

STATE OF MAINE

BOARD OF SOCIAL WORKER LICENSURE

APPLICATION FOR LICENSED CLINICAL SOCIAL WORKER (LC)



Department of Professional and Financial Regulation
Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8674
Office Facsimile: (207) 624-8637
TTY/HEARING IMPAIRED: (888) 577-6690
Internet: www.maine.gov/professionallicensing

Office located at: 76 Northern Avenue, Gardiner, Maine

Revised 9/2009

APPLICANT INFORMATION GUIDE

The application material you have requested from the Board of Social Worker Licensure is enclosed. It contains all the relevant materials you need to complete your application for licensure as a Clinical Social Worker in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, please call or e-mail our office.

FURNISHED TO APPLICANT:

- Application Guide for Licensure as a Social Worker
- Individual License Application
- Verification of Consultation Form
- Verification of Licensure Form
- NPDB/HIPDB Self-query Report Information Sheet

ADDITIONAL RESOURCES

- ASWB Social Work Licensing Examination Candidate Handbook

Available: <http://www.aswb.org/handbook.pdf> or call (207) 624-8674

- Licensing Law for Social Workers

Please read carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.

Available: <http://www.mainelegislature.org/legis/statutes/32/title32ch83sec0.html> or call (207) 624-8674

- Licensing Rules for Social Workers

Please read carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#416> or call (207) 624-8674

- National Association of Social Workers (NASW) Code of Ethics

Available: <http://www.naswdc.org/pubs/code/> or call 1-800-638-8799 ext. 238

- Statutory Authority, Titles 5 & 10

Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

APPLICATION PROCEDURE:

- Please submit your application materials by mail or hand delivery to our offices. Fax submissions will not be accepted. All applications will be reviewed by Board staff. Persons submitting a complete application that was approved will receive their license in the mail in approximately two (2) weeks from the date of receipt. Persons submitting a complete application that was not approved will be sent notification of the status of their application.
- If your application is incomplete, you will be notified by mail. **Please note:** Candidates whose applications have been incomplete for more than one (1) year will be required to submit **new** applications if they still wish to be considered for licensure.
- Please do not call our office regarding the status of your application. Information regarding the status of applications may be found at the Office of Licensing & Registration's website: <http://www.maine.gov/professionallicensing>. We appreciate your thoughtful attention to this request.

DESCRIPTION:

A "Licensed Clinical Social Worker" (LCSW) is a person who has received a license as a Clinical Social Worker from the board, and may engage in private Clinical Social Work Practice: The professional application of social work theory and methods to the evaluation, diagnosis, treatment and prevention of psychosocial dysfunction, disability or impairment, including emotional and mental disorders. It is based on knowledge and theory of psychosocial development, behavior, psychopathology, unconscious motivation, interpersonal relationships, environmental stress, social systems, and cultural diversity with particular attention to person-in-environment. It shares with all social work practice the goal of enhancement and maintenance of psychosocial functioning of individuals, families and small groups.

Note: You must apply for LMSW Conditional Clinical licensure in order to begin your clinical consultation towards LCSW licensure. No clinical consultation acquired outside LMSW Conditional Clinical licensure may be used towards LCSW licensure.

LCSW Licensure Applications Shall Include the Following:

- Completed and signed Application; (Pages 6 – 8)
- Official Transcript of an earned MSW degree from a Council on Social Work Education (CSWE) accredited program – forwarded directly to the Board by the academic institution;
- Verification of Consultation Forms; (Pages 9 – 10) (Please refer to Chapter 3, Section 1(H)(3) of the Board rules for further clarification.)
- Three (3) current (dated within the past year) letters of professional recommendation, the first must be from the applicant's consultant and written on forms provided by the Board of Social Worker Licensure (Verification of Consultation Form) the second recommendation must be from a LCSW, a CSW-IP or a LMSW; and the third recommendation may be from a LCSW, a CSW-IP, a LMSW, a Board Certified Psychiatrist, a Licensed Clinical Psychologist, a Licensed Clinical Professional Counselor, or an ANA approved Psychiatric Nurse; or by a similarly-credentialed professional from any state or country.
- Official documentation of successful passage of the required examination (Clinical);
- NPDB/HIPDB Self-query Reports;
- Payment of a non-refundable \$25.00 Application fee;
- Payment of a Licensure fee of \$70.00; and
- Payment of a Criminal History Check fee of \$21.00.

Note: All fees can be in one payment.

For Applicants Currently Licensed in Another State:

If you are currently licensed in another state and are applying for licensure in Maine, you must submit the following in addition to the items mentioned above:

- A copy of the state laws and rules under which the applicant is licensed;
- A copy of the applicant's social work license; and
- A completed Verification of Licensure Form. (Pages 11 – 12)

Reciprocity applicants who submit documentation of clinical licensure obtained prior to 1984 are not required to submit proof of having passed the examination. At its discretion, the Board may waive the requirement of Conditional licensure if the applicant has met the conditions for Conditional licensure in another state.

EXAMINATION:

- The Association of Social Work Boards (ASWB) provides a Social Work Licensing Examination Candidate Handbook. This Handbook provides you with all the information needed to register for the examination. It can be obtained from the ASWB's website: <http://www.aswb.org/handbook.pdf> or by calling our office. You **do not** need permission from the State of Maine Board of Social Worker Licensure to take the examination.
- To register for the examination by telephone, please contact **1-888-579-3926**.
- Study Guides can be ordered by contacting **1-800-225-6880**.
- ASWB Website: <http://www.aswb.org>

CONTINUING EDUCATION

Continuing education is required for the renewal of a license. A minimum of 25 contact hours of continuing education must be completed during the preceding twenty-four (24) month period. Four (4) of the twenty-five (25) hours must be related to social work ethics. LSW-Conditional licensees licensed on or after January 1, 2004 must complete six (6) hours of ethics and six (6) hours of psychosocial assessment. Please be sure to review the Rules, Chapter 14 for more information or for possible changes to continuing education requirements.

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035.
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 a.m. to 5:00 p.m. weekdays.
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How can I check the status of my application?** You can check our website: www.maine.gov/professionallicensing/license_search.htm.
- **How far back do I go answering the criminal conviction question?** Any conviction, ever.
- **Can I fax my application?** No.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application including the criminal background disclosure question.
- Sign and date your application.
- Include the required fee(s). Make checks payable to "Maine State Treasurer" or complete the credit card section on the application. **DO NOT SEND CASH.**
- Make a copy of your application to keep for your records.

Disciplinary History

1. Do you have pending against you any complaints from a regulatory board or professional organization? If yes, please enclose a detailed explanation. YES NO
2. Have you ever been or are you currently a defendant in a civil proceeding related to your professional activities? If yes, please enclose a detailed explanation. YES NO

Affirmation

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE: _____ DATE: _____



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Social Worker Licensure
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

ANNE L. HEAD
DIRECTOR

VERIFICATION OF CONSULTATION FORM

Use a separate form for each person verifying experience and for each employment setting.
If more space is needed, attach an additional sheet. Please print clearly.

Licensee Data (To be completed in full by Licensee)		
Name of Licensee:	License Number:	
Mailing Address:		
City:	State:	Zip Code:
Work Telephone:	Original Licensure Date:	
Place of Employment During Consultation Period:		

Consultant Data (To be completed in full by Consultant)		
Name of Consultant:	License Number:	
Mailing Address:		
City:	State:	Zip Code:
Work Telephone:	Home Telephone:	
Consultant's Education/School:		
Year Graduated	Degree Awarded:	



Licensee Consultation Information
(To be completed in full by Consultant)

Total Number of Hours Licensee Worked Per Week	
Total Number of Hours Per Month Individual Supervision/Consultation Was Given	
Total Number of Hours Per Month Group Supervision/Consultation Was Given	
Total Number of Hours Licensee Worked During the Period Listed Below	

Dates the Applicant was Under your Supervision: From _____ To _____
month/day/year month/day/year

1. Please describe licensee's specific functions in terms of social work. If consultation was provided to a Master's level Social Worker, please describe applicant's functions in terms of prevention, diagnosis and treatment of mental illness/disorders and psychosocial treatment:

2. Please state briefly licensee's personal character, ethical conduct, and competence:

3. Do you recommend that this person be re-licensed? [] YES [] NO
 If not, please describe why:

I ATTEST THAT ALL OF THE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I ALSO AGREE TO RETURN THIS FORM TO THE LICENSEE FOR MAILING TO THE BOARD OF SOCIAL WORKER LICENSURE.

Signature of Consultant: _____ Date: _____



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Social Worker Licensure
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

ANNE L. HEAD
DIRECTOR

VERIFICATION OF LICENSURE FORM

The applicant listed below is applying for licensure to practice as a social worker in the State of Maine. The Maine Board of Social Worker Licensure requests written verification from each state that applicant holds or has held any certification, licensure, or credential. This is your authority to release any information in your files, favorable or otherwise. **Please mail this verification directly to the Maine Board of Social Worker Licensure at the above listed address.**

The section below is to be completed by the applicant and forwarded to the State Board in which you hold or have held a license to practice social work. Any associated fees are the responsibility of the applicant. If verification of licensure is needed for more than one (1) state, please copy form as needed.

Name:		
Mailing Address:		
City:	State:	Zip Code:
License Number:	State:	Date of Issue:
Signature of Applicant:		Date:

The remaining portion is to be completed by the State Licensing Board where the applicant holds or has held a license to practice social work. Please submit any copies of verification of supervision received after applicant received their MSW license, if available.

Name of Licensee:	
License Number:	Licensure Level:
Original License Date:	Expiration Date:



VERIFICATION OF LICENSURE (PAGE 2)

Please verify which of the following requirements have been met in your state:

BSW from CSWE accredited school _____

MSW from CSWE accredited school _____

Two (2) years post MSW experience _____

Exam taken: PES AASSWB/ASI Other _____

Date exam passed:

Level of exam taken:

If no examination was taken, how was licensure obtained?

Grandfathered Endorsement from which state _____

Are there any pending complaints against this licensee? [] Yes [] No
If yes, please explain:

Have there been any other actions taken against this licensee? [] Yes [] No
If yes, please explain:

Is the licensee considered to be in good standing in your state? [] Yes [] No
If no, please explain:

State Board Seal

Signature: _____

Printed Name: _____

Title: _____

State: _____ Phone Number _____

Date: _____



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING & REGISTRATION
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

ANNE L. HEAD
DIRECTOR

**National Practitioner Data Bank (“NPDB”) and
Healthcare Integrity and Protection Data Bank (“HIPDB”)
Self-Query Reports**

Pursuant to 10 M.R.S.A. §8003, sub-§10*, the Office of Licensing and Registration will require all applicants to submit a NPDB/HIPDB Self-Query Report as part of the initial application for licensure within each of the following allied health licensure programs effective **November 1, 2007**. Applications received without the NPDB/HIPDB self-query report will be considered incomplete which will further delay the application process.

* **“National disciplinary record system.** Within the limits of available revenues, all bureaus, offices, boards or commissions internal or affiliated with the department shall join or subscribe to the national disciplinary record system used to track interstate movement of regulated professionals who have been the subject of discipline by state boards, commissions or agencies and report disciplinary actions taken within this State to that system.”

Alcohol and Drug Counselors

License Alcohol and Drug Counselors
Certified Alcohol and Drug Counselor
Certified Clinical Supervisor
Alcohol and Drug Counselor Aide

Athletic Trainers

Athletic Trainers

Chiropractic Licensure

Chiropractor, Chiropractic Assistant
Chiropractic Acupuncture

Complementary Health Care

Acupuncturist, Naturopathic Doctor,
Naturopathic Acupuncture, Chinese Herbal
Formulation Certification

Counseling Professionals

LP, PC, LMFT, LCPC, RC
Including Conditional

Dietetic Practice

DI, DT / Including Temporary

Hearing Aid Dealers and Fitters

Hearing Aid Dealer and Fitter / Trainees

Massage Therapists

Massage Therapist

Nursing Home Administrators

AD, MLA, RC

Occupational Therapy

OT, OTA / Including Temporary

Physical Therapy

Physical Therapists
Physical Therapists Assistants

Pharmacy

Pharmacist
Pharmacist Technician
Pharmacies
Mail Order Pharmacies
Mail Order Contact Lens Suppliers
Wholesale Distributor
Manufacturer

Podiatric Medicine

Podiatrist, Resident Podiatrist

Psychologists

Psychologist, Psychologist Examiners
Including Conditional and Temporary

Radiologic Technologists

Radiologic Technologists – 3 authorities
Limited Radiographers / Special Permit
Including Temporary

Respiratory Care

Respiratory Therapist
Respiratory Technician
Associate

Social Worker Licensure

LS, LX, LM, LC, MC

SLP and Audiologists

SLP, Audiologist

The instructions to request a self-query report are available at NPDB/HIPDB’s website:

www.npdb-hipdb.hrsa.gov

The website includes a Fact Sheet on self-querying, as well as FAQs to assist you in requesting a report. Customer Service Contact information is provided below:

NPDB-HIPDB Customer Service Center

Tel: (800)767-6732

TDD: (703)802-9395