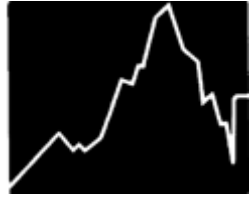


COMMONWEALTH OF VIRGINIA
BOARD OF SOCIAL WORK

	<p>Department of Health Professions 9960 Mayland Drive, Suite 300 Henrico, Virginia 23233-1463 (804) 367-4441</p> <p>Website - http://www.dhp.virginia.gov/social</p>
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GENERAL INFORMATION AND INSTRUCTIONS

FOR CHANGE OF STATUS (INACTIVE TO ACTIVE) AS A
SOCIAL WORKER (LSW) OR CLINICAL SOCIAL WORKER (LCSW)

A social worker wishing to reactivate an inactive license shall submit the renewal fee for active licensure minus any fee already paid for inactive licensure renewal, and document completion of continued competency hours equal to the number of years the license has been inactive, not to exceed four years.

An applicant for reactivation who has been inactive **for four years or more** shall also provide evidence of competency to practice by documenting:

1. Active practice in another U.S. jurisdiction for at least three of the past five years immediately preceding application;
2. Active practice in an exempt setting for at least three of the past five years immediately preceding application; or
3. Practice as a supervisee under supervision for at least 360 hours in the 12 months immediately preceding licensure in Virginia.

Instructions:

Submit the enclosed status change request and supporting documentation in **one** package to the address indicated above. Please review this checklist to make certain that **all** the required documents are submitted.

Fee: the following fee must be paid:

- Licensed Social Workers (**LSW**) will be required to submit \$32.50 fee which must be paid by check or money order made payable to the “Treasurer of Virginia”. This fee is non-refundable.
- Licensed Clinical Social Workers (**LCSW**) will be required to submit \$45.00 fee which must be paid by check or money order made payable to the “Treasurer of Virginia”. This fee is non-refundable.

Continuing Education (CE) Certificates:

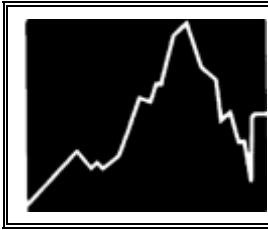
- *Licensed Social Workers (LSW)* are required to complete CE for a minimum of *7.5 hours* including two (2) hours that pertain to ethics or the standards of practice for the behavioral health professions or to laws governing the practice of social work in Virginia *for each year, not to exceed four years*.
- *Licensed Clinical Social Workers (LCSW)* are required to complete CE for a minimum of *30 hours* of including two (2) hours that pertain to ethics or the standards of practice for the behavioral health professions or to laws governing the practice of social work in Virginia *for each year, not to exceed four years*.

Inactive more than four years:

- Verification of Active Practice/Supervision (page 3): To validate your active post-licensure practice as a social worker or clinical social worker, this form should be completed by your employer, colleague, peer or a licensed practitioner who can attest to your *post-licensure* active practice in another U.S. jurisdiction or exempt setting in Virginia for at least 24 out of the past 60 months. If you have had several jobs, please submit multiple verification forms equaling to a minimum of 24 months.

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FORM FOR CHANGE OF STATUS (INACTIVE TO ACTIVE) **AS A SOCIAL WORKER (LSW) OR** **CLINICAL SOCIAL WORKER (LCSW)**

I hereby submit a request for change of status of my Virginia license number _____.

Name (Last, First)	(Middle Initial)	(Maiden)	(Suffix)
Social Security Number or Virginia DMV Control Number		Date of Birth (MM/DD/YY)	
Mailing Address (Street and/or Box Number, City, State, Zip Code)		Home Telephone Number	
Public Address (Street and/or Box Number, City, State, Zip Code)		Alternate Telephone Number	
E-mail Address			

LSWs

Check all boxes that apply to you:

I am attesting to the completion of the required Continuing Education for one year which total 7.5 CE hours.
DO NOT MAIL CERTIFICATES WITH THIS OPTION

I am attesting to the completion of the required Continuing Education for ____ years which total ____ CE hours (7.5 hours per year). I have submitted copies of my CE hours for evaluation.

Have you been inactive for more than four years?

Yes No

LCSWs

Check all boxes that apply to you:

I am attesting to the completion of the required Continuing Education for one year which total 15 CE hours.
DO NOT MAIL CERTIFICATES WITH THIS OPTION

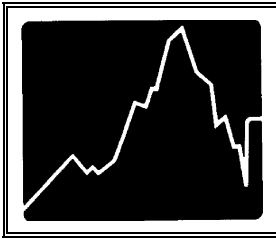
I am attesting to the completion of the required Continuing Education for ____ years which total ____ (15 hours per year) CE hours. I have submitted copies of my CE hours for evaluation.

Have you been inactive for more than four years?

Yes No

SIGNATURE OF LICENSEE _____ DATE _____

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VERIFICATION OF ACTIVE PRACTICE/SUPERVISION
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 (if applicable): _____

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

Relationship to Applicant: _____

I, _____ (Printed Name of Reference), declare under perjury under the laws
of the Commonwealth of Virginia that _____ (Printed Name of Applicant),
candidate for reactivation of (**check one**):

Licensed Social Worker

Licensed Clinical Social Worker

in the Commonwealth of Virginia was in active *post-licensure* practice at the following location (name and address)

for **at least 24 out of the past 60 months** immediately preceding their application for reactivation.

Signature of Reference

Date