Arkansas Department of Health

Social Work Licensing Board
5800 West 10th, Suite 100, Little Rock, AR 72204 * (501) 372-5071 * Fax (501) 372-6301
Mailing Address: P. O. Box 251965, Little Rock, AR 72225
swlb@arkansas.gov * www.arkansas.gov/swlb

Governor Sarah Huckabee Sanders
Renee Mallory, RN, BSN, Secretary of Health
Kristen Allen, Director

Applicant’s Name: (as to Appear on License)

________________________________________

LICENSE LEVEL BEING APPLIED FOR:
(LSW and LMSW includes Provisional)

__________ Licensed Social Worker (LSW) [BSW Required]
__________ Licensed Master Social Worker (LMSW) [MSW Required]
__________ Licensed Certified Social Worker (LCSW) [MSW Required]

NAME: Last First Middle
Maiden or other names used

Name as it appears on your driver’s license

Place of Birth (City and State)

Address (street)

Social Security Number

City State Zip Code

Date of Birth

County of Residence

Gender

Ethnicity

Race

Home Phone  Cell Phone  Work Phone  Email Address

THIS SECTION FOR USE BY BOARD ONLY – DO NOT WRITE BELOW THIS LINE – One this page

Date Application Received: ________________ Fee Amount: $5.00 Receipt Number: ________________

Transcript Received Date: ________________ CSWE Accredited: Y N

Initial Background Check Forms Received: ________________ Results Received: ________________

Supervision Documentation (LCSW only): Y N/A

Reciprocity Only:

State: ______ License Current: Y N ASWB Exam: Y N Level: ________ Qualifies: Y N
State: ______ License Current: Y N ASWB Exam: Y N Level: ________ Qualifies: Y N
State: ______ License Current: Y N ASWB Exam: Y N Level: ________ Qualifies: Y N

NOTES: ______________________________________________________________

Provision Issued? YES NO Date Reviewed: _____________ APPROVED DENIED

PROVISION ISSUED: __________________________

Board Member Signature  Date

Revised 01/2024
EDUCATION INFORMATION

Social Work degree must be earned at a university whose Social Work program is accredited by the Council on Social Work Education. [www.cswe.org](http://www.cswe.org)

BSW Degree Date: __________ Name of University: __________________________ City/State: __________________________

MSW Degree Date: __________ Name of University: __________________________ City/State: __________________________

YOU must contact your university and request they send an official transcript with your degree posted to the Board’s mailing address. (Currently licensed Arkansas LMSW's do not need to send a new transcript)

EMPLOYMENT INFORMATION

Are you currently employed? _______Yes _______No    If yes, Full Time: _________ Part Time: __________

Current Employer: ____________________________ Start Date: __________ to present.

Address (full) __________________________________________________________________________________

Work Phone: ____________________________ Work Email: ____________________________

Work Fax: ____________________________ Work Website: ____________________________

Job/Position Title: ____________________________ Supervisor: ____________________________

Job Duties/Responsibilities: _______________________________________________________________________

_____________________________________________________________________________________________

PAST EMPLOYMENT HISTORY

(Include at least 2 years previous employment if applicable)

Current Employer: ____________________________ Start Date: __________ to __________

Address (full) __________________________________________________________________________________

Work Phone: ____________________________ Work Email: ____________________________

Work Fax: ____________________________ Work Website: ____________________________

Job/Position Title: ____________________________ Supervisor: ____________________________

Job Duties/Responsibilities: _______________________________________________________________________

_____________________________________________________________________________________________

PAST EMPLOYMENT HISTORY

(Include at least 2 years previous employment if applicable)

Current Employer: ____________________________ Start Date: __________ to __________

Address (full) __________________________________________________________________________________

Work Phone: ____________________________ Work Email: ____________________________

Work Fax: ____________________________ Work Website: ____________________________

Job/Position Title: ____________________________ Supervisor: ____________________________

Job Duties/Responsibilities: _______________________________________________________________________

_____________________________________________________________________________________________
PAST EMPLOYMENT HISTORY
(Include at least 2 years previous employment if applicable)

Current Employer: _________________________________________
Start Date: _____________ to __________

Address (full) __________________________________________________________________________________

Work Phone: _________________________________
Work Email: ______________________________________
Work Fax: ___________________________________
Work Website: ____________________________________

Job/Position Title: ____________________________
Supervisor: ______________________________________

Job Duties/Responsibilities: _______________________________________________________________________
_____________________________________________________________________________________________

BACKGROUND INFORMATION

1. Are you currently license in Arkansas and applying for a change in level of licensure?
   ______YES      _______NO   If yes, give current license number: _______________________________

2. Have you previously held a social work license in Arkansas? (Includes provisional license)
   ______YES      _______NO   If yes, please list license number and/or expiration date: ______________

3. Are you applying for licensure through reciprocity/endorsement with another state or jurisdiction?
   ______YES      _______NO

4. Please provide the following information for each state or jurisdiction in which you currently hold or have held
   a social work license, certification or registration. Please use back of the page if there were more than three.

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<tr>
<th>State</th>
<th>License Number</th>
<th>Level of Licensure</th>
<th>Issue Date</th>
<th>Expiration Date</th>
<th>Level of Exam Taken</th>
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If you have or have ever held a social work license, certification, or registration, you must complete the Verification of
Licensure Form and send it to each state or jurisdiction. This form is not necessary for Arkansas license verification.

5. Have you ever been denied a professional license, certification or in Arkansas or any other state or
   jurisdiction?
   ______YES      _______NO

6. Have you been refused renewal of a professional license?
   ______YES      _______NO

7. Have you ever had a professional license suspended or revoked?
   ______YES      _______NO

8. Have you ever voluntarily surrendered a professional license?
   ______YES      _______NO

9. Are you currently or have you ever been under any investigation regarding your professional practice?
   ______YES      _______NO

10. Have you ever been pleaded guilty or nolo contendere to, or been found guilty of, any of the following:
    (1) Any offenses specifically enumerated in A.C.A. §17-3-102.
    (2) Any felony.
    (3) Any criminal offense, misdemeanor or felony, involving violence, dishonesty, fraud, deceit, breach of client
        trust, or abuse of the vulnerable. _______YES      _______NO   (a copy of A.C.A. § 17-103-307 may be found at
        www.arkansas.gov/swlb, under Laws and Regulation, Arkansas Code)

11. Please indicate if you or your spouse are a uniformed service member or uniformed service veteran.
    ______ Yes ______ No
CONTINUED

CRIMINAL BACKGROUND CHECK

ALL Applications for licensure must complete a Criminal Background Check. Criminal Background Checks will only be performed after a completed application for licensure has been received by the Board. The results of the Criminal background check must be received prior to the application being reviewed by the Board. This includes current and previous licensed applicants. You will be mailed or emailed a packet containing the required forms once your completed application has been received. Only the forms provided by the Board may be used.

APPLICANTS AFFIDAVIT

I, the undersigned, do hereby apply for a license under the terms of the Social Work Licensing Law (A.C.A. 17-103-101 et. seq.), and I do solemnly swear that all statements contained in this application are true and correct to the best of my knowledge. I fully understand that all statements made in this application may be subject to verification and that any false and/or misleading answer may be grounds for refusal, or subsequent revocation or suspension of my license.

I also understand that in accordance with Arkansas Code Annotated 17-1-104, applicants for social work licensure must include their Social Security number on the application for licensure, and that my name, address, and social security number will be forwarded to the Office of Child Support Enforcement on a quarterly basis.

I understand it is my responsibility to make sure all documentation is submitted and/or received by the Board. I have enclosed a Money Orders or Check for the application fee of $5.00. The Money Order or check is payable to the AR Social Work Licensing Board. I hereby acknowledge that these fees are non-refundable. Applications are valid for 6 months.

The Board may waive this fee if you meet the requirements under Board Rule VII (B). Rules are available on the Boards website under Laws and Rules, SWLB Rule VII (B). If you have additional questions, please contact the Board office for more information on the waiver. Applicant is required to provide proof prior to application.

CHECKLIST:

1. Completed Application
2. Fee ($5.00 Application fee)
3. Requested an official Transcript from University (not required if currently licensed in Arkansas as a LMSW)
4. Sent Verification of Licensure to other state(s), if required.
5. Submitted documentation of Supervision (LCSW only)
6. Official ASWB Score Report if currently licensed in another state or jurisdiction and applying for license in Arkansas. www.aswb.org

___________________________________________  ______________________________
Signature of Applicant  Printed Name of Applicant

______________________________________________
Date

Revised 1/2024