



ELECTRONIC APPLICATION INSTRUCTIONS FOR LICENSURE AS A LICENSED BACCALAUREATE SOCIAL WORKER (LBSW) BY EXAMINATION

Supporting documentation:

Upon completion of the online LBSW application you will be required to submit to the Board office the following items:

Verification of Education: An official transcript.

Out-of-State Licensure Verification: If you have ever held a licensure or certification to practice social work, whether current or expired, please send the enclosed verification form to the issuing jurisdiction. This verification is to be completed by the issuing jurisdiction and mailed back to you and included in your application packet. Online verifications will be accepted; however verifications older than six months will not be accepted.

Name Change: Documentation must be provided if your name has legally changed through marriage, divorce, or a court order. A photocopy of your marriage license or a copy of the court order must be provided.

Verification of Casework Management and Supportive Services: The verification form should be completed by your supervisor, verifying 100 hours of face-to-face supervision and at least two years of post-BSW degree supervised experience as required by Regulation 18VAC140-20-60.

- Note: A separate verification form must be submitted for each supervisor and/or location.

Licensure Verification of Out-of State Supervisor: If your supervisor does not hold a Virginia social worker license, please send the enclosed verification form to the issuing jurisdiction. This verification is to be completed by the issuing jurisdiction and mailed back to you and included in your application packet. Online verifications will be accepted.



APPLICANT OUT-OF-STATE LICENSURE VERIFICATION

Part I. To be completed by the applicant:

INSTRUCTIONS	PLEASE TYPE OR PRINT CLEARLY	USE BLUE OR BLACK INK
Name of Applicant (Last, First)		
Mailing Address (Street and/or Box Number, City, State, Zip)		
Applicants Email Address	Home and/or Cell Telephone Number	

Part II. To be completed by state Board of Social Work:

INSTRUCTIONS	PLEASE TYPE OR PRINT CLEARLY	USE BLUE OR BLACK INK
Title of License	License Number	
Issue Date	Expiration Date	
Obtained by Method		
By Examination	By Waiver	By Endorsement
Reciprocity		
Is there any public information relating to this license?		
Yes (specify details on a separate sheet)	No	
Certification by the authorized Licensure Official of the State of _____		
I certify that the information is correct.		
Authorized Licensure Official Name and Title _____		
State Seal	Title of Board _____	
	Telephone Number _____	
	Email Address _____	
	Date _____	



SUPERVISOR OUT-OF-STATE LICENSURE VERIFICATION

Part I. To be completed by the applicant:

INSTRUCTIONS	PLEASE TYPE OR PRINT CLEARLY	USE BLUE OR BLACK INK
Name of Applicant (Last, First)		
Mailing Address (Street and/or Box Number, City, State, Zip)		
Applicants Email Address	Home and/or Cell Telephone Number	

Part II. Supervisor's information to be verified:

Last Name _____	First Name _____	M.I. _____
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Part III. To be completed by state Board of Social Work:

INSTRUCTIONS	PLEASE TYPE OR PRINT CLEARLY	USE BLUE OR BLACK INK
Title of License	License Number	
Issue Date	Expiration Date	
Is there any public information relating to this license?		
Yes (specify details on a separate sheet)	No	
Certification by the authorized Licensure Official of the State of _____		
I certify that the information is correct.		
Authorized Licensure Official Name and Title _____		
State Seal	Title of Board _____	
	Telephone Number _____	
	Email Address _____	
	Date _____	



VERIFICATION OF CASEWORK MANAGEMENT AND SUPPORTIVE SERVICES

I. GENERAL INFORMATION	PLEASE TYPE OR PRINT CLEARLY	USE BLUE OR BLACK INK
Name of Applicant (Last, First)	Applicants Email Address	
Supervisor's Name (Last, First)	Supervisor's Telephone Number	
Business Name and Address of Supervision Work Site (ONE LOCATION ONLY)		
Dates of supervision: From: _____ to _____ = Total Number of Weeks: _____		
Did the applicant receive a minimum of one (1) hour and a maximum of four (4) hours of face-to-face supervision per 40 hours of work experience?	Yes	No If not, explain on separate page
Did the applicant receive a minimum of 100 total hours of supervision, with no more than 50 of the 100 hours obtained in group supervision?	Yes	No If not, how many? _____
Did applicant complete a minimum of 3,000 hours of supervised post-bachelor's degree experience in the delivery of "casework management and supportive services"?	Yes	No If not, how many? _____
Did the applicant demonstrate minimum competencies of " Assessment of Presenting Problems and Perceived Needs " while under your direct supervision?	Yes	No
Did the applicant demonstrate minimum competencies of " Referral Services " while under your direct supervision?	Yes	No
Did the applicant demonstrate minimum competencies of " Policy Interpretation " while under your direct supervision?	Yes	No
Did the applicant demonstrate minimum competencies of " Data Gathering " while under your direct supervision?	Yes	No
Did the applicant demonstrate minimum competencies of " Planning " while under your direct supervision?	Yes	No
Did the applicant demonstrate minimum competencies of " Advocacy " while under your direct supervision?	Yes	No
Did the applicant demonstrate minimum competencies of " Coordination Of Services while under your direct supervision?	Yes	No
In your opinion has the applicant demonstrated competency sufficient for licensing as a social worker?	Yes	No If not, explain on separate page
I declare that, to the best of my knowledge, the foregoing is true and correct.		
_____ Supervisor's Signature	_____ Date	