

Section B: Education and Experience

9. Did you graduate from an accredited college or university or will you graduate this term?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Is your social work program accredited by the council on social work education?	<input type="checkbox"/> Yes <input type="checkbox"/> 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: ____/____		Hours Worked Per Week:
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: From: ____/____		Hours Worked Per Week:
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	

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 paid experience in social work? <input type="checkbox"/> Yes <input type="checkbox"/> 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 four social work areas (i) through (iv) below and the fieldwork class in area (v).

i. Human Development And Behavior	ii. Methods Of Social Intervention
iii. Social Welfare And Policy	iv. Social Work Theory
v. 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?	<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

Section D: Memo Of Understanding

36. I certify that this is a properly completed and accurate license application, which I am submitting to the Counselor and Social Worker 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 and Social Worker 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 counseling and social work 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

37. "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 and Social Worker 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 _____