



## **ELECTRONIC APPLICATION INSTRUCTIONS FOR LICENSURE AS A LICENSED BACCALAUREATE SOCIAL WORKER (LBSW) BY ENDORSEMENT**

### **Supporting documentation:**

Upon completion of the online LBSW 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.

**Exam Scores:** You must submit verification that you have passed the **Bachelors** 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 Bachelors 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.

**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 Post-Licensure Active Practice/Supervision Experience:**

- To validate your active post-licensure practice as a 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 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 18VAC140-20-60. You can provide any of the following documentation if you do not have 36 out of the past 60 months:
  - Verification of Casework Management and Supportive Services (can be found within the supporting documentation below); **or**
  - Supervision Verification from the original state in which you received your social work license, which can be provided by submitting a copy of your licensure file which contains your original supervision documentation.



## 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 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 " <b>Assessment of Presenting Problems and Perceived Needs</b> " while under your direct supervision?	Yes	No
Did the applicant demonstrate minimum competencies of " <b>Referral Services</b> " while under your direct supervision?	Yes	No
Did the applicant demonstrate minimum competencies of " <b>Policy Interpretation</b> " while under your direct supervision?	Yes	No
Did the applicant demonstrate minimum competencies of " <b>Data Gathering</b> " while under your direct supervision?	Yes	No
Did the applicant demonstrate minimum competencies of " <b>Planning</b> " while under your direct supervision?	Yes	No
Did the applicant demonstrate minimum competencies of " <b>Advocacy</b> " while under your direct supervision?	Yes	No
Did the applicant demonstrate minimum competencies of " <b>Coordination Of Services</b> 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
<p>I declare that, to the best of my knowledge, the foregoing is true and correct.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Supervisor's Signature <span style="margin-left: 200px;">Date</span></p>		



## VERIFICATION OF POST-LICENSURE ACTIVE PRACTICE

**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 Social Worker licensure in the Commonwealth of Virginia was in active ***post-licensure non-clinical social work practice*** at

\_\_\_\_\_  
 (Location Name and Address)

from \_\_\_\_\_ to \_\_\_\_\_  
 (MM/DD/YY) (MM/DD/YY)

\_\_\_\_\_  
 Signature of Reference

\_\_\_\_\_  
 Date