

STATE OF MAINE

BOARD OF SOCIAL WORKER LICENSURE

APPLICATION FOR LICENSED MASTER SOCIAL WORKER (LM)



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: 122 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 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
- Application for Licensure
- Verification of Licensure Form
- Authorization of Credit Card Payment 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://janus.state.me.us/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

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.

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:

A "Licensed Master Social Worker" (LMSW) is a person who has received a license as a Master Social Worker from the Board and engages in a non-clinical social work practice. A LMSW may engage in private non-clinical social work practice; as well as provide consultation required by the LSW and LSW Conditional Licenses.

Note: A Maine LMSW license does not qualify as meeting the LCSW clinical social work practice and consultation requirements. 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 Licensure Applications Shall Include the Following:

- Completed and signed Application; (Pages 4 – 6)
- 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;
- NPDB/HIPDB Self-query Reports;
- Payment of a non-refundable \$25.00 Application fee;
- Payment of LCSW Licensure fee of \$70.00; and
- Payment of a Criminal History Check fee of \$15.00.

All Checks/Money Orders should be made payable to the “Treasurer, State of Maine”. If paying by credit card, please use the Credit Card form. 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;
- A completed Verification of Licensure form. (Pages 7 – 8)

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>

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
(888) 577-6690 (HEARING IMPAIRED)

Office Use Only
License # _____
Cash # _____
Check # _____
LM1421 \$110

JOHN ELIAS BALDACCI
GOVERNOR

ANNE L. HEAD
DIRECTOR

APPLICATION FOR LICENSURE

<p style="text-align: center;"><u>Notice regarding Social Security Number Disclosure</u></p> <p>The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (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 section 191.</p>	<p style="text-align: center;"><u>Notice regarding Public Information</u></p> <p>This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, mailing address and other information listed on this application may be posted on the State's website.</p>
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Check Appropriate Category	
<input type="checkbox"/> Licensed Master Social Worker (LM1421)	<input type="checkbox"/> Licensure without Examination

Personal Information		
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. Please indicate below any alias or maiden names accordingly.		
Name	Any Other Names Used:	
Mailing Address:		
City:	State:	Zip Code:
County:	Home Phone:	Work Phone:
Social Security Number:		Date of Birth:
E-mail:		

Disciplinary History

1. Has any jurisdiction taken disciplinary action against any professional license/certification/registration you hold or have held or denied your application for licensure? If yes, please enclose a detailed explanation and copies of disciplinary action. YES NO
2. Do you have pending against you any complaints from a regulatory board or professional organization? If yes, please enclose a detailed explanation. YES NO
3. 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

Criminal Background Disclosure

Have you ever been convicted by any court of any offense? YES NO

If yes, provide a written statement on a separate sheet of paper that includes the date of the offense and a detailed description of the events surrounding the conviction. Submit your written statement and a copy of the court judgment(s) with this application. **Failure to disclose convictions may result in fines, suspension and/or revocation of a license.**

Affirmation

By submitting this application I understand that the Board of Social Worker Licensure will rely upon this information for issuance of my license and that this information is truthful and factual and that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

SIGNATURE: _____ DATE: _____



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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: _____



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

Office Use Only	
License #	_____
Cash #	_____
Check #	_____
LM1421	\$110

ANNE L. HEAD
DIRECTOR



AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name: (applicant fees being paid for)		
Mailing Address: (applicant fees being paid for)		
City:	State:	Zip Code:
County:	Telephone #: (____) _____ - _____	
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

Visa MasterCard _____ **Card number**

Expiration date: ____/____/____ **in the amount of: \$** _____

Signature: _____ **Date:** ____/____/____

OFFICE PHONE: (207)624-8674



PRINTED ON RECYCLED PAPER

FAX: (207)624-8637

(888) 577-6690 (HEARING IMPAIRED)
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GARDINER, MAINE
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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

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