



ELECTRONIC APPLICATION INSTRUCTIONS FOR LICENSURE AS A CLINICAL SOCIAL WORKER (LCSW) BY ENDORSEMENT

Supporting documentation:

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

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.

Clinical Scores: You must submit verification that you have passed the **clinical** level examination administered by the Association of Social Work Boards (ASWB). This must be provided by the ASWB by calling (800) 225-6880. Your exam scores will be sent directly from the ASWB to the Virginia Board of Social Work.

Note: If you have not passed the ASWB clinical exam, Virginia can grant approval to take the examination. You will be subject to the requirements outlined in 18 VAC 140-20-70 of the Regulations Governing the Practice of Social Work.

Verification of Post-Licensure Active Practice/Supervision Experience:

- To validate your active post-licensure practice as an *independent* clinical social worker, you must submit the Post-Licensure Active Practice form completed by your employer, a colleague, peer or a licensed practitioner who can attest to your *post-licensure* active practice in clinical social work for 36 of the last 60 months. If you have had several jobs, please submit multiple verification forms equaling to a minimum of 36 months.

OR

- In lieu of the active practice form listed above, you must provide evidence of supervised experience requirements substantially equivalent to those outlined in 18VAC140-20-50. You can provide any of the following documentation if you do not have 36 out of the past 60 months:
 - Verification of Clinical Supervision Form (can be found within the supporting documentation below); *or*
 - Supervision Verification from the original state in which you received your clinical license, which can be provided by submitting a copy of your licensure file which contains your original supervision documentation.

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.



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 _____	



VERIFICATION OF POST-LICENSURE ACTIVE PRACTICE
AS A CLINICAL SOCIAL WORKER

Part I. To be completed by applicant:

I, _____, hereby authorize past and present employers, businesses,
 (Printed Name of Applicant)
 professional associates and personal references to release to the Virginia Board of Social Work ("Board") any information requested by
 the Board in connection with the processing of my application.

 Signature of Applicant

Part II. To be completed by reference:

Name of Reference: _____ Type of License Held: _____

Mailing Address of Reference (Street, and/or Box Number, City, State, Zip Code):

Relationship to Applicant: _____

I, _____, declare under perjury under the laws of the
 (Printed Name of Reference)

Commonwealth of Virginia that _____, candidate for
 (Printed Name of Applicant)

Licensed Clinical Social Worker licensure in the Commonwealth of Virginia was in active ***post-licensure clinical practice*** at

 (Location Name and Address)

from _____ to _____.
 (MM/DD/YY) (MM/DD/YY)

 Signature of Reference

 Date



VERIFICATION OF CLINICAL SUPERVISION

I. GENERAL INFORMATION		PLEASE TYPE OR PRINT CLEARLY		USE BLUE OR BLACK INK	
Name of Applicant (Last, First)		Applicants Email Address			
II. SUPERVISOR'S EVALUATION:					
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 while under your direct supervision?				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 while under your direct supervision?				Yes	No
				If not, how many? _____	
Did applicant complete a minimum of 3,000 hours of supervised post-master's degree experience in the delivery of "clinical social work services" while under your direct supervision?				Yes	No
				If not, how many? _____	
Did the applicant average no less than 15 hours per 40 hours of work experience in face-to-face client contact for a minimum of 1,380 hours while under your direct supervision?				Yes	No
				If not, how many? _____	
Did the applicant demonstrate minimum competencies of identified theory base while under your direct supervision?				Yes	No
Did the applicant demonstrate minimum competencies of application of a differential diagnosis while under your direct supervision?				Yes	No
Did the applicant demonstrate minimum competencies of establishing and monitoring a treatment plan while under your direct supervision?				Yes	No
Did the applicant demonstrate minimum competencies of development and appropriate use of the professional relationship while under your direct supervision?				Yes	No
Did the applicant demonstrate minimum competencies of assessing the client for risk of imminent danger while under your direct supervision?				Yes	No
Did the applicant demonstrate minimum competencies of implementing a professional and ethical relationship with clients while under your direct supervision?				Yes	No
In your opinion has the applicant demonstrated competency sufficient for licensing and the independent practice as a clinical 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	