Virginia Department of Health Professions
Board of Social Work

Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Email: socialwork@dhp.virginia.gov
Phone: (804) 367-4441 E-Fax: (804) 977-9915
Website: www.dhp.virginia.gov/social

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

Supporting documentation:

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

Verification of Education: An official graduate transcript

- If you were previously approved by the Board for supervision, a duplicate transcript is not required.

Verification of Clinical Supervision: The Verification of Clinical Supervision form should be completed by your supervisor, verifying 100 hours of face-to-face clinical supervision obtained under a licensed clinical social worker with at least three years of post-licensure clinical social work experience. Original signatures are required.

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

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.

Licensure Verification of Out-of-State Supervisor: If your supervisor does not hold a Virginia clinical 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.

Verification of Education and Field Placement/Practicum Hours: This form should be completed by the graduate school program official or administration office and mailed directly to you.

- If you were previously approved by the Board for supervision, a duplicate form is not required.

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.

Clinical Scores: If you have passed the **clinical** exam in another state within the past five (5) years, please submit verification provided 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.

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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

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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 _____	

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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. _____

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 _____

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VERIFICATION OF EDUCATION AND FIELD PLACEMENT/PRACTICUM HOURS

This form must be completed by the graduate school program official or administration office.

TO BE COMPLETED BY THE APPLICANT			
Last Name	First Name	M.I.	Maiden or Other
Site Where Practicum Took Place (Business Name, Street, City and Zip Code required)			
Applicant's Student ID Number	Applicant's Social Security Number or VA DMV Number		

TO BE COMPLETED BY THE GRADUATE SCHOOL PROGRAM OFFICIAL OR ADMINISTRATION OFFICE

Part I:

Starting Date of Practicum	End Date of Practicum

Did the above applicant complete a minimum of **600 hours** of ***advanced*** clinical practicum that focused on diagnostic, prevention, and treatment services?

YES NO (If not, how many? _____)

Did the above applicant's field placement/practicum supervisor hold a licensed clinical social worker (LCSW) license **or** hold a master's or doctorate degree in social work with a minimum of three years of experience in clinical social work services after earning a graduate degree set forth in Regulation 18VAC140-20-49 of the Virginia Regulations?

YES NO (If not, explain on separate page)

Part II:

Please verify if the following ***advanced*** coursework was successfully completed by the applicant as part of a "clinical course of study:" **Check all that apply.**

Human Behavior and the Social Environment	Social Justice and Policy
Psychopathology	Diversity Issues
Research	Clinical Practice with Individuals, Families and Groups

Printed Name of School _____

Printed Name of Program Official _____

Title _____

Signature _____ Date _____