

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

P.O. BOX 2649
HARRISBURG, PA 17105-2649

Email st-socialwork@pa.gov

www.dos.pa.gov/social

**APPLICATION FOR A LICENSE BY ENDORSEMENT WITHOUT EXAMINATION AS A CLINICAL
SOCIAL WORKER**

(A current clinical social work license in another state is required)

QUALIFICATIONS: (Satisfactory Proof must be submitted to the Board that all of the following have been met)

1. Application fee- \$45.00 and is non-refundable. Check/money order should be made payable to "Commonwealth of PA". A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for nonpayment. If the application process has not been completed within one year from the date it was received, applicants will be required to submit an updated application (another application processing fee) and supporting documents as necessary.
2. Hold a Master's Degree in social work or social welfare or a doctoral degree in social work from a school accredited by the Council on Social Work Education. **Please request the school to submit an official transcript of your Master's or Doctoral degree DIRECTLY to the Board office in an official sealed school envelope.**
3. International graduates must request the Council on Social Work Education (CSWE) send a credential evaluation directly to the Board at the above address.
4. Hold a current clinical social work license in another state.
5. Request each state licensing agency where you have ever held a license to practice (active, inactive, expired, etc) to send letter(s) of good standing **directly** to the PA Board in an official state board envelope.
6. Completed a minimum of 3,000 hours of supervised clinical experience. Request the state where you hold a current license as a clinical social worker to submit a statement to the Board verifying the completion of 3,000 hours of supervised clinical experience **OR** have the state provide copies of your supervised clinical experience verifying the completion of 3,000 hours of supervised clinical experience as set forth in section 47.16(5) of the Board's regulations **OR** If you hold current certification from the Academy of Certified Social Workers (ACSW) issued prior to January 1, 2001, by the National Association of Social Workers, a letter will need to be submitted by the National Association of Social Workers (National Headquarters) verifying current ACSW certification. As long as the ACSW certification meets the requirements indicated above, the certification will be accepted in lieu of the 3000 hours of supervised clinical experience.
7. Passed the Clinical Examination of the Association of Social Work Boards (ASWB formerly AASSWB). Examination is acceptable if taken and passed previously. Scores are required to be sent from the ASWB **directly** to the PA Board.
8. Please provide a curriculum vitae (a list of activities from graduation to the present).

9. If documents will be submitted to the Board under a name different from your present name, submit a copy of legal document showing the name change (marriage certificate, divorce decree, court order, etc).
10. The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. 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.](#)
11. **Effective July 1, 2016**, provide a Self-Query from the National Practitioner Data Bank completed within 6 months of submission of this application to the Board. A Self-Query can be requested online at <https://www.npdb.hrsa.gov/>. When you receive the "Self-Query Response" from the National Practitioner Data Bank, forward it to the Board office. (Verify that "Self-Query Response" is sent to the Board and not a discrepancy notice.)
12. **Effective July 1, 2016**, an official Criminal History Record Check (CHRC) from the state agency for every state in which you have resided for the past 5 years. The report(s) must be dated within 90 days of the date of your application for licensure by examination. This report can be sent to you and forwarded to the Board with your application. For Pennsylvania CHRC, this can be done online at <http://epatch.state.pa.us>. **For states that do not provide CHRC for employment or licensing purposes (CA & AZ)**, we will accept an FBI background check. Please go to <https://www.fbi.gov/about-us/cjis/identity-history-summary-checks> and obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check.

PLEASE NOTE:

If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee.

In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance. All background check documents cannot be older than 90 days from the date of issuance.

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Website: www.dos.pa.gov/social

Mailing address

P.O. BOX 2649
HARRISBURG, PA 17105-2649

Courier Delivery Address:

2601 North Third Street
Harrisburg, PA 17110

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Name:

Last

First

Middle

Maiden

Address:

Street

City

State

Zip

Applicant's Email _____ Date of Birth: _____

Month

Day

Year

Social Security Number: _____ Telephone Number _____

School of Social Work: _____

Address of School: _____

City

State

Zip

Date of Graduation: _____

Month

Day

Year

Please list all states, in which you have lived in the past five years: _____

NAME AS IT APPEARS ON DIPLOMA OR DEGREE (If transcript will be submitted under a different name from the name listed on the above, submit a copy of legal documenting showing the name change (marriage certificate, divorce decree, court order, etc..))

The following questions must be answered, please check the appropriate box.	Yes	No
1. Do you hold or have you held, a license, certificate, permit, registration or other authorization to practice any health-related profession in any state or jurisdiction? If yes, please list all professions and states where you have been licensed and request a letter of good standing be sent from each state board to the Pennsylvania Board. _____		
2. 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?		
3. Do you currently have any disciplinary charges pending against your professional or occupational licensure, certificate, permit or registration in any state or jurisdiction?		
4. 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?		
5. 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.		
6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7. Do you have any mental or physical condition that would prevent you from practicing social work with reasonable skill? If yes, please provide a written explanation on an 8 ½ x 11 sheet of paper.		
8. Have you ever been found guilty of immoral or unprofessional conduct?		
9. Have you ever violated standards of professional practice or conduct?		
10. Do you currently engage in or have you ever 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.		
11. Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
13. Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?		
14. Have you ever been charges by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		

IF YOU HAVE ANSWERED YES TO ANY QUESTIONS FROM 2 THROUGH 13, PLEASE ATTACH AN 8 ½ X 11 SHEET OF PAPER EXPLAINING THE SITUATION IN DETAIL. INCLUDE COURTHOUSE CERTIFIED COPIES OF ANY DOCUMENTS EXPLAINING THE SITUATION, IF APPLICABLE.

VERIFICATION

I verify that this application 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 form tampering with public records or information under 18 Pa.C.S. § 49.11. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

APPLICANT'S SIGNATURE

DATE

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa.C.S. § 4304.1(a). At the request of the Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.