

PLEASE KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS

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

REACTIVATION APPLICATION

Last Name First Name Middle Initial

Address

City State Zip Code

E-mail address

**State Board of Social Workers, Marriage and Family
Therapists and Professional Counselors
PO Box 2649
Harrisburg, PA 17105**

LICENSE NUMBER _____

Name Change	Address Change
For a change of name, submit an 8½ x11 photocopy of a legal document verifying name change i.e., marriage certificate, divorce decree, or legal document indicating retaking of a maiden name, etc.	

THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	If YES – provide details AND attach certified copies of legal document(s).
		1. 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: _____
		2. Since your initial application or your 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?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or last renewal , whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary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?
		5. 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?
		6. Since your initial application or your last renewal , whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?
		7. 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?
		8. 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?

**ACKNOWLEDGEMENT OF DUTY TO SELF-REPORT DISCIPLINARY CONDUCT
AND CERTAIN CRIMINAL ACTIVITY (mandatory for all licensees; signature required)**

I, _____, hereby acknowledge that in addition to any existing reporting requirement required by a specific board or commission, I am **REQUIRED** pursuant to Act 6 of 2018 to **NOTIFY** the Bureau of Professional and Occupational Affairs **WITHIN 30 DAYS** of the occurrence of any of the following: (1) A disciplinary action taken against me by a licensing board or agency in another jurisdiction; (2) A finding or verdict of guilt, an admission of guilt, a plea of nolo contendere, probation without verdict, a disposition in lieu of trial or an Accelerated Rehabilitative Disposition (ADR) of any felony or misdemeanor offense in a criminal proceeding. **I further acknowledge that failure to comply with these mandatory reporting requirements may subject me to disciplinary action by the Board.** I acknowledge my understanding that to self-report a disciplinary action or criminal matter as set forth above, I may log in to the Pennsylvania Licensing System (PALS) at www.pals.pa.gov and select "Mandatory Reporting by Licensee" under the heading "Your Licenses."

Licensee Signature

Date

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: →	NOTE: Upon reactivation, this license will expire February 28, 2021
FEE – Payable to "COMMONWEALTH OF PENNSYLVANIA" →	\$95.00 (NON REFUNDABLE)

FEES ARE NOT REFUNDABLE. Check or money order must be in "US funds." **Note:** 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 non-payment. Your cancelled check is your receipt of payment.

**LATE FEE – a \$5.00 per month, or part of a month is required if
you have been practicing since your license has expired.**

**PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY
ACTIONS AND ADDITIONAL MONETARY PENALTIES**

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State Board of Social Workers, Marriage and Family Therapists and Professional Counselors

P. O. Box 2649

Harrisburg, PA 17105-2649

VERIFICATION OF PRACTICE / NON-PRACTICE

***Your reactivation application cannot be processed unless this page is completed. ***

Name _____

Address _____

License Number _____

Name of Profession _____

Social Security Number _____

Date of Birth _____

Be sure you are familiar with the definition of your profession from the licensing law which pertains to the license you are renewing/reactivating. THEN answer the following questions.

1. Have you engaged in the practice of your profession as a licensed individual in Pennsylvania since your Pennsylvania license lapsed or since you placed it on inactive status? CIRCLE ONE: YES NO
2. If you have answered "YES" to question #1, did you use LSW, LCSW, LMFT or LPC as your designation (example: letter head, business cards, when signing your name)? CIRCLE ONE: YES NO
3. Have you been employed by the federal government in the practice of your profession since your Pennsylvania license lapsed or since you placed it on inactive status? CIRCLE ONE: YES NO

I understand that any false statement made is subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license and/or certification.

(Signature of Licensee)

(Date)

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

Requirements for Reactivation of your Pennsylvania license

To reactivate your Pennsylvania license from inactive/expired status, the current requirements are as follows:

- Complete the reactivation application form.
- Complete the Verification of Practice/Non-Practice form.
- If you answered YES to questions #2 - #8, Please provide a written explanation and certified copies of legal documents.
- Submit copies of the certificates of completion for the required 30 clock hours of continuing education credits (**Effective November 19, 2019, all 30 clock hours may be completed on-line. Of the 30 clock hours 3 clock hours must be in ethics and 1 clock hour must be in suicide prevention**). Credits must be obtained within the preceding biennium prior to reactivation. Continuing education regulations can be found at www.dos.pa.gov/social (Social Workers and Clinical Social Workers refer to Sections 47.31-47.41, Marriage and Family Therapists refer to Sections 48.31-48.42 and Professional Counselors refer to Sections 49.31-49.42). **NOTE: If you obtained your initial license March 1, 2017 or after, please submit a statement indicating that you are exempt from the continuing education requirement.**
- 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.
- As a condition for reactivation you must complete 1 hour of continuing education in suicide prevention. If the word "suicide" or a derivative of the word "suicide" is contained in the title of a suicide prevention course/program taken through an approved provider, the continuing education earned can be used towards satisfying the suicide prevention continuing education requirement. If the course/program pertains to suicide prevention and the title of the course/program does not contain the word "suicide", the approved provider of the course/program must indicate on the certification of attendance/completion the number of hours of suicide prevention continuing education earned.
- Provide a Self-Query from the National Practitioner Data Bank which is valid for 6 months from date of issuance. 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.)
- Submit the current renewal fee. Note: If you have been practicing in Pennsylvania since your license has been expired/inactive, you must also include a \$5.00 per month late penalty fee.