

BOARD OF SOCIAL WORK

NEW LICENSE APPLICATION | LSWA, LGSW, LISW, LICSW

CHECKLIST By ENDORSEMENT

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"/>

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8. Official School Transcript		
<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. 	E-MAIL or MAIL (Preferably via E-Mail and must come directly from the school/issuing institution)	<input checked="" type="checkbox"/>
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.		
9. Work Experience Form		
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.	ONLINE	<input type="checkbox"/>
10. Examination Score (Transfer of ASWB Score)		
Examination scores must be transferred from the examining body. This can be submitted electronically from the ASWB.	E-MAIL (Directly from ASWB)	<input type="checkbox"/>
11. Verification(s) of Licensure		
Official Verifications should be provided from the issuing state (s) and jurisdiction(s) for each license identified in the application. All states and jurisdictions in which you have EVER held a professional license, regardless of status must be submitted. Website verifications may be acceptable if the website is considered "primary source verified" by the jurisdiction in question.	E-MAIL or MAIL (Preferably via E-Mail and must come directly from Licensing)	<input type="checkbox"/>
12. Criminal Background Check (CBC)		
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).	ONLINE	<input type="checkbox"/>
13. Screening Question Responses		
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.)	ONLINE	<input type="checkbox"/>
14. National Practitioner Databank (NPDB) Self Query Report		
The Self-Query Report must be requested from the NBPD (https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp) no more than thirty (30) days prior to submission of the application.	ONLINE	<input type="checkbox"/>

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