



NORTH CAROLINA
SOCIAL WORK CERTIFICATION AND LICENSURE BOARD

Post Office Box 1043
Asheboro, North Carolina 27204

www.ncswboard.gov

Phone (336) 625-1679
Fax (336) 625-4246

LICENSE VERIFICATION
Required for Licensure by Substantial Equivalency

Instructions:

Complete Part I of this form and send to the licensing board of the state or jurisdiction in which you hold current license. Upon completion of Part II by the licensing board, this form should be forwarded to the NC Social Work Certification and Licensure Board at the address below. Please note that licensure by substantial equivalency is based on current licensure by a similar board or another country, state, or territory whose certification, registration or licensing standards are substantially equivalent to those required by NC.

PART I

To Be Completed by Applicant

To Whom It May Concern:

I am applying for a license as a Licensed Clinical Social Worker (LCSW) in the State of North Carolina. I affirm that I have read and agree to comply with the Statutes and Rules governing social work practice in North Carolina; and I hereby consent to the release of any information which you may have concerning my license or my practice.

Applicant's Signature: _____

Type or Print Full Name: _____
(First) (Middle) (Last)

Address: _____
(Street/P.O. Box) (City) (State) (Zip)

Phone: _____ DOB: _____ SSN: _____

School Attended: _____ Degree: _____ Year Graduated: _____

Current Employer: _____ Telephone #: _____
(Agency Name)

Job Title: _____ Employment Dates: _____

Supervisor: _____ Supervisor's License No.: _____

Applicants Current Licensure Information:

Jurisdiction: _____ License No.: _____

Title of License: _____ Date Issued: _____

Has this license ever been disciplined? _____ Expiration Date: _____

ASWB Exam Information: *(Please check any exam that you have taken and passed)*

Bachelors: _____ Masters: _____ Clinical: _____ Advanced Generalist: _____

[Note: If you did not take the ASWB Clinical Exam, you are not eligible for LCSW licensure.]

PART II

To Be Completed by Occupational Licensing Board or Regulatory Agency

- 1. Does the information documented in Part I confirm with that in your records? Yes No
If no, please explain: _____

- 2. Did the applicant obtain original license from your state? Yes No
If no, which state issued the original License? _____
- 3. Does your jurisdictional Board have an official transcript on file? Yes No
- 4. Was the program CSWE accredited? [BSW or MSW (circle one)] Yes No
- 5. Was the applicant licensed under a “grandfathering” provision? Yes No
- 6. Was the applicant licensed under an “exemption” clause? Yes No
If yes, check the appropriate box:
 Exam exemption Academic exemption Other

(If “yes” response to question 4 or 5, please explain: _____

- 7. Did the applicant take the ASWB examination for licensure? Yes No
 Bachelors Masters Clinical Advanced Generalist
Exam Score: _____ Date of Examination: _____ Official Score report on file? Yes No
- 8. Do you consider the applicant to be in good standing at this time? Yes No
If no, please explain: _____

- 9. According to your records, has the applicant ever been disciplined by the Board, any state agency or by any professional organization? Yes No
If yes, please explain and attach a copy of the Order, decree or other relevant documentation:

- 10. Did the applicant complete Regulatory Agency or Board approved supervision? Yes No
If yes, give dates supervision was received from: _____ to: _____

Total supervision hours recorded: _____ Total practice hours recorded: _____

Supervisor Name: _____ License No.: _____

- 11. Do you any additional comments regarding the applicant’s license or practice?

Date: _____

Board Chair or Designated Official (Print)

Board Chair or Designated Official (Signature)

Board Seal

Title of Board

Address

City State Zip Phone

Upon completion of this form by the Licensure/Regulatory Authority, please forward to
NC Social Work Certification and Licensure Board
P.O. Box 1043, Asheboro, NC 27204