



Counselor, Social Worker & Marriage and Family Therapist Board

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LSW 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

To register for the ASWB exam follow the steps below:

1. Complete an application for LSW licensure and pay the \$60 Fee if you haven't already:
<http://cswmft.ohio.gov/pdfs/LSWinst.pdf> (this application is valid for 2 years; if you previously paid \$60 within that time, you do not need to pay again).
2. 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) **proof of academic standing**, either a) letter of good standing from your school if you are in your last term of a social work program **or** b) a copy of your degree or unofficial transcripts **only if** you have graduated, and 2) **a copy of your driver's license** or State-issued photo ID.
3. Once your **LSW 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 bring to the testing center)

E-mail: _____ Date of Birth: _____

Level of Exam you wish to take: BACHELORS MASTERS

Academic Institution Attending or Graduated From: _____

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

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.