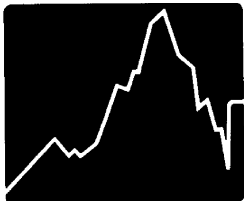


**COMMONWEALTH OF VIRGINIA
BOARD OF SOCIAL WORK**

	<p align="center"> Department of Health Professions 9960 Mayland Drive, Suite 300 Henrico, Virginia 23233-1463 (804) 367-4441 (804) 527-4435 (fax) Website: http://www.dhp.virginia.gov/social </p>
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**REQUEST FOR INACTIVE STATUS OF CURRENT
VIRGINIA SOCIAL WORK LICENSE**

Please mail, fax or scan and email this completed form into the Board office at the information listed above.
This form can be submitted at any time.

First Name	M.I.	Last	Maiden or Other
Street Address		City	State Zip
Daytime Phone Number		Email Address	
Social Work License Number		Last four digits of your Social Security Number XXX-XX- ____ ____ ____ ____	

I acknowledge that by placing my license in inactive status, I cannot practice in the Commonwealth of Virginia except in an exempt setting as listed under the Code of Virginia § 54.1-3701 until my license has been reactivated as current, active by the Virginia Board of Social Work.

I have read and understand the requirements for reactivation as listed in regulation 18VAC140-20-110 which state that *“a social worker or clinical 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 or more years shall also provide evidence of competency to practice by documenting:

- 1. Active practice in another United States jurisdiction for at least 24 out of the past 60 months immediately preceding application;*
- 2. Active practice in an exempt setting for at least 24 out of the past 60 months 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.*

SIGNATURE OF LICENSEE _____ DATE _____