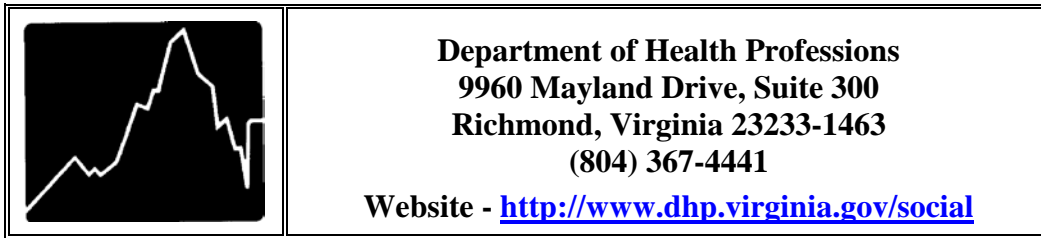


COMMONWEALTH OF VIRGINIA
BOARD OF SOCIAL WORK



INSTRUCTIONS FOR REINSTATEMENT AS A
SOCIAL WORKER (LSW) OR CLINICAL SOCIAL WORKER (LCSW)

Application:

- Fee:** A fee of \$195.00 for LCSW applicants and \$135.00 for LSW applicants must be paid by check or money order made payable to the “Treasurer of Virginia”. This fee is non-refundable. The application can be used for one year from date of receipt.

Supporting Documentation:

Upon completion of the reinstatement application you will be required to submit to the Board the following items:

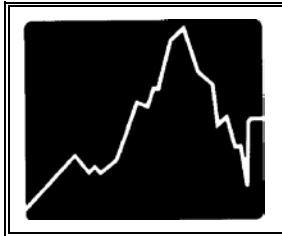
- Out-of-State Licensure Verification:** If you have ever held any other health or mental health licensure and/or certification, please send the enclosed verification form to the issuing jurisdiction. This verification is to be completed by the issuing jurisdiction and should be included in your application packet. Verifications older than six month will not be accepted.
 - Online verifications will be accepted; however online verifications must include the name of licensee, title of license, license number, issue and expiration date, and if there is any public information related to the license/certificate.

- Continuing Education (CE) Certificates:**
 - *Licensed Social Workers (LSW)* will be required to submit a minimum of 30 CE hours including four (4) 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;

 - *Licensed Clinical Social Workers (LCSW)* will be required to submit a minimum of 60 hours of CE including four (4) 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.

- Evidence of Competency:** An applicant for reinstatement shall also provide evidence of competency to practice by documenting one of the following using the enclosed form:
 - (i.) Active practice in another U.S. jurisdiction for at least 24 out of the past 60 months immediately preceding application;
 - (ii.) Active practice in an exempt setting for at least 24 out of the past 60 months immediately preceding application; or
 - (iii.) Practice as a supervisee under supervision for at least 360 hours in the 12 months immediately preceding licensure in Virginia.

**COMMONWEALTH OF VIRGINIA
BOARD OF SOCIAL WORK**



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

REINSTATEMENT

SOCIAL WORKER (LSW) OR CLINICAL SOCIAL WORKER (LCSW)

I hereby submit an application for reinstatement of my Virginia license number _____.

INSTRUCTIONS		PLEASE TYPE OR PRINT CLEARLY		USE BLUE OR BLACK INK	
<u>Applicant must complete all sections.</u>					
GENERAL INFORMATION					
Name of Applicant (Last, First)			Middle Initial	Maiden Name	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					
LICENSURE/CERTIFICATION – List in order of attainment all the states in which you now hold or have ever held an occupational license or certificate to practice as a social worker in order of attainment.					
STATE	LICENSE/CERTIFICATE NUMBER	ISSUE DATE	TYPE OF LICENSE/CERTIFICATE		

*In accordance with § 54.1-116 of the *Code of Virginia*, you are required to submit your Social Security Number or your control number issued by the Virginia Department of Motor Vehicles.

**Licensure Address is Public Information and Published on the Internet.

ANSWER THE FOLLOWING QUESTIONS:

1. Have you ever been denied the privilege of taking an occupational licensure or certification examination? If yes, state what type of occupational examination and where:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever had any disciplinary action taken against an occupational license to practice or are any such actions pending? If yes, explain in detail on a separate sheet of paper.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been convicted of a violation of or pled nolo contendere to any federal, state, or local statute, regulation or ordinance or entered into any plea bargaining relating to a felony or misdemeanor? (Excluding traffic violations and driving under the influence.) If yes, explain in detail on a separate sheet of paper and provide court documents.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. In the last twelve (12) months, have you been unable to practice social work by reason of excessive use of alcohol, drugs, chemicals or any other type of material or as a result of any mental or physical condition? If yes, please provide an explanation on a separate sheet of paper.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been censored, warned, or requested to withdraw from your employment, terminated from any health care facility, agency, or practice? If yes, provide an explanation on a separate sheet of paper.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you the respondent in any pending or unresolved board action in another jurisdiction or in a malpractice claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No

The following statement must be executed by a Notary Public. This form is not valid unless properly notarized.

**AFFIDAVIT
(To be completed before a notary public)**

State of _____ County/City of _____

Name _____, being duly sworn, says that he/she is the person who is referred to in the foregoing application for licensure in the Commonwealth of Virginia; that the statements herein contained are true in every respect, that he/she has complied with all requirements of the law; and that he/she has read and understands this affidavit.

Signature of Applicant

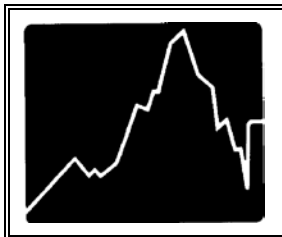
Subscribed to and sworn to before me this _____ day of _____, 20_____.

Signature of Notary Public

My commission expires _____ day of _____, 20_____.

SEAL

**COMMONWEALTH OF VIRGINIA
BOARD OF SOCIAL WORK**



**Department of Health Professions
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463
(804) 367-4441**

Website: <http://www.dhp.virginia.gov/social>

APPLICANT OUT-OF-STATE LICENSURE VERIFICATION

To be completed by applicant:

Last Name _____	First Name _____	M.I. _____
Address _____		
City _____	State _____	Zip Code _____
Home Phone Number _____	Work Number _____	
Email Address _____		

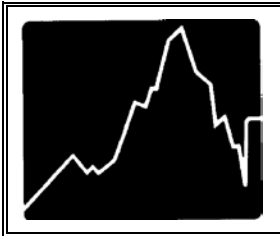
To be completed by state Board of Social Work:

Title of License _____	License Number _____		
Issue Date _____	Expiration Date _____		
<input type="checkbox"/> By Examination	<input type="checkbox"/> By Waiver	<input type="checkbox"/> By Endorsement	<input type="checkbox"/> Reciprocity
Is there any public information relating to this license?			
<input type="checkbox"/> Yes (specify details on a separate sheet)	<input type="checkbox"/> 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 _____

COMMONWEALTH OF VIRGINIA
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EVIDENCE OF COMPETENCY TO PRACTICE

To be completed by applicant:

I, _____, hereby authorize past and present employers, businesses,
(Printed Name of Applicant)
professional associates and person 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

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)

reinstatement of licensure in the Commonwealth of Virginia was in **active practice in:**

- another U.S. jurisdiction for at least 24 out of the past 60 months immediately preceding application
- an exempt setting for at least 24 out of the past 60 months immediately preceding application

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

Signature of Reference

Date