

The Commonwealth of Massachusetts
Division of Professional Licensure
Board of Registration of Social Workers
c/o ASWB
P.O. Box 1508
Culpeper, VA 22701
(866) 527-2384

Instructions for Social Worker Licensure Application

New applicants and reciprocity applicants

General Information

The Association of Social Work Boards (ASWB) processes social work licensing applications on behalf of the Commonwealth of Massachusetts Board of Registration of Social Workers, as authorized by the Division of Professional Licensure.

Forms and fees should be submitted to **ASWB, Attn: Massachusetts Application, P.O. Box 1508, Culpeper, VA 22701**. Do **not** send forms to the Board of Registration of Social Workers. Please read these instructions thoroughly before completing the attached application forms.

- Applicants for licensure in Massachusetts must follow the process of either the “*New Applicant*” section **or** the “*Reciprocity Applicant*” section as outlined in these instructions. Reciprocity applicants are those applicants who are currently licensed in another jurisdiction and are applying for an equivalent MA license.
- Please review the MA Social Work licensure requirements on page 7 of this application.
- If special accommodations are required, contact ASWB at 1-888-579-3926 to request the applicable forms. The Application for Disability Accommodations must be submitted to ASWB, Attn: CSC, P.O. Box 1508, Culpeper, VA 22701. The forms are also available at: www.aswb.org
- Provide a response to each piece of information requested. Use “N/A” for questions that do not apply.
- Your name **MUST** match your name as it appears on one current, valid non-expired government issued photo-bearing ID.
- **Copied/faxed** documents, references and applications are **not** acceptable.
- Make a copy of your completed application before you return it to ASWB.
- Applicants will be notified in writing when the application has been approved or disapproved. If approved, applicants will also receive information regarding registering for the ASWB examination and a link to ASWB’s Candidate Handbook that explains the procedure. Applicants may not register for the examination until the application has been approved.
- **Note:** if the appropriate examination has been passed for another jurisdiction, please indicate the date of the examination on page 9 of the application and request an official certified score report from ASWB.
- If you have any questions, contact ASWB at **1-866-527-2384**, 8:30 a.m. to 5:00 p.m. Eastern time, Monday-Friday, or by email: mass.sw.app@aswb.org

Fees

Application fees for new and reciprocity applicants are listed on page 12. 1) Application fees must be submitted with this application; 2) ASWB’s examination registration fee will be assessed and collected at the time of examination registration, if an examination is required; 3) Licensure fees will be assessed and collected **after** the applicant has met all examination and licensure requirements.

Acceptable methods of payment are certified check, money order or credit card (VISA, MasterCard or Discover). Please note that personal checks are **not** accepted. All fees are payable to ASWB in U.S. dollars only, are non-refundable and are subject to change.

New Applicant Information

LICSW Applicants

1. An official, certified transcript is required for the highest relevant degree. Please review the educational requirements on page 7 of this application. The transcript must be in a **sealed** school envelope.
2. Applicants must be currently licensed in Massachusetts at the LCSW level (or equivalent from another jurisdiction). Applicants must provide the license number.
3. Applicants must submit a total of **three** references (two professional and one supervisory). All references must be able to evaluate the applicant's social work experience. The waiver of liability **must** be completed for each reference. The reference form is attached (pages 13-14). Make additional copies as needed. The reference forms are not required to be submitted in a sealed envelope.
 - a. Two professional individuals **licensed** at the **LICSW** level (or equivalent in another jurisdiction), psychiatry, clinical psychology or psychiatric nursing with a specialty in clinical mental health shall complete section A of a reference form. References must provide their license number and jurisdiction.
 - b. A **clinical supervisor** licensed at the **LICSW** level (or equivalent in another jurisdiction) shall complete sections A *and* B of a reference form and must document:
 - i. **For MSW graduates with a degree conferred date after August 31, 2011, a minimum of 3,500 hours clinical social work services experience obtained over a period of not less than two years after the issuance of a LCSW, or**
 - ii. **For MSW graduates with a degree conferred date prior to August 31, 2011, a minimum of 3,500 hours clinical social work services experience obtained over a period of not less than two years after the MSW degree conferred date.**
 - iii. **Documented supervision must be a minimum of 100 hours of individual face-to-face clinical supervision, at a rate of 1 hour for every 35 hours worked (with a maximum of 1 hour per week). If the experience is earned at a rate less than 35 hours per week, the experience and supervision hours must be computed on a pro-rata basis. Supervised work experience and hours must correspond to the dates listed on the reference form, or an explanation must be attached.**
 - iv. **Supervisors must be licensed in the jurisdiction where the supervision takes place; out of state supervisors may not supervise work experience taking place in MA. All work experience must be complete as of the application date. If there are multiple supervisors, submit a separate form for each supervisor (ensuring that the documented dates do not overlap). Supervisors must provide their license number.**
4. You must review the MassHealth enrollment requirement on page 5 of this application.

LCSW Applicants

1. An official, certified transcript is required for the highest relevant degree. Please review the educational requirements on page 7 of this application. The transcript must be in a **sealed** school envelope.
2. Applicants must submit a total of **three** references (two professional and one supervisory). At least one of the professional and/or supervisory reference forms must be completed by an individual licensed at the LICSW or LCSW level (or equivalent). All references must be able to evaluate the applicant's social work experience. The waiver of liability must be completed for each reference. The reference form is attached (pages 13-14). Make additional copies as needed. The reference forms are not required to be submitted in a sealed envelope.
 - a. Two professional individuals' familiar with the applicant's professional experience in the field of social work shall complete section A of a reference form.
 - b. The most recent **second year field placement supervisor** shall complete sections A & B of a reference form.

LSW Applicants

1. An official, certified transcript is required for the highest relevant degree. Please review the educational requirements on page 7 of this application. The transcript must be in a **sealed** school envelope.
2. Applicants must submit a total of **three** references (two professional and one supervisory). All references must be able to evaluate the applicant's social work experience. The waiver of liability must be completed for each reference. The reference form is attached (pages 13-14). Make additional copies as needed.
 - a. **Applicants with a BSW:** a **supervisor** licensed at the **LICSW or LCSW** level (or equivalent) shall complete sections A & B of a reference form.
 - b. **Applicants with non-social work degrees:** an individual who holds at least a BSW degree from a CSWE accredited school shall complete sections A & B of a reference form documenting 3,500 hours of social work experience over not less than two years; supervision must be a minimum of 100 hours of individual face-to-face supervision, at a rate of 1 hour for every 35 hours worked. If the experience is earned at a rate less than 35 hours per week, the experience and supervision hours must be computed on a pro-rata basis. If the supervisor does not hold a LICSW or LCSW, at least one of the other references shall hold a LICSW or LCSW. See page 6 for experience requirements for applicants without a bachelor's degree. Experience hours must be gained following completion of educational qualifications. If more than one supervisor, submit a separate form for each supervisor.

LSWA Applicants

1. An official, certified transcript is required for the highest relevant degree. Please review the educational requirements on page 7 of this application. The transcript must be in a **sealed** school envelope.
2. Applicants must submit a total of **three** professional references (section A only). At least one of the references shall hold a **LICSW or LCSW**. All references must be able to evaluate the applicant's social work experience. The waiver of liability must be completed for each reference. The reference form is attached (pages 13-14). Make additional copies as needed.

New Applicant Summary Checklist

New licensure applicants must provide the following:

1. Application, signed and **notarized**
 - **Signature date must correspond to the date of notarization**
2. Payment by certified check or money order (payable to ASWB), or credit card information
3. Photograph
4. Official transcript of the highest relevant degree
5. A total of three reference forms completed per instructions
 - **NOTE: LCSW, LSW AND LSWA APPLICANTS- At least one reference form must be completed by an individual currently licensed at the LICSW or LCSW level (or equivalent).**
6. Signed and notarized criminal history acknowledgment form (attached)

Reciprocity Applicant Information

1. Applicants must possess a current, valid license substantially equivalent to the appropriate Massachusetts license in education and experience requirements. A certified licensure verification form for all licenses, **current and expired**, must be submitted in the original, **sealed** envelope from the issuing jurisdiction. The form on page 15 of this packet may be used, or the issuing jurisdiction may use its own form.
2. Applicants must have passed the ASWB examination required for the appropriate level of licensure in Massachusetts. Refer to page 7 of this application to review the examination requirements. An **official** ASWB-certified passing score report is required.
3. An official, certified transcript is required for the highest relevant degree. Please review the educational requirements on page 7 of this application for the applicable license level. The transcript must be in a **sealed** school envelope.
4. **Three** professional references shall complete section A of a reference form:
 - a. All references must be able to evaluate the applicant's social work experience.
 - b. LCSW, LSW and LSWA applicants: at least one reference must be licensed at the **LICSW or LCSW** level, or equivalent. LICSW applicants: at least one reference must be licensed at the **LICSW** level, or equivalent.
 - c. The waiver of liability must be completed for each reference.
 - d. The reference form is attached (pages 13-14). Make additional copies as needed.
5. LICSW applicants must review the MassHealth enrollment requirement on page 5 of this application.

Reciprocity Applicants Summary Checklist

Reciprocity applicants must provide the following:

1. Application, signed and **notarized**
 - **Signature date must correspond to the date of notarization**
2. Payment by certified check or money order, payable to ASWB; or credit card information
3. Photograph
4. Official transcript of highest relevant degree
5. Two reference forms completed by professional individuals, and one reference form completed by an appropriately licensed social worker, as instructed above.
6. Certified verification from all prior licensing jurisdictions. The form included on page 15 of this packet may be used, or the issuing jurisdiction may use its own form
7. An official Certified Score Report of passed ASWB examination from ASWB (888-579-3926)
8. Signed and notarized criminal history acknowledgment form (attached)

MassHealth Enrollment Requirement

Additional Instructions for Applicants for Licensure as LICSW

Section 6401 of the Affordable Care Act requires that, for MassHealth services that must be ordered, referred or prescribed, the provider who ordered, referred or prescribed the service must be enrolled with MassHealth for the claim for the service to be payable.

Licensed Independent Social Workers are eligible to order, refer or prescribe services for MassHealth members and, under state law, must apply to enroll with MassHealth at least as ordering and referring (nonbilling) providers to obtain and maintain state licensure. Providers who are already enrolled with MassHealth have already met the requirement and do not need to take further action.

MassHealth has created a Nonbilling Provider Application for providers in provider types that are **not** eligible to enroll as fully participating providers. This application can also be used by providers who **are** eligible to enroll in MassHealth as fully participating providers but who choose not to now.

Providers who wish to apply to enroll as nonbilling providers must download the materials from the MassHealth website at <http://www.mass.gov/eohhs/provider/insurance/masshealth/aca/aca-section-6401enrollment-information.html> and send their completed and signed Nonbilling Provider Application and Nonbilling Provider Contract by mail to the MassHealth Customer Service Center (CSC) at:

MassHealth Customer Service Center
Attn: Provider Enrollment and Credentialing
PO Box 121205
Boston, MA 02112-1205

Providers who enroll with MassHealth as nonbilling providers via the Nonbilling Provider Application are not fully participating MassHealth providers and are not eligible to submit claims to MassHealth.

Providers who have questions, or, if eligible, would like to request a fully participating provider application should contact the MassHealth Customer Service Center at 1-800-841-2900 with any questions or, if eligible, to request a fully participating provider application.

ASWB Social Work Registry

OPTIONAL SERVICE AVAILABLE TO NEW AND RECIPROCITY APPLICANTS

ASWB provides an optional service (for an additional fee) to have ASWB request, verify and attach the required documents to your licensure application on your behalf. You will **not** have to separately request the documents from your school, references, or current licensing jurisdiction. If you use the services of the Registry, do not attach your transcript or verification of your license to this application. You must, however, complete and return the “**waiver**” portion of the reference form for each reference listed on pages 13-14. With your authorization, ASWB will request the documents directly from the sources that you list in this application. Costs of obtaining the documents are **included** in the registry enrollment. You will **not** have to separately pay for transcript, license verification or examination score costs.

As part of its service to the Commonwealth of Massachusetts, ASWB is offering ‘**new**’ licensure applicants an opportunity to participate in ASWB’s Social Work Registry at a **discounted rate of \$30** (50% off the normal application fee). The fee for ‘**reciprocity**’ applicants is **\$60**. There is also an optional \$25 renewal fee, billed annually after one year of enrollment, which covers the cost of keeping your records up-to-date for future use. **To enroll, answer ‘yes’ to the Registry question on the following application and pay the Registry fee with the MA application fee on page 12.**

By joining the Registry, you will be creating a record containing all of the documents critical to your licensure in Massachusetts and elsewhere. **Supervision records, academic transcripts and licensure history will be collected, verified and stored by ASWB. In addition, ASWB will store your continuing education documentation, employment history and professional certifications.** This information will be held in secure files by ASWB. When you need to file an application for licensure in another jurisdiction (or a higher licensure level in MA), the relevant information will be forwarded to that jurisdiction’s social work licensing board at your request.

To learn more about the Registry, visit ASWB’s website: www.aswb.org or call 866-527-2384.

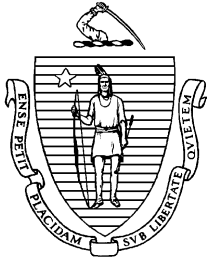
Requirements for Social Work Licensure in Massachusetts

This is a summary; applicants must review the Massachusetts regulations for detailed requirements.

Education	Examination	Professional References	Supervision	Documented Experience
LICSW				
MSW, DSW or PhD in Social Work from a CSWE accredited school of social work	Clinical	Two professional references from appropriately licensed individuals (see instructions p. 2)	One supervisory reference from LICSW	Hold a current LCSW (or equivalent); two years (3,500 hours) post-LCSW documented clinical experience with 50 face-to-face supervision hours per year (100 hours total) under a LICSW
LCSW				
MSW, DSW or PhD in Social Work from a CSWE accredited school of social work	Masters	Two professional references *	One 2nd year field placement supervisory reference *	None Required
LSW				
Bachelors degree in Social Work from a CSWE accredited school of social work	Bachelors	Two professional references *	One supervisory reference *	None required
Bachelors degree in any field	Bachelors	Two professional references *	One supervisory reference *	Two years (3,500 hours) post degree supervised experience from a BSW or MSW
Two and a half years (75 sem/100 qtr hours) of college	Bachelors	Two professional references *	One supervisory reference *	Five years (8,750 hours) of supervised experience from a BSW or MSW
Two years (60 sem/80 qtr hours) of college	Bachelors	Two professional references *	One supervisory reference *	Six years (10,500 hours) of supervised experience from a BSW or MSW
One year (30 sem/40 qtr hours) of college	Bachelors	Two professional references *	One supervisory reference *	Eight years (14,000 hours) of supervised experience from a BSW or MSW
High school diploma or equivalent	Bachelors	Two professional references *	One supervisory reference *	Ten years (17,500 hours) of supervised experience from a BSW or MSW
LSWA				
Associate degree (or 60 sem/80 qtr hours) in human service field	Associate	Three references *	N/A	None required
Bachelor's degree (or 120 sem/160 qtr hours) in any field	Associate	Three references *	N/A	None required
High school diploma or equivalent	Associate	Three references *	N/A	Four years documented experience

* **At least one of the professional and/or supervisory references must be licensed as a LICSW or LCSW**

Social Worker Licensure Application



The Commonwealth of Massachusetts
 Division of Professional Licensure
 Board of Registration of Social Workers
 c/o ASWB
 P.O. Box 1508
 Culpeper, VA 22701
 (866) 527-2384

License Level applying for:	<input type="checkbox"/> Licensed Independent Clinical Social Worker (LICSW) <input type="checkbox"/> Licensed Certified Social Worker (LCSW) <input type="checkbox"/> Licensed Social Worker (LSW) <input type="checkbox"/> Licensed Social Work Associate (LSWA)
Application Type:	<input type="checkbox"/> New Applicant <input type="checkbox"/> Reciprocity Applicant
Special Accommodations Required?	<input type="checkbox"/> Yes (see instructions on page 1) <input type="checkbox"/> No
Using ASWB's Social Work Registry to obtain documents for you? (See page 5)	<input type="checkbox"/> Yes (if yes, complete pages 16 & 17, and the waiver of liability section on page 13) <input type="checkbox"/> Yes, already a member of ASWB's Social Work Registry <input type="checkbox"/> No (if no, applicant must furnish all the certified documents)

Identification & Contact Information

Last Name:	First:	Middle:
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NOTE: For examination purposes, your name must match your name as it appears on one current, valid non-expired government issued photo-bearing ID. If you have had a legal name change, please attach pertinent documents (court order, marriage certificate, etc.) attesting to this fact.

Maiden/Another Name: _____

Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Birth Date: _____
		Place of Birth: _____

NOTE: Your social security number is required on page 12 of this application.

NOTE: The mailing address below will be a matter of public record. It will appear on your license and will be used for all board correspondence. The mailing address and the business address listed on page 9 may be the same.

Mailing Address: _____ _____		PHOTOGRAPH - attach recent 2" x 2" photograph here.
Email address: (print clearly)	Valor Act Status:	
Business phone: () -	<input type="checkbox"/> Active Duty <input type="checkbox"/> Military Spouse <input type="checkbox"/> Veteran <input type="checkbox"/> None	
Home phone: () -		
Cellular phone: () -		

Current Employment:

Business name:	
Current position:	
Date started:	
Business Address:	<p>_____</p> <p>_____</p> <p>_____</p>

Education Information:

- Certified transcript is required for the highest relevant degree
- Check if transcript is attached: Yes No (check no if using the Social Work Registry)

1) Degree/graduation date:		Major:	
College name and address:			
2) Degree/graduation date:		Major:	
College name and address:			
3) Degree/graduation date:		Major:	
College name and address:			

ASWB Examinations passed (if any):

1) Exam level _____ Date _____	2) Exam level _____ Date _____
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Licensure Information:

- List ALL Social Work licenses/certifications, **current and expired**, from any jurisdiction.
- **Certified verification form is required from each jurisdiction, except Massachusetts.**
- Check if verification forms are attached: Yes No (no if using the Social Work Registry)

1) License Designation:		State/Province:	
License number:	Date Issued/Expiration date:		
Status:	<input type="checkbox"/> Current <input type="checkbox"/> Expired	<input type="checkbox"/> Revoked/suspended <input type="checkbox"/> Under investigation	<input type="checkbox"/> Other: _____
Basis for License:	<input type="checkbox"/> Examination <input type="checkbox"/> Endorsement	<input type="checkbox"/> Reciprocity <input type="checkbox"/> Grandparenting	<input type="checkbox"/> Other: _____
2) License Designation:		State/Province:	
License number:	Date Issued/Expiration date:		
Status:	<input type="checkbox"/> Current <input type="checkbox"/> Expired	<input type="checkbox"/> Revoked/suspended <input type="checkbox"/> Under investigation	<input type="checkbox"/> Other: _____
Basis for License:	<input type="checkbox"/> Examination <input type="checkbox"/> Endorsement	<input type="checkbox"/> Reciprocity <input type="checkbox"/> Grandparenting	<input type="checkbox"/> Other: _____
3) License Designation:		State/Province:	
License number:	Date Issued/Expiration date:		
Status:	<input type="checkbox"/> Current <input type="checkbox"/> Expired	<input type="checkbox"/> Revoked/suspended <input type="checkbox"/> Under investigation	<input type="checkbox"/> Other: _____
Basis for License:	<input type="checkbox"/> Examination <input type="checkbox"/> Endorsement	<input type="checkbox"/> Reciprocity <input type="checkbox"/> Grandparenting	<input type="checkbox"/> Other: _____

Supervisor/Reference Contact Information:

- A reference form is required from everyone listed
- Check if reference forms are attached: Yes No (no if using the Social Work Registry)

1) Name (supervisor or reference):				
Address:				
City:		State/Province:		Zip/Postal code:
Daytime Phone: ()		Email:		
2) Name (supervisor or reference):				
Address:				
City:		State/Province:		Zip/Postal code:
Daytime Phone: ()		Email:		

3) Name (supervisor or reference):					
Address:					
City:		State/Province:		Zip/Postal code:	
Daytime Phone:	()	Email:			

Applicant Attestations:

1. Has a licensing/certification board in any U.S. or foreign jurisdiction taken any disciplinary action against you? Yes No
2. Are you the subject of pending disciplinary actions by a licensing/certification board in any U.S. or foreign jurisdiction? Yes No
3. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in any U.S. or foreign jurisdiction? Yes No
4. Have you ever applied for and been denied a professional license in any U.S. or foreign jurisdiction? Yes No
5. Have you ever admitted to or been convicted of a felony or misdemeanor in any U.S. or foreign jurisdiction, other than a traffic violation with an assessed fine of less than \$200? Yes No
6. LICSW APPLICANTS ONLY: You must have submitted a thoroughly completed fully participating or nonbilling provider application and signed provider contract to MassHealth.
 I have complied

NOTE: please state the details of any 1 thru 5 "yes" answer on a separate sheet and attach the explanation to this application. The Board is certified by the Criminal History Systems Board [ID# MAREG G] to access data about convictions and pending criminal cases. Those records—and other Federal and professional records—will be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity to discuss any issues with the Board.

By signing this form, you are providing your consent for the Massachusetts Boards of Registration and, where relevant, their supervising state agencies and the Massachusetts Executive Office of Health and Human Services, and where relevant, its provider enrollment vendor, to obtain, read, copy, and share with each other information regarding your MassHealth application and enrollment status and Massachusetts licensure status.

I certify under the pains and penalties of perjury that the information in this application has been reviewed and signed by me, and is true, accurate and complete, to the best of my knowledge. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration of Social Workers to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts' Law. I further attest that, pursuant to G.L. c. 62C, s. 49A, to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law. I further certify under the pains and penalties of perjury that, if I am applying for licensure as a LICSW, I have submitted a completed application to be a fully participating or nonbilling provider to MassHealth. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

Applicant's signature: * _____ Date: ** _____

Notary name (printed): _____ Date: ** _____ SEAL

Notary signature: * _____ Commission Expires: _____

* Must be signed in the presence of a notary public
 ** Signature date must correspond with notarization date; the application must be received within 90 days of the date notarized

Applicant's Name:

NOTE: This page will not be retained with your application.

U.S. Social Security Number

Social Security Number (mandatory):

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NOTE: Pursuant to G.L. c. 62C, s. 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue to ascertain whether you are in compliance with the tax laws of the Commonwealth.

Application Payment

Application Fees: (due with this application)

Indicate application type and fee: **(All fees are non-refundable and subject to change.)**

Application Type (check below)	Applicant is providing all documents (circle fee below)	OR	Applicant using Social Work Registry (circle fee below)
<input type="checkbox"/> New applicant (all licenses)	\$173.00	OR	\$203.00
<input type="checkbox"/> Reciprocity—LICSW	\$267.00	OR	\$327.00
<input type="checkbox"/> Reciprocity—LCSW	\$241.00	OR	\$301.00
<input type="checkbox"/> Reciprocity—LSW	\$213.00	OR	\$273.00
<input type="checkbox"/> Reciprocity—LSWA	\$187.00	OR	\$247.00

Payment Method:

Certified check or money order- payable to ASWB (personal checks are not accepted)

OR

- Visa
- MasterCard
- Discover

Credit card number:																Exp. Date:	MM	YYYY
CID code (last 3 digits from signature panel on back of card) _____													Card Holder's Zip Code: _____					
Card Holder's Name (please print): _____										Card Holder's Signature: _____								



Social Worker Reference Form - Page 1

The Commonwealth of Massachusetts
 Division of Professional Licensure
 Board of Registration of Social Workers
 c/o ASWB
 P.O. Box 1508
 Culpeper, VA 22701

This section must be completed by the licensure applicant

Applicant's name: _____

Maiden name or another name: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Date of graduation (highest degree): _____ Degree conferred: _____

List the highest professional license held:

License: _____ License Number/Jurisdiction _____

License applied for (check one): LICSW LCSW LSW LSWA

WAIVER OF LIABILITY- must be completed by the licensure applicant

I, _____, hereby authorize _____
Applicant's name *Reference's name*

(hereinafter “the reference”) to provide the Board of Registration of Social Workers with all information of any kind that the reference may, in his or her absolute discretion, deem relevant to my qualifications as an applicant. I hereby release and discharge the professional reference from all claims arising out of the provision of such information.

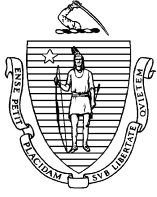
Applicant's signature: _____ **Date:** _____

INFORMATION AND INSTRUCTIONS FOR REFERENCES

General information for references completing this form:

1. The Board assumes that you, in recommending this applicant, will be willing to interpret or to substantiate to the Board your recommendation, should the Board desire to contact you. The Board will keep all information confidential to the maximum extent permitted by law.
2. Complete this reference form only if the applicant has signed the above waiver of liability.
3. **Professional References-** complete **section A and the signature block.**
4. **Supervision References-** complete **sections A and B and the signature block.** *NOTE: experience/supervision hours must correspond to employment dates, please explain if they do not*
5. Return pages 1 and 2 of this reference form to the applicant in the envelope provided.

Social Worker Reference Form - Page 2



The Commonwealth of Massachusetts
Division of Professional Licensure
Board of Registration of Social Workers
c/o ASWB
P.O. Box 1508
Culpeper, VA 22701

This page must be completed by the reference

Applicant's name: _____

A) ALL REFERENCES- Please complete section A:

Reference's name: _____ Title: _____ License Type: _____

- Reference's license number & Jurisdiction: _____ Relationship to applicant: _____
- Dates the reference has known the applicant: from _____ to _____
MM/YY MM/YY
- Extent of knowledge of applicant's professional and ethical behavior:
 Thorough Moderate Limited
- Based on my experience, to the best of my knowledge, the applicant is an individual of good moral character: Yes No (If no, please explain on a separate sheet)
- Quality and extent of endorsement:
 Without reservation With reservation No recommendation
(If with reservation or no recommendation, please explain on a separate sheet)

B) SUPERVISION REFERENCES ONLY- Please complete sections A and B:

- _____
Supervisor's degree *College/University* *Major* *Date of degree*
- I certify that I supervised the above applicant in the field of social work at the following organization: _____ from * _____ to * _____
organization *MM/DD/YY* *MM/DD/YY*
- The applicant worked _____ **hours per week** for _____ **weeks** for a total of * _____ **work hours**
- I supervised _____ **hours per week** for a total of * _____ **hours of face-to-face** supervision
- Applicant's title: _____ **Note:** * supervision/experience hours must correspond to dates listed
- Applicant's duties/responsibilities: _____

- Areas of applicant's specialties: _____

Reference's signature: _____ Date: _____

Address: _____ Phone: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Licensure Verification

(Use this form **ONLY** if you currently hold or ever held a license in a jurisdiction other than Massachusetts)

Board instructions: return this verification form to the applicant in a sealed envelope

Licensee's name:		License Number:													
The Social Work licensing board verifies the following:															
Date license issued:	<table border="1" style="display: inline-table; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>							Expiration date:	<table border="1" style="display: inline-table; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>						
1. This certifies that the above-named individual was issued a license or registration to practice as a: License title: _____ License designation: _____															
<input type="checkbox"/> Social Worker <input type="checkbox"/> Masters Social Worker <input type="checkbox"/> Other, please explain: <input type="checkbox"/> Independent Social Worker <input type="checkbox"/> Clinical Social Worker															
2. License or registration was issued based upon: <input type="checkbox"/> Examination <input type="checkbox"/> Endorsement <input type="checkbox"/> Other, please explain: Exam passed: _____ State/Province: _____ Date exam taken: _____															
<input type="checkbox"/> Reciprocity <input type="checkbox"/> Grandparenting															
3. The board verified that this individual holds a social work degree:			<input type="checkbox"/> Yes <input type="checkbox"/> No												
The license was based on this degree: <input type="checkbox"/> BSW <input type="checkbox"/> MSW <input type="checkbox"/> Social Work Doctorate <input type="checkbox"/> Other (please specify below)															
Degree: _____ Subject: _____															
4. A program accredited by CSWE or CASSW issued the degree:			<input type="checkbox"/> Yes <input type="checkbox"/> No												
5. This license required documented post-masters-degree supervised experience:			<input type="checkbox"/> Yes <input type="checkbox"/> No												
If yes, how much experience was required? _____ years _____ hours Qualifications of the individual who provided supervision:															
6. The license or registration is currently: <input type="checkbox"/> Active <input type="checkbox"/> Expired <input type="checkbox"/> Other, please explain: <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive															
7. This individual has been subject to disciplinary action that is public information:			<input type="checkbox"/> Yes <input type="checkbox"/> No												
8. There is pending disciplinary action against this individual that is public information:			<input type="checkbox"/> Yes <input type="checkbox"/> No												
9. There are unresolved complaints regarding this individual that are public information:			<input type="checkbox"/> Yes <input type="checkbox"/> No												
10. If questions 7, 8, or 9 are answered "yes", an explanation follows. Other information that the board can share about the licensee that might affect another board's licensing decision:															

Board Signature/Date: _____

(Board Seal)

Title: _____

Social Work Licensing Board/Jurisdiction: _____

Email Address/Phone Number: _____

Affidavit & Release

I, the undersigned, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and person named in the various forms and credentials furnished or to be furnished with respect to my application, and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the instructions for completing this application and have answered all questions contained in the application truthfully and completely. I understand and agree that failure on my part to answer questions truthfully and completely may lead to my disqualification from the program and prosecution under appropriate federal, state and provincial laws, including a report of misconduct to the board in all jurisdictions where I am licensed.

I authorize and request every person, government agency (local, state, provincial, federal, foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the ASWB Social Work Registry any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the ASWB Social Work Registry or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge and exonerate the ASWB, its agents or representatives and any person furnishing information of any and all liability of every nature and kind arising out of my participation in the ASWB Social Work Registry. I authorize the ASWB to release information, material, documents, orders or the like relating to this application or me to any entity at my request.

Applicant's signature (must be signed in the presence of a notary public)

Applicant's PRINTED last name

Applicant's PRINTED first name, middle name and suffix (e.g. Jr.)

Date of signature (must correspond to date of notarization)

State/Province of _____, County of _____,
I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this _____ day of _____, 20__.

Notary public signature: _____

Seal

My commission expires: _____



NOTE: Complete this authorization ONLY if using the Social Work Registry document service

Authorization for Release of Information, Documents and Records

I, the undersigned, do hereby authorize the ASWB Social Work Registry to collect, verify and maintain information and copies of documents and records regarding my education, licensure and employment that can subsequently be provided to professional licensing boards, hospitals and other entities when I apply for licensure, staff membership, employment or other privileges.

I request and authorize every person, institution, professional licensing board of any jurisdiction in which I hold or may have held a professional license, government agency (local, state, provincial, federal or foreign), law enforcement agency or other third parties and organizations, and their representatives, to release such information, records, transcripts and other documents concerning my professional qualifications and competence, ethics, character and other information pertaining to me to the ASWB Social Work Registry.

I further request and authorize that the requested information, documents and records be sent directly to:

**ASWB
Social Work Registry
P.O. Box 1508
Culpeper, VA 22701**

Indemnification and Release

I hereby indemnify, release, discharge and hold harmless from any and all liability:

1) The ASWB, its agents, representatives, directors and officers; 2) other agencies and institutions providing the information, their representatives, directors and officers; and 3) any third parties and organizations for any acts, communications, reports, records, transcripts, statements, documents, recommendations or disclosures involving me, made in good faith and without malice, requested or received by the ASWB Social Work Registry.

By my signature below, I acknowledge that information, documents and records required to be furnished by another organization, educational institution, individual or any person or groups of persons must be sent directly by such persons to ASWB. I understand that ASWB will not accept such information, records or documents forwarded by me.

A photocopy of this authorization shall be as valid as the original and shall be valid from the date signed.

Applicant's signature (must be signed in the presence of a notary public) Date of signature

Applicant's PRINTED last name, first name, middle name and suffix (e.g. Jr.)

Date of birth (month/day/year)

State/Province of _____, County of _____, I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this _____ day of _____, 20____.

Notary public signature: _____ Seal

My commission expires: _____

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me. If subsequent CORI checks are necessary, the Division of Professional Licensure will provide me with written notice of the subsequent CORI checks.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature

Date

Please provide the name of the board of registration and license type for which you are applying or currently hold:

Board of Registration

License Type

NOTE: THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM WILL NOT BE ACCEPTED UNLESS IT HAS BEEN SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS COMPLETED THE "VERIFICATION BY NOTARY SECTION" ON PAGE TWO, DOCUMENTING THAT SAID NOTARY HAS VERIFIED THE IDENTITY OF THE SIGNER THROUGH SATISFACTORY EVIDENCE OF IDENTIFICATION.

SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

_____	_____	_____	_____
*Last Name	*First Name	Middle Name	Suffix

***Maiden Name** (or another name(s) by which you have been known)

_____	_____
*Date of Birth	Place of Birth

***Last Six Digits of Your Social Security Number:** _____ - _____

Sex: _____ **Height:** ____ ft. ____ in. **Eye Color:** _____

Driver’s License or ID Number: _____ **State of Issue:** _____

Current and Former Addresses:

_____	_____	_____	_____
Street Number & Name	City/Town	State	Zip

_____	_____	_____	_____
Street Number & Name	City/Town	State	Zip

IDENTITY VERIFICATION SECTION: Prior to submission to the Board’s application vendor, this Section must be completed.

VERIFICATION BY NOTARY:

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:¹

Passport State-issued driver’s license Military identification State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public:	Notary Commission Expires On
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