

**STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

APPLICATION FOR LICENSURE

**SOCIAL SERVICE WORKER (SSW),
CERTIFIED SOCIAL WORKER INTERN (CSWI),
CERTIFIED SOCIAL WORKER (CSW), or
LICENSED CLINICAL SOCIAL WORKER (LCSW)**

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

Address of Record: The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

Social Security Number: Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

SUPPORTING DOCUMENTS AND FEES:

If you are applying for licensure as a social service worker (SSW), complete the following in addition to submitting a completed application:

1. Submit official transcript(s) documenting completion of the education requirements — as outlined on page 9 of this application.

NOTE: Have the school send the transcript directly to DOPL. You may also have the school send the transcript to you for inclusion with your application so long as it is in a sealed envelope, bearing the school's stamp/seal on the envelope flap.

2. If required,* submit an original “Verification of Supervised Experience for Licensure as a Social Service Worker” form (*attached to this application*), completed by your supervisor.
***NOTE:** This form is not required if you have earned a degree from a CSWE accredited social work program, or have a master’s degree in social work, marriage and family therapy, professional counseling, or psychology.
3. Submit a copy of the unofficial score report from the testing agency documenting your passing score on the ASWB Bachelor Level or Basic Examination.
If you passed the ASWB Bachelor Level or Basic Examination in another state, use the “Request for Verification of License” form (*attached to this application*) to document a passing score. Request that the verifying state complete the form and mail it directly to DOPL or return it to you for submission with your application.
4. Submit an **\$85.00** non-refundable application-processing fee, made payable to “DOPL.”

If you are applying for licensure as a certified social worker intern (CSWI), complete the following in addition to submitting a completed application:

1. Submit official transcript(s) documenting completion of the education requirements — as outlined on page 9 of this application.
NOTE: Have the school send the transcript directly to DOPL. You may also have the school send the transcript to you for inclusion with your application so long as it is in a sealed envelope, bearing the school’s stamp/seal on the envelope flap.
2. Submit an **\$85.00** non-refundable application-processing fee, made payable to “DOPL.”

If you are applying for licensure as a certified social worker (CSW), complete the following in addition to submitting a completed application:

1. Submit official transcript(s) documenting completion of the education requirements — as outlined on page 9 of this application.
NOTE: Have the school send the transcript directly to DOPL. You may also have the school send the transcript to you for inclusion with your application so long as it is in a sealed envelope, bearing the school’s stamp/seal on the envelope flap.
2. Submit a copy of the unofficial score report from the testing agency documenting your passing score on the ASWB Master Level or Intermediate, Advanced, or Clinical Examination.

If you passed the ASWB Master Level or Intermediate, Advanced, or Clinical Examination in another state, use the “Request for Verification of License” form (*attached to this application*) to document your passing scores. Request that the verifying state complete the form and mail it directly to DOPL or return it to you for submission with your application.

3. Submit a **\$120.00** non-refundable application-processing fee, made payable to “DOPL.”

If you are applying for licensure as a licensed clinical social worker (LCSW), complete the following in addition to submitting a completed application:

1. Submit official transcript(s) documenting completion of the education requirements — as outlined on page 9 of this application.

NOTE: Have the school send the transcript directly to DOPL. You may also have the school send the transcript to you for inclusion with your application so long as it is in a sealed envelope, bearing the school’s stamp/seal on the envelope flap.

2. Submit an original “Verification of Clinical Social Work and Mental Health Therapy Training for licensure as a Licensed Clinical Social Worker” form (*attached to this application*), completed in entirety by your supervisor. You do not have to complete this form if you are applying for licensure by endorsement.
3. Submit a copy of the unofficial score report from the testing agency documenting your passing score on the ASWB Clinical Examination.
4. If you passed the ASWB Clinical Examination in another state, use the “Request for Verification of License” form (*attached to this application*) to document a passing score. Request that the verifying state complete the form and mail it directly to DOPL or return it to you for submission with your application.
5. Submit a **\$120.00** non-refundable application-processing fee, made payable to “DOPL.”

If you are applying for licensure as an LCSW by endorsement (current licensure in another state), complete the following in addition to submitting a completed application:

1. Using the “Request for Verification of License” form (*attached to this application*), obtain verification of licensure from a state in which you are currently licensed as an LCSW documenting at least three years of licensure. Request that the verifying state(s) complete the form(s) and mail them directly to DOPL or return them to you for submission with your application.
2. Submit a completed “Verification of Active Practice as a Licensed LCSW” form (*attached to this application*) documenting that you have been actively engaged in the lawful practice as an LCSW, including mental health therapy for not less than 4,000 hours during the three years, immediately preceding the application for licensure in Utah.
3. Submit a **\$120.00** non-refundable application-processing fee, made payable to “DOPL.”

ADDITIONAL IMPORTANT INFORMATION:

1. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your social work practice in the state of Utah. The following applicable laws and rules are available on the Internet at www.dopl.utah.gov:
 - ❑ Division of Occupational & Professional Licensing Act
 - ❑ General Rules of the Division of Occupational & Professional Licensing
 - ❑ Mental Health Professional Practice Act
 - ❑ Mental Health Professional Practice Act Rules
 - ❑ Social Work Licensing Act Rules
2. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to www.dopl.utah.gov to ensure you have the most recent version of these documents.
3. **Code of Ethics:** Licensees are required to abide by the Code of Ethics of the National Association of Social Workers (NASW): www.socialworkers.org .
4. **Knowledge of Other Statutes:** In addition to the licensing statute and rules listed above, mental health professionals may be subject to a number of other Utah statutes—including, but not limited to—those listed below. These statutes may affect your practice and you are obligated to understand and follow them. The following statutes may be reviewed on the Utah Legislature web site at www.le.state.ut.us:
 - A. Utah Health Code, Title 26, particularly:
 - Section 26-6-6. Duty to report individual suspected of having communicable disease.
 - Chapter 25 -- Confidential Information Release
 - B. The Utah Human Services Code, Title 62A, particularly:
 - Section 62A-3-305. Reporting requirements -- Investigation -- Immunity -- Violation -- Penalty -- Physician-patient privilege -- Nonmedical healing.
 - Section 62A-4a-403 - Reporting requirements regarding incest, molestation, sexual exploitation, sexual abuse, physical abuse, or neglect of a child.
 - Section 62A-15-702. Treatment and commitment of minors in the public mental health system
 - C. The Utah Judicial Code, Title 78, particularly:
 - Chapter 03c -- Confidential Communications for Sexual Assault Act
 - Chapter 3e -Reporting School-Related Controlled Substance Abuse

- Chapter 14 - Utah Health Care Malpractice Act
- Chapter 14a - Limitation of Therapist's Duty to Warn
- Section 78-25-25 -Patients' records -- Inspection and copying by attorneys.

D. Utah Rules of Evidence Rule 506 - Physician and mental health therapist-patient, which can be viewed on the Utah Courts web site at www.utcourts.gov.

5. **ASWB Examinations:** To register to take the ASWB qualifying examination for licensure as a SSW, CSW, or LCSW, go to the ASWB website at www.aswb.org or call toll-free: 1-888-5SW-EXAM.
6. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
7. **Certified Social Worker Intern:** An intern license is issued to an applicant who has earned a master's or doctoral degree in social work from a CSWE accredited program. An Intern license is limited to the time necessary to pass the examinations required or six months – whichever occurs first. **This license is not renewable.** If you do not pass the examination and obtain a CSW license within the six-month period, your right to practice will expire until and unless you meet the requirements for licensure as a CSW.
8. **Supervised Training for LCSW:** You must complete a minimum of 4,000 hours of clinical social work training in not less than two years. Of these hours, 1,000 hours must be supervised practice in mental health therapy and not less than 100 hours must be direct individual face-to-face supervision.
9. **License Renewal:** All social work licenses expire on September 30 of each even-numbered year.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee's last address of record, as provided to DOPL.

10. **Continuing Education:** Beginning January 1st of each even-numbered year, persons licensed as an LCSW must complete 40 hours of continuing education every two years. Persons licensed as a SSW or CSW are not required to complete continuing education. Please refer to the Social Work Licensing Act Rules for specific requirements.

11. **Foreign Educated Applicants:** Foreign educated applicants applying for licensure, should have their social work education program reviewed for equivalency by contacting the CSWE “Foreign Equivalency Determination Committee” at www.cswe.org or (703) 519-2065. Submit the letter of equivalency from CSWE with your license application.
12. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at www.dopl.utah.gov.
13. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (*i.e. copy of a marriage license or divorce decree*).
14. **Ceremonial Certificate of Licensure:** After obtaining your license from DOPL, you can order a Ceremonial Certificate of Licensure, printed on parchment paper with original signatures and an embossed gold seal. Order forms can be obtained at www.dopl.utah.gov.
15. **Mail Complete Application to:**

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

16. **Telephone Numbers:** (801) 530-6628
(866) 275-3675 – Toll-free in Utah
17. **Fax Number:** (801) 530-6511

APPLICATION FOR LICENSURE

GENERAL INFORMATION

License Applying For: SOCIAL SERVICE WORKER (SSW)
 CERTIFIED SOCIAL WORKER INTERN (CSWI)
 CERTIFIED SOCIAL WORKER (CSW)
 LICENSED CLINICAL SOCIAL WORKER (LCSW)
 LICENSED CLINICAL SOCIAL WORKER (LCSW) BY
ENDORSEMENT

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Gender: Male Female Date of Birth: ____/____/____

Social Security Number: ____-____-____

I certify under penalty of perjury that I am a United States citizen or a qualified alien who is lawfully able to work in the United States.

Signature of Applicant: _____ Date: ____/____/____

Have You Ever Held A Utah License Before? Yes No

If Yes, Name of Profession: _____ License Number: _____

MAILING ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: ____/____/____

Approved By: _____

Date License/Certificate Denied: ____/____/____

Denied By: _____

Reason for Denial/Other Comments: _____

COMPLIANCE WITH UTAH LAWS AND RULES

I understand it is my continuing responsibility to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

Signature of Applicant: _____ Date: ___/___/___

EDUCATION REQUIREMENT: *(Use additional sheets if necessary.)*

1. **School Name:** _____

Location: _____

Dates Attended: _____ To _____ Date of Graduation: ___/___/___

Degree Received: _____

2. **School Name:** _____

Location: _____

Dates Attended: _____ To _____ Date of Graduation: ___/___/___

Degree Received: _____

3. **School Name:** _____

Location: _____

Dates Attended: _____ To _____ Date of Graduation: ___/___/___

Degree Received: _____

IF YOU ARE APPLYING FOR LICENSURE AS A CSWI, CSW, OR LCSW, COMPLETE THIS SECTION:

Answer “yes” or “no.”

_____ I have an earned master’s degree in social work from a Council on Social Work Education (CSWE) accredited program that included a **clinical concentration and practicum** as part of the degree requirements.

If your answer is “NO” you are prohibited by law from engaging in the supervised or unsupervised practice of mental health therapy even if you have a CSW license.

IF YOU ARE APPLYING FOR LICENSURE AS AN SSW, COMPLETE THIS SECTION:

Answer “yes” or “no.” Do not leave any question blank.

1. _____ I have a bachelor degree in social work from a CSWE accredited program.
2. _____ I have a master’s degree in social work, psychology, marriage and family therapy, or professional counseling.
3. _____ I have completed the first academic year of a master’s degree in social work from a CSWE accredited program.
4. _____ I have a bachelor degree in sociology, psychology, family sciences or other field approved by the Division, **and** have completed the required 2,000 hours of experience under the supervision of a CSW or LCSW.
5. _____ I have a bachelor’s degree in any field **and** have completed the required 2,000 hours of experience under the supervision of a CSW or LCSW **and** have completed 3 hours in full-life human growth behavior **or** 3 hours in abnormal psychology **or** 3 hours in social work value and ethics **or** 3 hours in social welfare **or** 3 hours in social welfare policy **and** an approved a social work practice methods course.

Note: To satisfy the approved social work practice methods course requirement, a course must be taken at an accredited college or university. The course content should include the following: (1) introduction of students to knowledge, values and skills for generalist social work practice; (2) emphasis on social work in the micro, mezzo, and macro levels; focus on the planned change process and social work roles at various levels; and (3) emphasis on social work values, ethics, resolution of ethics dilemmas, and program evaluation. Internal agency or continuing education courses do not satisfy this requirement.

EXAMINATION REQUIREMENT:

Answer “yes” or “no.” Do not leave any question blank.

_____ ASWB Basic or Bachelor Level Exam -- Date Taken: ___/___/___

_____ ASWB Intermediate or Master Level Exam -- Date Taken: ___/___/___

_____ ASWB Advanced or Advanced Generalist Exam -- Date Taken: ___/___/___

_____ ASWB Clinical Exam -- Date Taken: ___/___/___

_____ California Clinical Exam -- Date Taken: ___/___/___

LICENSES:

List all licenses, registrations, or certifications issued by any state which you now hold or have ever held in any health care profession. *(Use additional sheets if necessary.)*

If licensed out of state, please provide an official request for verification form.

Issuing State: _____ Profession: _____

License Status: _____ License Number: _____ Effective Date: _____

Issuing State: _____ Profession: _____

License Status: _____ License Number: _____ Effective Date: _____

Issuing State: _____ Profession: _____

License Status: _____ License Number: _____ Effective Date: _____

Issuing State: _____ Profession: _____

License Status: _____ License Number: _____ Effective Date: _____

PROFESSIONAL EXPERIENCE FOR LICENSURE AS AN LCSW BY ENDORSEMENT:

Answer “yes” or “no.”

_____ Within the past three (3) years, I have completed 4,000 hours of active practice as a licensed clinical social worker, including mental health therapy.

Please list your most recent position first. (Attach additional pages if necessary.)

1. **Position:** _____

Organization: _____

Address: _____

Phone Number: _____

Name of Responsible Individual Who Can Verify Your Work Experience:

_____ Phone: _____

Inclusive Dates of Experience: From: ___/___/___ To: ___/___/___

Clinical Social Work Hours Worked Each Week: _____ Total Hours Worked: _____

Mental Health Therapy Hours Worked Each Week: _____ Total Hours Worked: _____

Primary Responsibilities and Activities: _____

2. **Position:** _____

Organization: _____

Address: _____

Phone Number: _____

(Continued on the next page.)

Name of Responsible Individual Who Can Verify Your Work Experience:

_____ Phone: _____

Inclusive Dates of Experience: From: ___/___/___ To: ___/___/___

Clinical Social Work Hours Worked Each Week: _____ Total Hours Worked: _____

Mental Health Therapy Hours Worked Each Week: _____ Total Hours Worked: _____

Primary Responsibilities and Activities: _____

3. **Position:** _____

Organization: _____

Address: _____

Phone Number: _____

Name of Responsible Individual Who Can Verify Your Work Experience:

_____ Phone: _____

Inclusive Dates of Experience: From: ___/___/___ To: ___/___/___

Clinical Social Work Hours Worked Each Week: _____ Total Hours Worked: _____

Mental Health Therapy Hours Worked Each Week: _____ Total Hours Worked: _____

Primary Responsibilities and Activities: _____

SOCIAL WORK QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a licensure examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care professional licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing or governmental agency?
6. _____ Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
7. _____ Have you ever been permitted to resign or surrender hospital or other health care facility privileges, while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
8. _____ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
9. _____ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
10. _____ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?

(Continued on the next page.)

11. _____ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?
12. _____ Have you been named as a defendant in a malpractice suit?
13. _____ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
14. _____ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
15. _____ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
16. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
17. _____ Have you been terminated from a position because of drug use or abuse within the past five (5) years?
18. _____ Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
19. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
20. _____ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
21. _____ Do you currently have any criminal action pending?
22. _____ Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
23. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?

(Continued on the next page.)

24. _____ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (i.e. plea in abeyance or deferred sentence)?
25. _____ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?



If you answered “yes” to questions 21, 22, 23, 24, or 25 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.



If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

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AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure or certification or registration in the State of Utah.

I am qualified in all respects for the license/certificate/registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: _____

Date of Signature: ___/___/___

Printed Name of Applicant: _____

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Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
FAX: (801) 530-6511

REQUEST FOR VERIFICATION OF LICENSE

(Use this form to verify licensure from another state, if applicable.)

TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form and submit it to a state in which you are currently licensed as a social worker. Request that the verifying state complete the form and mail or fax it directly to DOPL or return it to you for submission with your application.

Applicant Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

I am requesting licensure in the state of Utah as a/an _____

I am/have been licensed in your state under the name _____

My social security number is _____

My date of birth is ___/___/___

My license number in your state is/was _____

I have enclosed the necessary license verification fee in the amount of \$ _____

Signature of Applicant: _____

TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and mail or fax it directly to DOPL or place the completed form in a sealed envelope and provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application.
Thank you.

(Continued on the next page.)

Name of Verifying State: _____

Name of Licensee (*as it appears in verifying state's records*): _____

Classification of License Issued: _____

License Number: _____ Current Status: _____

Original Date of Licensure: ___/___/___ Expiration Date: ___/___/___

Continuously Licensed:

Yes No, please explain: _____

Licensed By:

Exam, Type: _____ Date: ___/___/___

Endorsement: from what state? _____

Examination Scores:

- | | | |
|---|--------------|-------------------|
| <input type="checkbox"/> ASWB Basic or Bachelor Level | Score: _____ | Date: ___/___/___ |
| <input type="checkbox"/> ASWB Intermediate or Master Level | Score: _____ | Date: ___/___/___ |
| <input type="checkbox"/> ASWB Advanced or Advanced Generalist | Score: _____ | Date: ___/___/___ |
| <input type="checkbox"/> ASWB Clinical | Score: _____ | Date: ___/___/___ |
| <input type="checkbox"/> California Clinical | Score: _____ | Date: ___/___/___ |

Education Required for Licensure: _____

Disciplinary Action or Pending Disciplinary Action:

No Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: _____ Title: _____

Agency: _____

Date: ___/___/___

(SEAL)

Division of Occupational & Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 841114-6741
Fax: (801) 530-6511

VERIFICATION OF SUPERVISED EXPERIENCE FOR LICENSURE AS A SOCIAL SERVICE WORKER

TO BE COMPLETED BY THE CSW OR LCSW SUPERVISOR:

Name of Applicant (*person being supervised*): _____

Name of CSW or LCSW Supervisor: _____

Supervisor's CSW or LCSW License Number: _____

Name of Facility Where CSW or LCSW Supervisor Works: _____

Address of Facility: _____

Phone Number: _____

Describe the SSW's duties and responsibilities: _____

Is the applicant an employee of the agency where supervision took place? Yes No

Name of facility where social service work training took place: _____

Address of Facility: _____

Phone Number: _____

Did supervision take place at your place of employment? Yes No

(Continued on the next page.)

If supervision did not take place at your place of employment, describe how you were able to provide supervision:

Inclusive Dates of Supervision: From: ___/___/___ to ___/___/___

Number of hours applicant worked each week: _____ Total Hours Worked: _____

I do hereby certify that the applicant for licensure as a social service worker has successfully completed the above hours of a post-graduate supervised qualifying experience.

I further certify that the applicant:

- is qualified and competent to practice as a licensed social service worker.
- is not qualified and competent to practice as a licensed social service worker, please explain the nature of the problem and recommendation for remediation. Attach additional sheets if necessary.

Signature of Supervisor: _____

Date of Signature: ___/___/___

Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
Fax: (801) 530-6511

VERIFICATION OF CLINICAL SOCIAL WORK AND MENTAL HEALTH THERAPY TRAINING FOR LICENSURE AS A LICENSED CLINICAL SOCIAL WORKER

TO BE COMPLETED BY THE LICENSED CLINICAL SOCIAL WORKER SUPERVISOR:

Name of CSW Applicant: _____ License Number: _____

Name of LCSW Supervisor: _____ License Number: _____

Original Issue Date of Supervisor's LCSW License: ___/___/___ Expiration Date: ___/___/___

Work Address of LCSW Supervisor: _____

Phone Number of LCSW Supervisor: _____

Number of years of fulltime experience as an LCSW prior to beginning supervision: _____

Describe your duties and responsibilities in your current position as an LCSW supervisor:

List the name and license number of other CSWs and students you currently supervise:

Is the applicant you supervise an employee of the agency where supervision took place?

Yes No

Name of facility where the clinical social work and mental health therapy training took place:

Address of Facility: _____

Phone Number: _____

(Continued on the next page.)

Describe the duties and responsibilities of the certified social worker:

Did supervision take place at your place of employment? Yes No

If supervision did not take place at your place of employment, describe how you were able to provide supervision in accordance with the supervisor requirements set forth in statute and rule.

Inclusive Dates of Supervision: From: ___/___/___ to ___/___/___

Supervised practice of mental health therapy (1,000 hours required): Hours: _____

Direct individual face-to-face supervision (100 hours required): Hours: _____

Supervised hours of social work practice: Hours: _____

Total hours of supervised clinical social work training (4,000 hours required): **TOTAL:** _____

I do hereby certify that the applicant for licensure as a licensed clinical social worker satisfactorily completed the above hours. I further certify that the applicant:

_____ is qualified and competent to practice mental health therapy as a licensed clinical social worker.

_____ is not qualified and competent to practice mental health therapy as a licensed clinical social worker. If "no," please explain the nature of the problem and recommendation for remediation. (*Attach additional sheets if necessary.*)

Signature of Supervisor: _____

Date of Signature: ___/___/___

Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
Fax: (801) 530-6511

**VERIFICATION OF ACTIVE PRACTICE
AS A LICENSED CLINICAL SOCIAL WORKER
(For Endorsement Only)**

TO BE COMPLETED BY THE EMPLOYER or HUMAN RESOURCE PERSONNEL:

Name of Applicant: _____

License Number: _____ State of Licensure: _____

Name of Person Verifying Employment: _____

Relationship to Applicant: _____

Name of Employer: _____

Employer Address: _____

Employer Phone Number: _____

Describe the applicant's employment setting: (*private practice, governmental entity, nonprofit and charitable corporation, school, college, university, licensed health facility or other*)

Dates applicant was employed with this agency: from ___/___/___ to ___/___/___

How many hours did the applicant work per week? _____

What was the applicant's schedule? full-time part-time

Was the applicant contracted labor: Yes No

(Continued on the next page.)

Did the applicant and supervisor work within the same employment setting where the experience hours were obtained? Yes No If No, please explain:

In what type of employment setting was the supervision done?

- self-employed in a private practice
- voluntary
- paid: Indicate who paid the supervisor: _____

What were the dates of the supervision: from ___/___/___ to ___/___/___

Is the applicant still employed with agency? Yes No

If no, is the applicant re-hirable? Yes No

This document is proof that the applicant has been actively engaged in legal practice as a licensed clinical social worker and has completed not less than 4,000 hours of experience during the past three years of employment, immediately preceding the date of application with the state of Utah.

Name: _____ Title: _____

Date of Signature: ___/___/___