STATE OF MAINE

BOARD OF SOCIAL WORKER LICENSURE

APPLICATION FOR LICENSED MASTER SOCIAL WORKER (CONDITIONAL CLINICAL)

Department of Professional and Financial Regulation

Office of Licensing and Registration

35 State House Station

Augusta, ME 04333-0035

Office Telephone: (207) 624-8674
TTY/HEARING IMPAIRED (888) 577-6690
Email: colleen.a.eugley@maine.gov

Office located at: 122 Northern Avenue, Gardiner, Maine

Last Revised Date: 11/07

APPLICATION GUIDE FOR LICENSURE AS A SOCIAL WORKER

Enclosed are all relevant materials for licensure as a Social Worker in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, you can contact the Board of Social Worker Licensure office at (207) 624-8674 or by e-mail at: colleen.a.eugley@maine.gov

FURNISHED TO APPLICANT:

1. Application Guide for Licensure as a Social Worker
2. Application for Licensure
3. Agreement to Provide Consultation Form
4. Verification of Consultation Form
5. Verification of Licensure Form (Only required if you are currently licensed in another state)
6. Change of Name and/or Address Form
7. NPDB/HIPDB self-query report
8. Authorization of Credit Card Payment Form
9. Criminal History Records Check (SBI) Memo
10. Criminal History Record Check (SBI) Form
11. ASWB Social Work Licensing Examination Candidate Handbook can be downloaded from the ASWB website: http://www.aswb.org/licensing/licexam.html (Click the "Examination Candidate Handbook" link) or from our office by telephone at (207)624-8674.
12. Licensing law for Social Workers can be downloaded at http://janus.state.me.us/legis/statutes/32/chapdoc/00830.doc or call (207) 624-8674.
13. Licensing rules for Social Workers can be downloaded at http://www.state.me.us/sos/cec/rcn/apa/02/chaps02.htm or call (207) 624-8674.

CODE OF ETHICS:

National Association of Social Workers (NASW) Code of Ethics may be obtained by contacting 1-800-638-8799 Extension 238 or available on the internet at: www.naswdc.org.

ADDRESS CHANGES:

All name and/or address changes must be submitted to the Board, **in writing**, throughout your licensure. Please use the change of address form provided or you can submit by email at colleen.a.eugley@maine.gov

APPLICATION PROCEDURE:

- Please submit your application with **all** required documentation. The board clerk will review applications. Persons submitting an incomplete application will be sent a notification regarding the deficiency. Persons submitting a complete application that was not approved will be sent notification of the status of their application. Persons submitting a complete application that was approved will receive their license in the mail in approximately two weeks from the date of receipt.

- Candidates whose applications have been incomplete for more than six months will be required to submit **new** applications if they still wish to be considered for licensure.

- Information about the status of applications may be found at the following website www.maine.gov/professionallicensing

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ELIGIBILITY REQUIREMENTS:

Please read the Statutes (Laws) and Board Rules thoroughly in order to fully understand the level of licensure that you are applying for. These can be obtained as mentioned above.

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.***

If applying for **LMSW Conditional Clinical Licensure**, you must submit:

A. A completed Application for Licensure;

B. Official transcript of an earned MSW degree from a Council on Social Work Education (CSWE) accredited institution;

C. Official documentation of successful passage for the required examination (Intermediate/Masters);

D. Three current (dated within the past year) letters of professional recommendation, two of which must be from LCSW, LMSW, CSW-IPs or MSWs licensed in other states;

E. NPDB/HIPDB self-query report;

F. Agreement to Provide Consultation Form;

G. Payment of a non-refundable $25.00 application fee;

H. Payment of LMSW Conditional Clinical licensure fee of $70.00; and

H. Criminal History Check fee of $15.00, all fees can be in one payment.

FOR APPLICANTS CURRENTLY LICENSED IN ANTOHER 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:

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;

A. A copy of the state or county licensure act under which the applicant is licensed;

B. A copy of the applicant's social work license;

C. A completed verification of licensure form;

D. NPDB/HIPDB self-query report.

Reciprocity applicants who submit documentation of 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. The ASWB Social Work Licensing Examination Candidate Handbook can be downloaded from the ASWB website: http://www.aswb.org/licensing/licexam.html (Click the "Examination Candidate Handbook link) or from our office by telephone at (207) 624-8674. The Candidate Handbook provides you with all the information needed to register for the examination. **Please note**: You **do not** need permission from the State of Maine Board of Social Worker Licensure to take the examination. **Please read thoroughly**.

- 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: www.aswb.org

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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.

LICENSE TYPE:

- ❒ Licensed Social Worker Conditional
- ❒ Licensed Social Worker (LSW)
- ❒ Licensed Master Social Worker (LMSW)
- ❒ Licensed Master Social Worker Conditional Clinical
- ❒ Licensed Clinical Social Worker (LCSW)
- ❒ Licensure without Examination

Please Read Application Guide Prior to Completing this Application.

Name		
Mailing Address		
City	State	Zip Code
County	Home Telephone	Work Telephone
Social Security #		Date of Birth

EDUCATION

Please list the name of undergraduate institution, graduate school of social work, graduation date, major, clinical or non-clinical track (graduate only), and degree awarded.

NAME OF SCHOOL	DATE GRADUATED	MAJOR	DEGREE RECEIVED
Undergraduate Institution			
Graduate School of Social Work		Clinical/Non Clinical	

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Do you currently hold or have you previously held a State of Maine Social Worker License?
   ❒ Yes ❒ No If yes, please complete the following:

   License # _____ Date Issued _____ Expiration _____

2. Have you ever been licensed in another state or jurisdiction? ❒ Yes ❒ No
   If yes, please complete the following:

   State _____ License # _____

   Date Issued _____ Expiration _____

3. Have you ever taken a social work examination in any other state? ❒ Yes ❒ No
   If yes, please complete the following:

   State _____ Date _____

   Name of Examination Service _____ Examination Level _____

4. Has your application for examination or for licensure ever been denied by any state board governing the practice of social work? ❒ Yes ❒ No If yes, please attach an explanation.

5. Has your license ever been suspended, revoked, or subject to any disciplinary action by any state or jurisdiction? ❒ Yes ❒ No If yes, please attach an explanation.

6. Have you ever been convicted of a crime other than a minor traffic violation? ❒ Yes ❒ No
   If yes, please describe in detail the date(s), crime(s),and submit a copy of the court judgment(s) as well as a letter from you explaining the circumstances surrounding your conviction.

By my signature, I affirm that all information provided in connection with this application is true to the best of my knowledge and belief, with the understanding that any omissions, inaccuracies, or failure to make full disclosure may be deemed sufficient reason to suspend or recommend revocation of a license issued by the Department. I further authorize all law enforcement agencies and officials thereto to release to the Department any and all criminal history record information pertaining to myself.

_____ _____

Signature of Applicant **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 named consultant agrees to provide consultation as stated 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 Worker

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.

Consultant Data

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

Consultee Data

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

Applicant's Employment Data

Place of Employment		
Mailing Address		
City	State	Zip Code
Telephone Number	Beginning Date of Employment	
Signature of Agency Supervisor	Date	

Please read the statement below and sign your testament to the information provided on this form.

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 Statute of the State of Maine. Since the consultee is practicing social work by 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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GOVERNOR

ANNE L. HEAD
DIRECTOR

VERIFICATION OF CONSULTATION FORM

IMPORTANT: 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 <u>in Full</u> 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 hereby certify that the information given above is correct 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

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 state, please copy form as needed.

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

This section 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 # _____ Licensure Level _____

Original License Date _____ Expiration Date _____

Have there ever been any disciplinary actions taken against this license? ❑ Yes ❑ No
If yes, please explain _____
_____
_____
_____
_____

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 _____

Signed _____

Printed name and title _____

State Seal

State _____

Date _____

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CHANGE OF NAME AND/OR ADDRESS FORM

NOTE: WE DO NOT REQUIRE THAT YOU USE THIS FOR ANY NAME AND/OR ADDRESS CHANGES, **BUT** WE DO REQUIRE THIS INFORMATION IN WRITING FROM YOU.

OLD ADDRESS

Name			License Number
Address			
City	State	County	Zip Code
Daytime Telephone			

NEW ADDRESS

Name			License Number
Address			
City	State	County	Zip Code
Daytime Telephone			

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ANNE L. HEAD
DIRECTOR

TO: PROSPECTIVE APPLICANT

FROM: OFFICE OF LICENSING & REGISTRATION

RE: CRIMINAL RECORDS 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.

CRIMINAL HISTORY RECORDS CHECK PROCEDURE

Please complete the applicant information section and return it to the Board with your completed application and supporting documentation as may be necessary.

You must provide fee in the amount of $15.00, made payable to Maine State Treasurer, as payment for your criminal history record check in addition to the licensing fees presently required. All fees can be submitted together. Please note that the criminal history record will be returned to the licensing board, not the applicant.

Pursuant to 25 M.R.S.A. §1541, sub-§6, the State Bureau of Identification may charge a fee to government organizations for services provided. Therefore, as of May 1, 2003 all criminal background checks of individuals are subject to a fee of $15.00.

(Clerk Name and Phone Number) **Colleen Eugley, Board Clerk**
(207) 624-8674

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CRIMINAL HISTORY RECORD CHECK FEE: $15.00

Make checks payable to: Treasurer, State of Maine

Submit this Application with License Application

APPLICANT INFORMATION

Name:_____
Last **First** **Middle**

Address: _____

Social Security/Federal I.D. #:_____ **Date of Birth:**_____

Any other names used:_____

Please return the criminal history record information or a notice of no record to the following:

REQUESTING AGENCY INFORMATION

(Office Use Only)

Date:_____ **Contact Person:** **Colleen Eugley, Board Clerk**

Agency Name & Address: **Office of Licensing and Registration**
Board of Social Worker Licensure
35 State House Station
Augusta, Maine 04333-0035

OFFICE PHONE: (207)624-8674

PRINTED ON RECYCLED PAPER

FAX: (207)624-8637

OFFICES LOCATED AT: 122 NORTHERN AVENUE,
GARDINER, MAINE

STATE OF MAINE
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AND FINANCIAL REGULATION
Board of Social Worker Licensure
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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:** _____/_____/_____

OFFICE PHONE: (207)624-8674

PRINTED ON RECYCLED PAPER

FAX: (207)624-8637

OFFICE LOCATED AT: 122 NORTHERN AVENUE,
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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 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
Required 1 graduate course on Personality Theory focused on normal growth and development		1.	
Required 1 graduate course on Personality Theory focused on adult psychopathology		1.	
Option A or B Required			
Option A 4 graduate clinical methods courses in practice with individuals, couples, families, and groups		1. 2. 3. 4.	
Options 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. 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