



# Counselor, Social Worker & Marriage and Family Therapist Board

50 West Broad Street, Suite 1075  
Columbus, Ohio 43215-5919  
614-466-5465 & Fax 614-728-7790  
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## Social Work Temporary License Application

Directions: Persons interested in obtaining a temporary social work license while awaiting licensure approval must complete and return this form, along with the appropriate fee.

- Temporary Social Work License - \$20 fee enclosed\*  
\* **This Fee is Non-refundable**

**Make fee payable to:  
Treasurer, State of Ohio  
Certified check or money order only**

1. Please include a copy of your test score along with this application.
2. The social worker license application, temporary license application and a copy of your passing test score must be received by the Board before your application for temporary license is granted.
3. All applicants must complete the memo of understanding.
4. This application must be notarized.

Do not apply for a temporary license without confirming the need for one. Please call 614-466-5465

|  |             |  |                                  |        |                   |
|--|-------------|--|----------------------------------|--------|-------------------|
| 1. First Name:   |             | Middle Name:   | Last Name:                       |        | Social Security # |
| 2. Mailing Address – Number & Street   |             |  | City:                            | State: | Zip Code:         |
| 3. Daytime telephone:  |             | Evening Phone:   | Email:                           |        |                   |
| 4. Sex: <input type="checkbox"/> Male<br><input type="checkbox"/> Female   | Birth Date: | Race: <input type="checkbox"/> Asian American <input type="checkbox"/> African American <input type="checkbox"/> Caucasian<br><input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other: |                                  |        |                   |
| 5. Have You Passed the Social Work Exam?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |             |  | Date & Level of Exam:            |        |                   |
| 6. Date Your Social Work Licensure Application Was Filed:  |             |  |                                  |        |                   |
| 7. Memo of Understanding:<br>I certify that this is a properly completed and accurate application for temporary licensure, which I am submitting to the Counselor and Social Worker Board. I have not omitted any requested information from my application. I understand that my license 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. |             |  |                                  |        |                   |
| Signature _____  |             |  | Date _____                       |        |                   |
| 8. Affidavit:<br>State of _____ County of _____<br>Personally Sworn to before me, a notary public in and for said county, and subscribed to in my presence this _____ day of _____, 20____   |             |  |                                  |        |                   |
| My commission expires: _____   |             |  |                                  |        |                   |
| Signature of Applicant _____   |             |  | Signature of Notary Public _____ |        |                   |