



Arkansas Department of Health

Social Work Licensing Board

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swlb@arkansas.gov * <http://www.arkansas.gov/swlb/>

Governor Asa Hutchinson

José Romero, MD, Secretary of Health

Ruthie Bain, Director

Applicant's Name: (as to Appear on License) _____

LICENSE LEVEL BEING APPLIED FOR: _____ Licensed Social Worker (LSW) [BSW Required]
(LSW and LMSW includes Provisional) _____ 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: \$100.00 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

Board Member Signature

Board Member Signature

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

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 or provisional license in Arkansas?
 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.

State	License Number	Level of Licensure	Issue Date	Expiration Date	Level of Exam Taken

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 is active duty military service or if you or your spouse is within one (1) year of discharge from active duty. Yes No

If you answered yes to questions 5-10, you must attach a detailed explanation.

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 Cashier's Check for the application fee of \$100. The Money Order or Cashier's check is payable to the AR Social Work Licensing Board. **NO PERSONAL CHECKS WILL BE ACCEPTED.** I hereby acknowledge that these fees are **non-refundable**. Applications are valid for 6 months.

CHECKLIST:

- Completed Application
- Fee (\$100 Application fee)
- Requested an official Transcript from University (not required if currently licensed in Arkansas as a LMSW)
- Sent Verification of Licensure to other state(s), if required.
- Submitted documentation of Supervision (LCSW only)
- 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