



**State of Ohio
Counselor, Social Worker and Marriage and Family Therapist Board**

www.cswmft.ohio.gov

50 West Broad Street, Suite 1075 • Columbus, Ohio 43215-5919

(614) 466-5465 - Fax (614) 728-7790

This form is an Active PDF format. Click on the check box or the line to be completed and type your response.

Applicants please submit request for exam with application (form on web site) with a copy of your transcript. Once conferred have your school submit a formal transcript as well.

Licensed Social Worker Application

- Application for (check one)
- Social Worker - \$60 fee enclosed*
 - Independent Social Worker - \$75 fee enclosed*

**Make fee payable to:
Treasurer, State of Ohio
Certified Check or Money Order Only**

***This Fee is Non-refundable**

Section A: Personal						
1. First Name:		Middle Name:		Last Name:		Social Security Number:
2. Mailing Address – Number & Street:			City:	State:	Zip Code:	County:
3. Daytime Telephone:		Evening Telephone:		Email:		
4. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth date:	Race: <input type="checkbox"/> Asian American <input type="checkbox"/> Native American	<input type="checkbox"/> African American	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other
5. Is English your native language or if not, are you fluent in English?						<input type="checkbox"/> Yes <input type="checkbox"/> No, explain on a separate page.
6. Maiden, given surname or any name(s) under which supporting documents will be submitted:						
7. Have you ever been convicted of a felony or first-degree misdemeanor? <input type="checkbox"/> Yes, explain on a separate page. <input type="checkbox"/> No						

8. If you have ever been licensed to practice in the profession for which you are now making application, or held any other professional license, complete the table below. You must identify the method by which you obtained your professional license(s) – i.e. licensure by examination, score transfer, endorsement, grandfather/waiver provision, or reciprocity – in the appropriate column. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. Failure to disclose all licenses held may result in denial of your application or other appropriate action. If you hold a license in another state would you like to apply under endorsement? Yes No

State	Profession Name	License Number	How License Was Obtained	Date of Issuance	License Status (Active, Lapsed, Revoked, etc.)

9. Check the appropriate box & attach a copy of your passing score if you have previously taken an ASWB exam.

- Level "Basic" (Licensed Social Worker)
- Level "Intermediate" (Master's Level Examination out of State)
- Level "Advanced" (Licensed Independent Social Worker)
- Level "Clinical" (Licensed Independent Social Worker)

In _____ in the State of Ohio or _____ other state
month/year

*** Applicants are required to have an official college transcript, showing conferred degree(s), sent directly to the Counselor and Social Worker Board. Student copies are not acceptable.**

Section B: Education and Experience

9. Did you graduate from an accredited college or university? Yes No

10. Is your social work program accredited by the council on social work education? Yes No

11. List academic degree(s) received since high school in chronological order.

Name / Address Of Institution	Major	Degree Awarded	Date

12. In chronological order, list social work practicum/internship experiences.

Agency Name / Address	Dates From To	Hours Per Week	Scope Of Practice	Client Population

13. In chronological order, list work history/practical experiences.

Name Of Business / Institution:		Job Title:	
Address / Phone Number Of Business / Institution:		Description Of Duties Performed:	
Name Of Supervisor:			
Date Of Employment: From: ____ / ____ To: ____ / ____	Hours Worked Per Week: Type Of Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		

Name Of Business / Institution:		Job Title:	
Address / Phone Number Of Business / Institution:		Description Of Duties Performed:	
Name Of Supervisor:			
Date Of Employment: From: ____ / ____ To: ____ / ____	Hours Worked Per Week: Type Of Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		

Name Of Business/Institution:		Job Title:
Address/Phone Number Of Business/Institution:		Description Of Duties Performed:
Name Of Supervisor:		
Date Of Employment:	Hours Worked Per Week:	
From: ____/____ To: ____/____	Type Of Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	

Name Of Business/Institution:		Job Title:
Address/Phone Number Of Business/Institution:		Description Of Duties Performed:
Name Of Supervisor:		
Date Of Employment:	Hours Worked Per Week:	
From: ____/____ To: ____/____	Type Of Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	

Name Of Business/Institution:		Job Title:
Address/Phone Number Of Business/Institution:		Description Of Duties Performed:
Name Of Supervisor:		
Date Of Employment:	Hours Worked Per Week:	
From: ____/____ To: ____/____	Type Of Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	

Name Of Business/Institution:		Job Title:
Address/Phone Number Of Business/Institution:		Description Of Duties Performed:
Name Of Supervisor:		
Date Of Employment:	Hours Worked Per Week:	
From: ____/____ To: ____/____	Type Of Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	

14. (Answer only if you are applying for Licensed Independent Social Worker)

A. Do you have a masters degree in social work and two years post-masters degree paid experience in social work?
 Yes No

B. If yes to 14 A., List supervisors and employers for two years of your post-masters degree experience. Verification of employment experience is required from each supervisor listed.

Dates	Supervisor	Employer

15. (Answer only if you are applying for Licensed Social Worker and do not have a social work degree)

Note: For coursework to be applicable towards meeting these related requirements the degree must have been awarded on or before October 10, 1992. List from transcripts the courses that apply to at least three of the five social work areas below.

Human Development And Behavior	Methods Of Social Intervention
Social Welfare And Policy	Social Work Theory
Practicum/Field Work	

Section C: Personal History Information/Character

Please answer each of the following questions by putting a check (✓) in the appropriate box on the right. ALL "YES" ANSWERS **MUST** BE EXPLAINED IN DETAIL ON A SEPARATE **SIGNED AND NOTARIZED** AFFIDAVIT. Failure to disclose any of the requested information may result in the denial of your application or other appropriate action.

16. Has any licensing authority ever denied you application for licensure as a social worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Has any licensing authority ever denied your application for any professional license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Have you ever been denied the privilege of taking an examination required for any professional licensure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Have you ever voluntarily surrendered your social work license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Has your social work license ever been revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Have you ever been the subject of disciplinary action by any social work licensing agency or social work association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Have any complaints ever been filed against you with any social work licensing agency or social work association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Have you ever voluntarily surrendered any other professional license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Have you ever had any other professional license revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Have you ever been the subject of disciplinary action by any licensing agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Is there any disciplinary action pending against you by any licensing jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Have you ever been arrested, charged with or convicted (including a no contest plea or guilty plea) of a felony or misdemeanor (or other criminal offense) in any state or federal court (other than traffic violations) whether or not sentence was imposed or suspended? If yes, in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature of the offense, date of discharge (if applicable) as well as a statement from the probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Have you ever been pardoned from a felony (or criminal) conviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Have you ever had a record expunged from a felony (or criminal) conviction or had a conviction sealed under Ohio Revised Code section 2953.32 that is "directly and substantially related" to the license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Are you now or have you in the last 5 years been addicted to or used in excess, any drug or chemical substance including alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Are you now being treated or have you in the last 5 years been treated for a drug or alcohol addiction or participated in a rehabilitation program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Do you currently have any disease or condition that interferes with your ability to competently and safely perform the essential functions of your profession; including any disease or condition generally regarded as chronic by the medical community. That is a: (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; and/or (3) physical disease or condition, that may presently interfere with your ability to competently and safely perform the essential functions involved in practice as a social worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Have you ever been named as a defendant in a civil suit related to your professional practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Do you know you need a Criminal Records Check with the State of Ohio and FBI in order to be licensed and we recommend you complete it after passing the ASWB licensure exam? A criminal record check is required with each new license type (new LSW or new LISW).	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Do you know that you are required to pass the ASWB licensure exam and the Board's online laws and rules exam in order to be licensed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section D: Memo Of Understanding

37. I certify that this is a properly completed and accurate license application, which I am submitting to the Counselor, Social Worker and Marriage and Family Therapist Board. I have not omitted any requested information from my application. I understand that information contained in this application will become public information after being filed with the Board. I understand that my application is contingent upon satisfactory completion of all requirements. I further understand that any person who knowingly makes a false statement on the application and accompanying forms is guilty of falsification under section 2921.13 of the Ohio Revised Code. A misdemeanor of the first degree.

The Counselor, Social Worker and Marriage and Family Therapist Board is required to collect the social security numbers of all applicants pursuant to 42 U.S.C. Sec. 132a-7e(b), 5 U.S.C. Sec. 552a, 45 C.F.R. pt. 61, and Ohio Revised Code Sec. 2301.373(E) for potential disclosure to the Federal Department of Health and Human Service's Healthcare Integrity and Protection Data Bank and/or the local County Child Support Enforcement Agency. Therefore, you are required to fill in your social security number on the application. Failure to comply may lead to the denial of your application.

I have read and understand the laws and rules pertaining to Counselor, Social Worker and Marriage and Family Therapist Board and the code of ethical practice and professional conduct found at Ohio Revised Code section 4757 and Ohio Administrative Code section 4757

Signature

Date

Section E: Affidavit

38. "By virtue of filling this application, I do solemnly swear or affirm that I am of good moral character, and that I understand the instructions and terms as set forth in this application form, that I have personally completed this form, and that the information given in this application is true, correct, and complete to the best of my knowledge. I hereby authorize the State of Ohio Counselor, Social Worker and Marriage and Family Therapist Board to verify any and all information contained in this application, including information maintained in applicable data banks, and to transmit this information to the licensing authority of the state to which this application is made. I authorize the licensing authority of the state where application is submitted to review state files pertaining to my licensure and practice, and law enforcement and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the licensing authority."

Signature of applicant

Signature of notary public

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

My commission expires _____