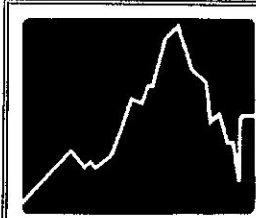


COMMONWEALTH OF VIRGINIA

BOARD OF SOCIAL WORK



Department of Health Professions
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463
(804) 367-4441

Website - <http://www.dhp.virginia.gov/social>

CLINICAL SOCIAL WORKER LICENSURE APPLICATION BY EXAMINATION

INSTRUCTIONS	PLEASE TYPE OR PRINT CLEARLY	USE BLUE OR BLACK INK	
Applicant must complete all sections.			
GENERAL INFORMATION			
Name (Last, First)		(Middle Initial)	(Maiden*)
			(Suffix)
Social Security Number or Virginia DMV Control Number**		Date of Birth (MM/DD/YY)	
Mailing Address (Street and/or Box Number, City, State, Zip Code)		Home Telephone Number	
Public Address (Street and/or Box Number, City, State, Zip Code)***		Alternate Telephone Number	
E-mail Address			
Are you the spouse of a member of the U. S. military who has been transferred to Virginia and did you leave employment to accompany your spouse to Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No			
LICENSURE/CERTIFICATION – List in order of attainment all the states in which you now hold or have ever held an occupational license or certificate to practice as a social worker in order of attainment.			
STATE	LICENSE/CERTIFICATE NUMBER	ISSUE DATE	TYPE OF LICENSE/CERTIFICATE

**In accordance with § 54.1-116 of the *Code of Virginia*, you are required to submit your Social Security Number or your control number issued by the Virginia Department of Motor Vehicles.

***Licensure Address is Public Information and Published on the Internet.

ANSWER THE FOLLOWING QUESTIONS:

<p>1. Have you ever been denied the privilege of taking an occupational licensure or certification examination? If yes, state what type of occupational examination and where:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Have you ever had any disciplinary action taken against an occupational license to practice or are any such actions pending? If yes, explain in detail on a separate sheet of paper.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Have you ever been convicted of a violation of or pled nolo contendere to any federal, state, or local statute, regulation or ordinance or entered into any plea bargaining relating to a felony or misdemeanor? (Excluding traffic violations and driving under the influence.) If yes, explain in detail on a separate sheet of paper and provide court documents.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. In the last twelve (12) months, have you been unable to practice social work by reason of excessive use of alcohol, drugs, chemicals or any other type of material or as a result of any mental or physical condition? If yes, please provide an explanation on a separate sheet of paper.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Have you ever been censured, warned, or requested to withdraw from your employment, terminated from any health care facility, agency, or practice? If yes, provide an explanation on a separate sheet of paper.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. Are you the respondent in any pending or unresolved board action in another jurisdiction or in a malpractice claim?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

SUPERVISED CLINICAL SOCIAL WORK EXPERIENCE (Use additional paper, if necessary.)

Indicate below person(s) designated as your supervisor(s) for clinical social work supervised experience.

Supervisor's Name	Business Name of Supervision Work Site Where Supervised Experience Occurred
Supervisor's Name	Business Name of Supervision Work Site Where Supervised Experience Occurred

The following statement must be executed by a Notary Public. This form is not valid unless properly notarized.
AFFIDAVIT

(To be completed before a notary public)

State of _____ County/City of _____

Name _____, being duly sworn, says that he/she is the person who is referred to in the foregoing application for licensure as a clinical social worker in the Commonwealth of Virginia; that the statements herein contained are true in every respect, that he/she has complied with all requirements of the law; and that he/she has read and understands this affidavit.

Signature of Applicant

Subscribed to and sworn to before me this _____ day of _____, 20_____.

Signature of Notary Public

My commission expires _____ day of _____, 20_____.

SEAL