



Counselor, Social Worker & Marriage and Family Therapist Board

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Columbus, Ohio 43215-6171
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email: cswmft.info@cswb.ohio.gov

LISW EXAM PRE-APPROVAL INSTRUCTIONS

Before contacting the Board: BE SURE YOU HAVE READ ALL INSTRUCTIONS. When inquiring if your fax or mail has been received or if your pre-approval has been e-mailed or mailed to you, PLEASE DO NOT CALL. Instead, send an e-mail to Andy.Miller@cswb.ohio.gov

ASWB designs the exams as follows:

Advanced Generalist: Designed for licensees with experience in non-clinical settings.

Clinical: Designed for licensees with experience in direct clinical practice settings.

To register for the ASWB exam follow the steps below:

1. Complete documentation of 24 months of supervised experience, including 3000 hours of work and 150 hours of training supervision: http://cswmft.ohio.gov/Portals/0/SOCIAL%20WORK/ISW_Reference2.pdf.
2. Complete an application for LISW licensure and pay the \$75 Fee if you haven't done so already: <https://license.ohio.gov/Applications/default.asp> (this application is valid for 2 years; if you previously paid \$75 within that time, you do not need to pay again).
3. Complete the request for exam pre-approval form below (exam pre-approval is good for six months), and fax, mail, or email this request along with: 1) a copy of your Master's degree or unofficial transcript, if the Board does not already have your transcript on file, and 2) a copy of your driver's license or State-issued photo ID.
4. Once your supervision forms, LISW application, pre-approval form, proof of academic standing and copy of your driver's license or State ID have been received in the Board's office, your file will be reviewed for exam pre-approval. Generally within 7 to 10 business days your exam pre-approval will be sent through e-mail (or US Mail if requested) instructing you to contact the ASWB to register for the test, and providing details.

For additional information on the examinations including study guides, practice exams and content outlines of the ASWB examinations, go to: www.aswb.org or call 888-579-3926.

If you have additional questions regarding exam pre-approval, please contact: Andy.Miller@cswb.ohio.gov

Name: _____ Daytime Telephone #: _____ Last 4 of SSN: _____
(Name MUST match name on driver's license or State ID that you will submit to ASWB)

E-mail: _____ LSW Lic#: _____ Date of Birth: _____

Level of Exam you wish to take: CLINICAL ADVANCED GENERALIST

Academic Institution Attending or Graduated From: _____

Reason for Request: Initial request Retake Pre-Approval Expired Extension of Approval

Licensed LSW w/MSW on file Licensed as LSW w/MSW Transcript or Diploma Attached

Dates of failed exam(s), if applicable: _____

Comments: _____

If you have failed the exam or your pre-approval has expired, complete another request for exam pre-approval. You do not need to re-send a copy of your driver's license or unofficial transcript.