



**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

## Registered Social Work Assistant Application

Social Work Assistant - \$40 fee enclosed\*

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

This is an Active PDF file, which means you can click check boxes and/or click on fill-in lines and type your data. Print or save the completed form with Reader 8.0 or later.

**\*This Fee is Non-refundable**

<b>Section A: Personal</b>					
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"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other			
5. Is English your native language or if not, are you fluent in English? <input type="checkbox"/> Yes, explain on a separate page. <input type="checkbox"/> No					
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					

<b>Section B: Education</b>				
8. Do you hold an associate, bachelors, masters or doctoral degree from an accredited college or university? <input type="checkbox"/> Yes <input type="checkbox"/> No				
9. Please list academic degree(s) received since high school in chronological order.				
Name/Address Of Institution	Major	Degree Awarded	Date Conferred	Semester/Quarter Hour Total

**\* 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.**

10. Do you have a social service practicum?  Yes  No

11. List from transcripts the courses that apply to the areas below by course number, title and number of hours.

<b>Area 1</b> Social Service/Social Work Skills, Theory, and Systems Courses Including a Social Service Practicum (Must total 45 quarter or 30 semester hours)	<b>Area 2</b> Related Courses such as Psychology, Sociology and Economics (Must total 21 quarter or 14 semester hours)

**Section C: Memo Of Understanding**

12. 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 D: Affidavit**

13. "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 \_\_\_\_\_