

# STATE OF MAINE

## BOARD OF SOCIAL WORKER LICENSURE

### APPLICATION FOR LICENSED MASTER SOCIAL WORKER – CONDITIONAL CLINICAL (MC)



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](http://www.maine.gov/professionallicensing)

Office located at: 76 Northern Avenue, Gardiner, Maine

## **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 Master Social Worker, Conditional Clinical 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
- Agreement to Provide Consultation Form
- 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:** All material pertaining to an application must be received by the Board within a span of no more than one (1) year. 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.

## **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. 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.

## **DESCRIPTION:**

This license is for a MSW who wants to engage in clinical practice in a non-private practice setting to begin earning the consultation hours required for LCSW (Independent) licensure.

“Licensed Master Social Worker, Conditional (Clinical)” means a person who has received an MSW Conditional (Clinical) license from the board. This licensee may perform psychosocial evaluation, engage in the diagnosis and treatment of mental illness and emotional disorders, with required LCSW/CSW-IP consultation; as well as provide consultation to LSWs.

***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.***

## **LMSW Conditional Clinical Licensure Applications Shall Include the Following:**

- Completed and signed Application; (Pages 5 – 7)
- 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;
- Official documentation of successful passage of the required examination (Intermediate/Masters);
- Three (3) current (dated within the past year) letters of professional recommendation, two (2) of which must be from LCSW, LMSW, CSW-IPs or similarly credentialed MSWs from any state or country;
- Agreement to Provide Consultation Form; (Pages 8 – 9)
- Clinical Concentration Worksheet; (Page 14)
- NPDB/HIPDB Self-query Reports;
- Payment of a non-refundable \$25.00 Application fee;
- Payment of LMSW Conditional Clinical 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 12 – 13)

Reciprocity applicants who submit documentation of clinical licensure obtained prior to 1984 are not required to submit proof of having passed the examination.

## **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>

### 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](http://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 "Treasurer, State of Maine" 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: \_\_\_\_\_



STATE OF MAINE  
 DEPARTMENT OF PROFESSIONAL  
 AND FINANCIAL REGULATION  
**Board of Social Worker Licensure**  
 35 STATE HOUSE STATION  
 AUGUSTA, MAINE  
 04333-0035  
 OFFICE PHONE (207) 624-8674  
 TTY/HEARING IMPAIRED (888) 577-6690

JOHN ELIAS BALDACCI  
 GOVERNOR

ANNE L. HEAD  
 DIRECTOR

**AGREEMENT TO PROVIDE CONSULTATION FOR LICENSURE**

This is to notify the Board of Social Worker Licensure that \_\_\_\_\_ has agreed to provide social work consultation.

The above named consultant is accountable for the professional development of the consultee. The consultant will assume responsibility for the assessment of the competence and ethics of the consultee during the consultation period. The consultant has an obligation to assess the consultee and to share this assessment with the Board. The above name consultant agrees to provide consultation as state below and return the Verification of Consultation Form to the consultee when the required consultation is completed.

Please check the appropriate box below:

Licensed Social Worker Conditional/Licensed Social

An Agreement to Provide Consultation (face to face case discussion and evaluation focusing on raw data, goals and objectives from the social worker’s practice) must be provided to the board for all LSW Conditional and all LSW applicants. Consultation may be provided in a group (not to exceed 8 members) or individual setting.

A total of 96 hours must be provided for 3200 hours of social work employment in not less than two nor more than four years.

Non-DHS social workers must receive consultation from social workers who are a LCSW, CSW-IP, or LMSW. Only conditional social workers may receive consultation from a LSW who has been licensed at least two years and holds a BSW degree.

DHS social workers must receive consultation from social workers who area LSW licensed for at least 4 years, LMSW, or LSW licensed for 2 years **and** is designated by DHS as a supervisor trainee who is concurrently receiving 48 hours of consultation from an LMSW.

Licensed Master Social Worker Conditional Clinical

Four hours per month of consultation (face to face discussion and evaluation focusing on raw data, goals and objectives of specific social work practice) must be provided while practicing work in a **clinical setting**. At least three of the four hours per month must be individual consultation.

A total of 96 hours within 3200 hours of social work employment in not less than two nor more than four years is required for licensees whose MSW degree is in a clinical concentration. For licensees whose MSW degree is in a non-clinical concentration, 192 hours of consultation within 6400 hours of social work employment in not less than four nor more than six years is required.

Consultants must be social workers who are LCSW, CSW-IP or certified for clinical practice in the state which the consultation is obtained.

Credit for consultation experiences shall be given only for practice in an organized public or private agency, school, institution or organization which provides the opportunity for contact with other professional disciplines and work experience with a broad range of clients.

<b>Consultant Data</b>		
Name Consulting Social Worker:		
Mailing Address:		
City:	State:	Zip Code:
License Number:	Work Telephone Number:	
Type of Social Work Degree:		

<b>Consultee Data</b>		
Name of Consultee:		
Mailing Address:		
City:	State:	Zip Code:
License Number (If Applicable):	Work Telephone Number:	

<b>Applicant's Employment Data</b>		
Place of Employment:		
Mailing Address:		
City:	State:	Zip Code:
Telephone Number:	Beginning Date of Employment:	
Signature of Agency Supervisor:		Date:

<b>Affirmation</b>	
<p>We have read, understood and accepted the conditions of this relationship as defined by the Rules of the Board of Social Worker Licensure and by the Statutes of the State of Maine. Since the consultee is practicing social work by the virtue of the services provided by the consultant, any changes in the relationship must be registered with the board.</p>	
Consultant Signature: _____	Date: _____
Consultee 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 <b>Individual</b> Supervision/Consultation Was Given	
Total Number of Hours Per Month <b>Group</b> 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: \_\_\_\_\_



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**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: \_\_\_\_\_

## Clinical Concentration Worksheet

### Licensed Master Social Worker – Conditional Clinical

**INSTRUCTIONS:** Place the relevant course(s) from your transcripts into the appropriate category on the worksheet. A single course may be listed only once and may **NOT** be used to fulfill more than one (1) content area. **NOTE:** You must attach a college catalog, description or syllabus to substantiate the specific material included in each course listed on the worksheet.

Clinical Content Area*	Course No.	Course Title	Semester Credit Hours
<b>Required</b> 1 graduate course on Personality Theory focused on normal growth and development		1.	
<b>Required</b> 1 graduate course on Personality Theory focused on adult psychopathology		1.	
<b>Option A or B Required</b>			
<b>Option A</b> 4 graduate clinical methods courses in practice with individuals, couples, families, and groups		1. 2. 3. 4.	
<b>Options B</b> 3 graduate clinical methods courses and 1 additional course in personality		1. 2. 3. 4.	

**See Board Rule Chapter 10, Section 1(4) for full definition of clinical concentration as required for meeting the consultation requirements for LCSW pursuant to Board Rule Chapter 13, Section 5(1)(D).**



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**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](http://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**