

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) 624-8623
Office Facsimile: (207) 624-8637
TTY USERS CALL MAINE RELAY 711
Internet: www.maine.gov/professionallicensing

Office located at: 76 Northern Avenue, Gardiner, Maine

ADDITIONAL RESOURCES

- ASWB Social Work Licensing Examination Candidate Handbook
Available: <http://www.aswb.org/handbook.pdf> or call (207) 624-8623
- 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>

- 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>

- 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. Submissions by fax or e-mail will not be accepted. The application will be reviewed in the order it was received.
- If there are deficiencies with your application, 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 and fees 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 Professional and Occupational Regulation'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;
- Official Transcript of an earned MSW degree from a Council on Social Work Education (CSWE) accredited program;
- Verification of Consultation Forms; (Please refer to Chapter 3, Section 1(H)(3) of the Board rules for further clarification.)
- Request for Examination (Clinical) or Official documentation of successful passage of the required examination (Clinical);
- Payment of a non-refundable \$25.00 Application fee;
- Payment of a Licensure fee of \$70.00; and
- Payment of a non-refundable 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;
- A completed Verification of Licensure form.

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.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8603 Fax: (207) 624-8637 TTY users call Maine relay 711 Web: www.maine.gov/professionallicensing

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.
- **Can I come to Gardiner to pick up my license?** No. Your license will be emailed to you.
- **How can I check the status of my application?** You can check our website:
<http://pfr.informe.org/almsonline/almquery/welcome.aspx>.
- **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 Professional and Occupational Regulation 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.



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE ()	FAX ()	E-MAIL	

CRIMINAL BACKGROUND DISCLOSURE	
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>	
1. Have you ever been convicted by any court of any crime? (circle one)	NO YES
If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.	
2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one)	NO YES
If yes, enclose a detailed explanation and copies of all documents.	
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

Board of Social Worker Licensure	
Please Select License Type: <input type="checkbox"/> Licensed Clinical Social Worker (LC1421)	Office Use Only: 1421 - \$70.00 1446 - \$25.00 2619 - \$21.00
Required Fee: \$116 (includes Criminal History Records Check Fee)	<i>Office Use Only:</i> Check # _____ Amount: _____ Cash # _____ Lic. # _____
Rev. 07/2017	

PAYMENT OPTIONS:			
Make checks payable to "Maine State Treasurer" – if you wish to pay by Mastercard or Visa, fill out the following:			
NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$ _____			
<input type="checkbox"/> I understand that fees are non-refundable			
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
SIGNATURE	DATE		

Undergraduate Education

Name of Academic Institution:

Mailing Address:

City:

State:

Zip Code:

Major:

Degree Granted:

Date Conferred:

Graduate Education

Name of Academic Institution:

Mailing Address:

City:

State:

Zip Code:

Major:

Choose one: Clinical Track Non-Clinical Track

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?

Date Taken:

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: _____



Paul R. LePage
Governor

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

Anne L. Head
Commissioner

REQUEST FOR EXAMINATION

To qualify for licensure as a licensed social worker, a licensed master social worker, a licensed master social worker – conditional clinical or a licensed clinical social worker, applicants must achieve a passing score on the required examination.

ASWB now requires applicants to be approved to sit for the examination. To request examination, please fill in the information requested below and **return this form** with all other required application materials to the Board at the above address. Once your application is **complete and approved**, you will receive notification of eligibility to sit for the exam. You will register with ASWB directly at that time.

You may register for the examination by telephone at 1-888-579-3926 or by going to ASWB’s website: <http://www.aswb.org>.

Check Appropriate Category

- Bachelors Examination (applicants for LSW)
- Masters Examination (applicants for LMSW or LMSW – Conditional Clinical)
- Clinical Examination (applicants for LCSW)

Applicant Information (please print)

Name of Applicant:		
Mailing Address:		
City:	State:	Zip Code:
Telephone:	Date of Birth:	



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VERIFICATION OF CONSULTATION FORM
Page 1 of 2

**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:	



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VERIFICATION OF CONSULTATION FORM
Page 2 of 2

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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VERIFICATION OF LICENSURE FORM
(for use by applicants licensed or certified in another jurisdiction)

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:



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VERIFICATION OF LICENSURE

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 ASWB 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:

Signature: _____

Printed Name: _____

Title: _____

State: _____ Phone Number _____

Date: _____

State Board Seal