Arkansas Department of Health
Social Work Licensing Board
5800 West 10th, Suite 100, Little Rock, AR 72204 * (501) 372-5071 * Fax (501) 372-6301
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:
(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: $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

Revised 09/2021
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:________________________________________________________

_____________________________________________________________________________________________

continued
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.

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<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 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

Revised 9/2021