

**STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS
AND PROFESSIONAL COUNSELORS**

P O BOX 2649
HARRISBURG, PA 17105
717-783-1389

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www.dos.pa.gov/social

APPLICATION FOR A LICENSE TO PRACTICE SOCIAL WORK
(THIS APPLICATION MUST BE SUBMITTED FOR PRE-APPROVAL TO TAKE THE ASWB MASTER'S EXAMINATION)

QUALIFICATIONS TO TAKE THE ASWB MASTER'S EXAMINATION

1. Application fee \$25.00 and is non-refundable. Check/money order should be made payable to "Commonwealth of PA". A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for nonpayment. If the application process has not been completed within one year from the date it was received, applicants will be required to submit an updated application (**another application processing fee**) and supporting documents as necessary.
2. To be eligible for the ASWB Master's examination, the applicant must be in the final semester or hold a Master's Degree or a Doctoral Degree in social work or social welfare from a school accredited by the Council on Social Work Education (CSWE). When your application is complete you will receive an approval letter from the Board authorizing you to contact ASWB to register for the examination.
3. If the applicant is in his/her final semester, have the CSWE school complete the Verification of Social Work Education for Applicants Enrolled in Their Final Semester form. The form must be mailed directly from the educational institution to the Board in an official sealed school envelope. ****In order for a license to be issued, an official transcript showing a Master's degree in social work or social welfare must be mailed directly from the educational institution to the Board in an official sealed school envelope.****
4. For an applicant that has graduated and received a Master's degree, request an official transcript showing a Master's degree in social work or social welfare to be mailed directly from the educational institution to the Board in an official sealed school envelope.
5. International graduates must request the Council on Social Work Education (CSWE) mail a credential evaluation directly to the Board at the above address.
6. If licensed in another state, request each state licensing agency where you have ever held a license to practice (active, inactive, expired, etc..) send a letter of good standing directly to the Board office in an official sealed state board envelope.
7. If documents will be submitted to the Board under a name different from your present name, submit a copy of a legal document showing the name change (marriage certificate, divorce decree, court order, etc.).
8. All persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board.
9. Provide a Self-Query from the National Practitioner Data Bank which is valid for 6 months from date of issuance. A Self-Query can be requested online at <https://www.npdb.hrsa.gov/>. When you receive the "Self-Query Response" from the National Practitioner Data Bank, forward it to the Board office. (Verify that "Self-Query Response" is sent to the Board and not a discrepancy notice.)
10. Provide an official Criminal History Record Check (CHRC) from the state agency for every state in which you have resided for the past 5 years. The report(s) is valid for 90 days from the date of issuance. This report can be sent to you and forwarded to the Board with your application. For Pennsylvania CHRC, this can be done online at <http://epatch.state.pa.us>. **For states that do not provide CHRC for employment or licensing purposes (CA & AZ), we will accept an FBI background check. You may visit <https://www.fbi.gov/about-us/cjis/identity-history-summary-checks> to obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check.**

QUALIFICATIONS FOR A LICENSE

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2. Applicant must hold a Master's Degree or a Doctoral Degree in social work or social welfare from a school accredited by the Council on Social Work Education.
3. Request an official transcript showing a Master's degree in social work or social welfare be mailed directly from the educational institution to the Board in an official sealed school envelope. Bachelor's level transcripts are not required.
4. Applicant must pass the Master's Examination (formerly the Intermediate Examination) of the Association of Social Work Boards (ASWB). The Clinical Examination given by the Association of Social Work Boards will be accepted towards licensure as a social worker, only if taken and passed prior to May 11, 2007.
5. International graduates must request the Council on Social Work Education (CSWE) mail a credential evaluation directly to the Board at the above address.
6. If licensed in another state, request each state licensing agency where you have ever held a license to practice (active, inactive, expired, etc..) send a letter of good standing directly to the Board office in an official sealed state board envelope.
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TO REQUEST AN EXTENSION TO TAKE THE EXAMINATION – A PAPER APPLICATION MUST BE COMPLETED

If your expiration date to take the ASWB examination has expired or you have failed the ASWB Master's Examination and your expiration date will expire, prior to the 90 days that ASWB requires that you wait to re-take the examination, the following documentation will need to be resubmitted to the Board for pre-approval to take the examination.

1. \$25.00 application fee is required if application has not be completed within one year from the date the application was received. (Refer to #1 under Qualifications for a License).
2. Application pages 1 – 2.
3. Updated letter(s) of good standing from each state where a license is held. (Refer to #6 under Qualifications for a License.)
4. If the Verification of Social Work Education form was submitted in order for you to be made eligible to take the ASWB Master's examination, an official transcript mailed directly from the school in an official school sealed envelope will be required before you will be made eligible again to take the examination.
5. Updated Self-Query from the National Practitioner Data Bank which is valid for 6 months from the date of issuance. A Self-Query can be requested online at <https://www.npdb.hrsa.gov/>. When you receive the "Self-Query Response" from the National Practitioner Data Bank, forward it to the Board office. (Verify that "Self-Query Response" is sent to the Board and not a discrepancy notice.)
6. Updated official Criminal History Record Check (CHRC) from the state agency for every state in which you have resided for the past 5 years. The report(s) is valid for 90 days from the date of issuance. This report can be sent to you and forwarded to the Board with your application. For Pennsylvania CHRC, this can be done online at <http://epatch.state.pa.us>. **For states that do not provide CHRC for employment or licensing purposes (CA & AZ)**, we will accept an FBI background check. You may visit <https://www.fbi.gov/aboutus/cjis/identity-history-summary-checks> to obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check.

PLEASE NOTE:

If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee.

In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance. All background check documents cannot be older than 90 days from the date of issuance.

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AND PROFESSIONAL COUNSELORS**

Regular Mailing Address
P O Box 2649
Harrisburg, PA 17105-2649
Phone: 717-783-1389
Fax: 717-787-7769

Courier Delivery Address
2601 North Third Street
Harrisburg, PA 17110

**APPLICATION FOR A LICENSE TO PRACTICE SOCIAL WORK
AND TO TAKE THE ASWB MASTER'S EXAMINATION**

Application fee is **\$25.00** and is **non-refundable**. Make check payable to **Commonwealth of Pennsylvania**. A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

Please indicate if you need to take the ASWB Master's Examination ()Yes () No () Extension

NAME: _____
LAST FIRST MIDDLE MAIDEN

ADDRESS: _____
STREET

CITY STATE ZIP

SOCIAL SECURITY NUMBER DATE OF BIRTH

DAYTIME PHONE NUMBER EMAIL ADDRESS

EDUCATION – NAME AND ADDRESS OF EDUCATIONAL INSTITUTION

**Date MSW Degree Conferred/or will
be conferred**

Month/Year

Will any documentation submitted in connection with this application be received in a name other than the name under which you are applying? Yes [] No []

If Yes, please list the other name or names below (Submit a copy of the legal document evidencing the name change (i.e., marriage certificate, divorce decree or court order) ;

Please list all states in which you have lived in the past five years: _____

Have you passed the Master's examination of the Association of Social Work Boards (ASWB)? Yes [] No []

Have you passed the Clinical examination of the Association of Social Work Boards (ASWB)? Yes [] No []

If yes, please indicate the date and state the exam was taken _____

Please note-if you have taken the exam in another state, you must have your scores sent directly to this office by calling ASWB at 1-888-579-3926.

The following questions must be answered, please check the appropriate box.	Yes	No
1. Do you hold or have you ever held, a license, certificate, permit, registration or other authorization to practice any health-related profession in any state or jurisdiction? If yes, please list all professions and states where you have been licensed and request a letter of good standing be sent from each state board to the Pennsylvania Board. _____		
2. Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
4. Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapplication for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5. Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7. Have you ever been found guilty of immoral or unprofessional conduct?		
8. Have you ever violated standards of professional practice or conduct?		
9. Do you currently engage in or have you ever engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
10. Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
11. Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?		
12. Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		

IF YOU HAVE ANSWERED YES TO ANY QUESTIONS FROM 2 THROUGH 12, PLEASE ATTACH AN 8 ½ X 11 SHEET OF PAPER EXPLAINING THE SITUATION IN DETAIL. INCLUDE COURTHOUSE CERTIFIED COPIES OF ANY DOCUMENTS EXPLAINING THE SITUATION, IF APPLICABLE.

VERIFICATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties form tampering with public records or information under 18 Pa.C.S. § 49.11. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

 APPLICANT'S SIGNATURE

 DATE

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa.C.S. § 4304.1(a). At the request of the Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

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Regular Mailing Address
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**VERIFICATION OF SOCIAL WORK EDUCATION
FOR APPLICANTS ENROLLED IN THEIR FINAL SEMESTER
Applicant for **EXAMINATION****

Applicant: Complete (by printing in blue ink) top section and send form to school. **DO NOT COMPLETE IF YOU HAVE ALREADY GRADUATED.**

NAME: _____
Last First M.I. Maiden

ADDRESS: _____
Street

_____ City State Zip Code

SOCIAL SECURITY # _____ DATE OF BIRTH _____

This section to be completed by the Dean, Registrar or Chairperson of the CSWE accredited School of Social Work or Social Welfare in which the applicant is enrolled in the final semester of their MSW program.

I certify that _____ is currently enrolled in the final semester of the
(name of applicant)

Master's program in Social Work or Social Welfare at _____ and is
(Name of CSWE accredited Institution)

expected to graduate on _____.
(date)

(Signature of Dean/Registrar/Chairperson of MSW Program)

**SCHOOL SEAL
(Mandatory)**

(Date)

**SCHOOL SHALL RETURN AN ORIGINAL COMPLETED FORM DIRECTLY TO BOARD OFFICE IN OFFICIAL ENVELOPE.
(DO NOT send a copy of this form or use envelope if provided by applicant)
UPON RECEIPT OF THE MSW DEGREE, AN OFFICIAL TRANSCRIPT MUST BE SUBMITTED TO THE BOARD OFFICE.**