialist must place individuals with "Reprimand" and "Probation" status on HOLD.**

Fees

Social Work Renewal Fees

- $145 for all Licensed Social Workers

Late Fee assessed as of 08/01/2025. This fee is in addition to the licensure renewal fee

- $85.00

CBC Fee

- $50.00

Holds

- Name change request
- "Yes" response to Screening Questions and Clean Hands
- First time renewal
- Positive CBC

Screening Questions

All "Yes" responses require supporting documents to be uploaded. The National Practitioner Databank (NPDB) Self Query Report (if responded "Yes" to screening questions 3, 5 and 7). The Self-Query Report must be requested from the NPDB no more than thirty (30) days prior to submission of the application.

Please find the link to download Malpractice Claims Form
https://dchealth.dc.gov/node/1190250

Q1. Since your last application, have you been arrested, charged, convicted, pled guilty to, or pled no contest to the violation of any criminal law of any jurisdiction whether misdemeanor or felony, including driving under the influence or while impaired, but excluding minor traffic violations? Please note that a charge or conviction does not necessarily mean a barrier to licensure.

- Drop down choices
  - YES
  - NO
  - Upload fields

Q2. Since your last application, have you been a defendant or respondent to a claim for healthcare damages or a malpractice action? If you answer "Yes", please complete the Malpractice Claims Form and submit it along with all relevant court documents (e.g., Complaint, Answer, and Final Order/Decision). A separate Malpractice Claims Form must be completed for each malpractice case.

- Drop down choices
  - YES
  - NO
  - Upload fields

Q3. Since your last application, have you voluntarily surrendered a license or registration, certificate, or allowed it to lapse, after formal charges had been brought against you or while you were under investigation?

- Drop down choices
  - YES
  - NO
  - Upload fields

Q4. Since your last application, have you been placed on probation or suspended, or been terminated or resigned, voluntarily or involuntarily, from a clinical or professional training program?

- Drop down choices
  - YES
  - NO
  - Upload fields

Q5. Since your last application, have you been diagnosed with or suffered a medical condition that impairs or limits or may impair or limit your ability to practice your profession?

- Drop down choices

- YES
- NO
- Upload fields

Q6. Since your last application, have you resigned in lieu of termination, been asked to resign, terminated, or disciplined by any employer?

- Drop down choices
  - YES
  - NO
  - Upload fields

Q7. Since your last application, has any licensing authority, health facility, employer or peer review board, in any healthcare field, informed you of any pending charge(s) or investigation(s) against you?

- Drop down choices
  - YES
  - NO
  - Upload fields

Q8. Since your last application, have you ever entered a monitoring program for purposes of monitoring your abuse of alcohol, drugs, or other controlled substances?

- Drop down choices
  - YES
  - NO
  - Upload fields

Q9. Since your last application, have you withdrawn an application for licensure/ certification/ registration to practice any health profession in any jurisdiction?

- Drop down choices
  - YES
  - NO
  - Upload fields

Q10. Since your last application, has any authority, licensing board, health facility or peer review board

taken action against any of your health profession licenses or privileges (including imposing a fine, sanctions, censure or reprimand, probation, imposition of restrictions, suspension, or revocation)?

- Drop down choices
  - YES
  - NO
  - Upload fields

Workforce Survey (Mandatory Section)

General Information

1) What is your professional status?
2) What is your annual income? (Do not include bonuses, stipends, incentives, and etc.)
3) Were you born in the United States?
   a. Select the state where you were born:
   b. Provide the country where you were born:

Specialty and Educational Information

4) What Health Professional School/Program did you attend?
5) What year did you obtain your health professional degree/certification?
6) How long have you been practicing?
7) How long have you been practicing in DC?
8) What are your professional plans within the next 2 years?
9) What are your practice plans within the next 2 years?

Practice Information

10) What type of practice are you engaged in?
11) How many locations do you see patients?
    11a) DC
    11b) MD
    11c) VA
    11d) Other

Workforce Satisfaction and Support

12) Overall, I am satisfied with my current job:
13) Using your own definition of "burnout", please choose one of the numbers below:
14) My professional values are well aligned with those of my clinical leaders:
15) The degree to which my care team works efficiently together is:
16) My control over my workload is:
17) I feel a great deal of stress because of my job
18) Sufficiency of time for documentation is:
19) The amount of time I spend on the electronic medical record (EMR) at home is:
20) The EMR adds to the frustration of my day:

21) Which number best describes the atmosphere in your primary work area?
22) How often during the course of the past year have you thought about leaving the healthcare profession completely?
23) How often during the course of the past year have you seriously considered leaving your current job?
24) Please provide any additional information you would like to share about your job satisfaction, stresses, and support needs

Supplemental Questions

- None

Continuing Education (CE)

- CE's must be completed between August 1, 2023, and July 31, 2025.
- **All Licensed Social Workers** must complete forty (40) hours (28 must be In Person or Live Interactive Webinar) of approved CEs which shall include:
  - Six (6) hours Live in Ethics. (In person or Live Interactive Webinar)
  - Four (4) hours in the subjects related to public health: https://dchealth.dc.gov/page/policy-statement-identifying-public-health-issues-continuing-education
  - Two (2) hours in LGBTQ cultural competence and appropriate clinical treatment specifically for individuals who are lesbian, gay, bisexual, transgender, gender non-confirming, queer, or questioning their sexual orientation or gender identity and expression.