

**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. If you are in your last semester remaining before completion of your degree and are seeking pre-approval to take the ASWB exam, you may have your school submit an original letter from the Chair of your school's College of Social Work confirming that you are in the final semester.

**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. All hours of supervised experience must be completed after completion of the degree.
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. If you are in your last semester remaining before completion of your degree and are seeking pre-approval to take the ASWB exam, you may also have your school submit an original letter from the Chair of your school’s College of Social Work confirming that you are in the final semester.  
**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 you have not taken or passed the ASWB Clinical Exam, the Division will review your application to confirm that you meet requirements for pre-approval to take the exam. If you passed the ASWB Clinical or Masters 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 have not taken or passed the ASWB Clinical Exam, the Division will review your application to confirm that you meet requirements for pre-approval to take the exam. If you passed the ASWB Clinical Exam 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.
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 two 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 for not less than 4,000 hours of which 1,000 hours must be in the practice of mental health therapy with clients.
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](http://www.dopl.utah.gov):
  - ❑ Division of Occupational & Professional Licensing Act
  - ❑ General Rule of the Division of Occupational & Professional Licensing
  - ❑ Mental Health Professional Practice Act
  - ❑ Mental Health Professional Practice Act Rule
  - ❑ Social Worker Licensing Act Rule
2. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to [www.dopl.utah.gov](http://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](http://www.socialworkers.org) .
4. **ASWB Examinations: Registering for any of the ASWB exams in Utah requires the pre-approval of the Division. By submitting this application you are also applying for pre-approval to take the exam. Once we confirm that you meet the requirements for ASWB exam pre-approval, we will notify you with a letter in the mail. The letter will provide you information about registering for the exam.**
5. **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.
6. **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. Time spent in supervised training as a Certified Social Worker Intern cannot count toward the 4,000 hours of clinical social work training required to obtain a LCSW license.
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. All hours of supervised social work training must be completed while licensed as a Certified Social Worker (CSW). If training was completed outside Utah, the training must be completed while the applicant held a license that is equivalent to Utah's CSW license.
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 October 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 currently not required to complete continuing education. Please refer to the Social Work Licensing Act Rules for specific requirements. Beginning October 01, 2010, SSWs will be required to complete 20 hours of CE every two years.
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](http://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](http://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](http://www.dopl.utah.gov).
15. **Submit Completed Application to:**

<b>By U.S. Mail</b>	Division of Occupational & Professional Licensing P.O. Box 146741 Salt Lake City UT 84114-6741
<b>By Express Mail or In Person</b>	Division of Occupational & Professional Licensing 1 <sup>st</sup> Floor Lobby 160 E 300 S Salt Lake City UT 84111-2305

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

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## APPLICATION FOR LICENSURE

(Select only one)

- 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**

<b>***Please list your <u>full legal name</u> as it appears on your driver's license, Social Security Card, etc.***</b>				
Last Name:		First Name:		Middle Name:
Social Security Number:     -     -			Maiden Name:	
I certify under penalty of perjury that:				
<input type="checkbox"/> I am a citizen of the United States and I have a valid US Driver License or US State ID. License/State ID Number: _____ State: ____				
<input type="checkbox"/> I am a citizen of the United States currently living outside the United States and do not have a valid US Drivers License or US State ID. Please attach a legible copy of your valid passport or other documentation to verify you are a legal citizen of the United States.				
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I have a valid US Drivers License or US State ID. License/State ID Number: _____ State: ____				
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I do not have a valid US Drivers License or US State ID. Please attach a legible copy of your current and valid government issued document showing evidence of authorization to work in the United States.				
<input type="checkbox"/> I am a foreign national not physically present in the United States.				
Mailing Address:				
City:			State:	ZIP:
<input type="checkbox"/> Male	Date of Birth:	Phone #:	E-Mail:	
<input type="checkbox"/> Female				
List all other licenses, registrations, or certifications issued by any state which you now hold or have ever held in any profession. <i>(Use additional sheets if necessary.)</i>				
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	

<b>DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY</b>	
License/Certificate Number: _____	
Date License/Certificate Approved: ___/___/___	
Approved By: _____	
Date License/Certificate Denied: ___/___/___	
Denied By: _____	
Reason for Denial/Other Comments: _____	

**AFFIDAVIT and RELEASE AUTHORIZATION**

1. I certify that am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, forgery, misrepresentation, omission of material fact; is truthful, correct, and complete; discloses all material facts regarding the applicant; and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, institutions, organization, 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.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which you are applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

Signature of Applicant: \_\_\_\_\_ Date of Signature: \_\_\_/\_\_\_/\_\_\_\_\_

**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:**

<input type="checkbox"/> Yes <input type="checkbox"/> No	I have an earned master’s degree in social work from a Council on Social Work Education (CSWE) accredited program that included a <b>clinical concentration and practicum</b> as part of the degree requirements. <i>If your answer is “NO” you are prohibited by law from engaging in the supervised or unsupervised practice of mental health therapy.</i>
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**IF YOU ARE APPLYING FOR LICENSURE AS A SSW COMPLETE THIS SECTION:  
EDUCATION REQUIREMENT:**

<b>School Name</b>			
<b>Location</b>			
<b>Dates Attended</b>		<b>Degree Received</b>	

To satisfy the education requirement, you must fall in one of the following categories:

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. I have a bachelor’s degree in social work from a CSWE accredited program.
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. I have a master’s degree in social work, psychology, marriage and family therapy, or professional counseling.
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. I have completed the first academic year of a master’s degree in social work from a CSWE accredited program.
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. I have a bachelor’s degree in a field other than social work <b>and</b> have completed the required 2,000 hours of experience under the supervision of a mental health therapist <b>and</b> have completed 3 semester hours of course work from a university or college in <b>EACH</b> of the following areas: social welfare policy, human growth and development, and social work practice methods. To view a list of acceptable courses in these subjects available at Utah schools, go to <a href="http://www.dopl.utah.gov">www.dopl.utah.gov</a> or contact DOPL at <a href="mailto:doplbureau3@utah.gov">doplbureau3@utah.gov</a> or 801-530-6628.

Complete the table below only if you answered “yes” to the question 4 in the table above:

Total Credits Received   _____ (S/Q)	<b>Social Welfare Policy Course (3 semester hours)</b>		
	Course Title	Course Number	University
Total Credits Received   _____ (S/Q)	<b>Human Growth and Development Course (3 semester hours)</b>		
	Course Title	Course Number	University
Total Credits Received   _____ (S/Q)	<b>Social Work Practice Methods Course (3 semester hours)</b>		
	Course Title	Course Number	University
<p><b>NOTE:</b> Utah law requires that the social work practice methods course include emphasis in each of the following areas: (1) generalist social work practice at the individual, family, group, organization, and community levels; (2) planned client change process and social work roles at various levels; (3) application of key values and principles of the National Association of Social Workers (NASW) Code of Ethics and resolution of ethical dilemmas; and (4) evaluation of programs and direct practice in the social work field. This course must be taken at an accredited college or university. Internal agency or continuing education courses do not satisfy this requirement.</p>			

**EXAMINATION REQUIREMENT:** *(Mark all that apply.)*

<input type="checkbox"/> Requesting Pre-Approval <input type="checkbox"/> Already Passed	ASWB Basic or Bachelor Level Exam	If already passed, indicate the date that the exam was taken: ___/___/___
<input type="checkbox"/> Requesting Pre-Approval <input type="checkbox"/> Already Passed	ASWB Intermediate or Master Level Exam	Date Taken: ___/___/___
<input type="checkbox"/> Requesting Pre-Approval <input type="checkbox"/> Already Passed	ASWB Advanced or Advanced Generalist Exam	Date Taken: ___/___/___
<input type="checkbox"/> Requesting Pre-Approval <input type="checkbox"/> Already Passed	ASWB Clinical Exam	Date Taken: ___/___/___
<input type="checkbox"/> Already Passed	California Clinical Exam	Date Taken: ___/___/___

**PROFESSIONAL EXPERIENCE FOR LICENSURE AS AN LCSW BY ENDORSEMENT:**


<input type="checkbox"/> Yes <input type="checkbox"/> No	I have completed not less than 4,000 hours of active practice as a licensed clinical social worker, including not less than 1,000 hours of mental health therapy.
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**QUALIFYING QUESTIONNAIRE**

**Read thoroughly, and answer the questions. Do not leave any question blank.**

*(Note: If you have formally expunged a criminal record you do not need to disclose that criminal history.)*

<input type="checkbox"/> Yes <input type="checkbox"/> No	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?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you ever been denied the right to sit for a licensure examination?
<input type="checkbox"/> Yes <input type="checkbox"/> No	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?
<input type="checkbox"/> Yes <input type="checkbox"/> No	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 profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
<input type="checkbox"/> Yes <input type="checkbox"/> No	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?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
<input type="checkbox"/> Yes <input type="checkbox"/> No	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?
<input type="checkbox"/> Yes <input type="checkbox"/> No	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?
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Have you been named as a defendant in a malpractice suit?
<input type="checkbox"/> Yes <input type="checkbox"/> No	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?
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
<input type="checkbox"/> Yes <input type="checkbox"/> No	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?
<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?

<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Have you been terminated, suspended, reprimanded, sanctioned, or asked to leave voluntarily from a position because of drug use or abuse within the past five (5) years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	18. 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?
<input type="checkbox"/> Yes <input type="checkbox"/> No	19. Are you currently using or have you recently ( <i>within 90 days</i> ) used any drugs ( <i>including recreational drugs</i> ) 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?
<input type="checkbox"/> Yes <input type="checkbox"/> No	20. Do you currently have any criminal action pending?
<input type="checkbox"/> Yes <input type="checkbox"/> No	21. 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.
<input type="checkbox"/> Yes <input type="checkbox"/> No	22. Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	23. 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>i.e. plea-in-abeyance or deferred sentence</i> )?
<input type="checkbox"/> Yes <input type="checkbox"/> No	24. 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?
	<p>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. If you answered “yes” to Questions 20, 21, 22, 23, or 24 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).</p> <p>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.</p> <p>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.</p> <p>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.</p>

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.)*

### PART 1 - 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: \_\_\_\_\_

### PART 2 – 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:

- ASWB Basic or Bachelor Level Score: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_
- ASWB Intermediate or Master Level Score: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_
- ASWB Advanced or Advanced Generalist Score: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_
- ASWB Clinical Score: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_
- 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 POST-GRADUATE SUPERVISED EXPERIENCE FOR LICENSURE AS A SOCIAL SERVICE WORKER

**TO BE COMPLETED BY THE MENTAL HEALTH THERAPIST SUPERVISOR:**

Name of Applicant (*person being supervised*): \_\_\_\_\_

Name of Mental Health Therapist Supervisor: \_\_\_\_\_

Supervisor's License Number: \_\_\_\_\_

Name of Facility Where Supervisor Works: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Describe the applicant's duties and responsibilities: \_\_\_\_\_

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Is the applicant an employee of the agency where the post-graduate supervision took place?

Yes     No

Name of facility where social service work training took place: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Did the post-graduate supervision take place at your place of employment?     Yes     No

*(Continued on the next page.)*

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

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Inclusive Dates of post-graduate 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.

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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 experience as an LCSW prior to beginning supervision: \_\_\_\_\_

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

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

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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:

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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.

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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.*)

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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:

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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 lawful practice as a LCSW for not less than 4,000 hours of which 1,000 must be in the practice of mental health therapy with clients.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date of Signature: \_\_\_/\_\_\_/\_\_\_