

# 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](http://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 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](http://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>.
- **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.
- ◆ 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.



### 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: <input type="checkbox"/> Clinical Track <input type="checkbox"/> 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:
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### 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: \_\_\_\_\_



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

**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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OFFICE PHONE: (207)624-8623

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**VERIFICATION OF CONSULTATION FORM**  
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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.

<b>Licensee Data</b> (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:		

<b>Consultant Data</b> (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:

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2. Please state briefly licensee's personal character, ethical conduct, and competence:

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3. Do you recommend that this person be re-licensed? [ ] YES [ ] NO  
If not, please describe why:

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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: \_\_\_\_\_