

**STATE BOARD OF SOCIAL WORKERS,
MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS**

RENEWAL APPLICATION

RETURN TO:

State Board of Social Workers, Marriage and Family
Therapists and Professional Counselors
PO Box 8416
Harrisburg, PA 17105-8416

Full Name

Street Address

City

State

Zip Code

License number

Check if appropriate

- ADDRESS CHANGE** – The address above is a new address and not on file with the Board
- NAME CHANGE** – The name above is not the current name on the licensure records. (You must submit a photocopy of a legal document verifying the name change (i.e., marriage certificate, divorce decree showing the retaking of a maiden name or court order).

THE FOLLOWING QUESTIONS MUST BE ANSWERED – CHECK “YES” OR “NO” FOR EACH QUESTION

YES	NO	If YES to #3 - #11 – provide details AND certified copies of legal document(s).
		1. Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?
		2. Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice any health-related profession in any state or jurisdiction? If yes, List: _____
		3. Since your initial application or last renewal , whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
		4. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		5. Since your initial application or last renewal , whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		6. Since your initial application or last renewal , whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		7. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		8. Since your initial application or your last renewal , whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?
		9. Since your initial application or your last renewal , whichever is later, have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?
		10. Since your initial application or your last renewal , whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?
		11. Since your initial application or your last renewal , whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?

SW/CW/MF/PC License Number _____

CONTINUING EDUCATION – SELECT ONE BELOW. You are required to retain your official continuing education certificates of completion earned for this license renewal period until February 28, 2021 and provide them to the Board if requested.

- I have completed the required 30 hours of Pennsylvania Board approved continuing education courses from 3/1/15 thru 2/28/17.
- I obtained my initial license since 03-01-15, and am exempt from continuing education.
- I have received **written approval from the Board** for an extension or waiver of the required continuing education based on an illness, military service or hardship.

NOTE: Indicating that you completed the required continuing education hours if you have not, subjects you to disciplinary and criminal action for **BOTH** failure to complete the requirements **AND** for falsifying a renewal.

All persons applying for renewal/reactivation of a license shall be required to complete 2 hours of Department of State or DHS approved training in child abuse recognition and reporting requirements as a condition of renewal/reactivation. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board. [Child Abuse Continuing Education Providers Information can be found here.](#)

INACTIVE STATUS

If you will not be practicing this profession in Pennsylvania after February 28, 2017, you may place your license on inactive status by checking the box below. The form must be completed in its entirety. **No fee or continuing education is required to maintain inactive status.**

- I will not be practicing this profession in Pennsylvania after February 28, 2017 and request inactive status.

I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 PA C.S. § 4911 and that any false statement made is subject to the penalties of 18 PA C.S. § 4904 relating to unsworn falsification to authorities and may result in my license being disciplined.

Signature of Licensee (**Mandatory**): _____ Date: _____

EXPIRATION DATE:	February 28, 2017
FEE – Payable to “COMMONWEALTH OF PENNSYLVANIA” Write your license number on your payment. TO ENSURE THAT YOUR LICENSE IS RENEWED BY THE EXPIRATION DATE, SUBMIT BY February 15, 2017.	RENEWAL FEE = \$95.00 A \$20.00 fee will be assessed for returned payment. Fees are Non-refundable.
PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES	LATE FEE - \$5.00 per month, or part of a month Late renewal fee will be assessed if postmarked after February 28, 2017.