STATE OF MAINE

BOARD OF SOCIAL WORKER LICENSURE

APPLICATION FOR
LICENSED SOCIAL WORKER (LSX)
CONDITIONAL

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

Revised 3/2008

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 Conditional Social Worker in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, please feel free to call or e-mail our office.

FURNISHED TO APPLICANT

- Application Guide for Licensure as a Conditional Social Worker
- Application for Licensure
- Agreement to Provide Consultation Form
- Verification of Consultation 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:** 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.

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**.

DESCRIPTION:

"Conditional License" indicates the licensee is completing a required consultation period under certain conditions to progress to another level of licensure. A licensee must be licensed at this level while accruing required consultation experience. LSW-Conditionals cannot engage in private/independent social work practice.

LSW Conditional Applications Shall Include the Following:

- ❒ Completed and signed Application; (Pages 4 – 6)
- ❒ Official Transcript of an earned degree that is sufficiently related to social work or social welfare – forwarded directly to the Board by the academic institution;
- ❒ Three (3) current (dated within the past year) letters of professional recommendation, two (2) of which must be from licensed social workers (at any level of licensure from any state);
- ❒ Evidence of employment in a social service delivery field;
- ❒ Agreement to Provide Consultation Form; (Pages 7 – 8)
- ❒ A completed Verification of Consultation Form; (Pages 9 – 10)
- ❒ NPDB/HIPDB Self-query Reports;
- ❒ Payment of a non-refundable $25.00 Application fee;
- ❒ Payment of 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.

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OFFICE PHONE (207) 624-8674
TTY/HEARING IMPAIRED (888) 577-6690

Office Use Only
License #_____
Cash # _____
Check # _____
LSX1421 $110

JOHN ELIAS BALDACCI
GOVERNOR

ANNE L. HEAD
DIRECTOR

APPLICATION FOR LICENSURE

Notice regarding Social Security Number Disclosure

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.

Notice regarding Public Information

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.

Check Appropriate Category

❒ Licensed Social Worker, Conditional (LSX1421)	❒ 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:		

Undergraduate Education		
Name of Academic Institution:		
Mailing Address:		
City:	State:	Zip Code:
Major:	Degree Granted:	Date Conferred:

Credentialing History

Have you ever held a professional license/certification/registration in this or any other state/country? [ ] YES [ ] NO

If yes:

Profession	License #	State/Country	Date Issued	Expiration Date

Have you ever taken a social work examination? [ ] YES [ ] NO

If yes:

Which Exam & Level?	Where?	Date Taken:

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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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**. <u>At least three of the four hours per month must be individual consultation.</u>

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.

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

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

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

Affirmation

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.

Consultant Signature: _____ Date: _____

Consultee Signature: _____ Date: _____

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Board of Social Worker Licensure
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

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GOVERNOR

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:	

OFFICE PHONE: (207)624-8674

PRINTED ON RECYCLED PAPER

FAX: (207)624-8637

(888) 577-6690 (HEARING IMPAIRED)
OFFICES LOCATED AT: 122 NORTHERN AVENUE,
GARDINER, MAINE
www.maine.gov/professionallicensing

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: _____

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ANNE L. HEAD
DIRECTOR

Office Use Only
License #_____
Cash # _____
Check # _____
LSX1421 $110

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. <u>Payment through credit cards will not be processed without this authorization form.</u>

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: _____/_____/_____

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04333-0035

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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

Dated: September 28, 2007