



NORTH CAROLINA  
SOCIAL WORK CERTIFICATION AND LICENSURE BOARD

Post Office Box 1043  
Asheboro, North Carolina 27204

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

www.ncswboard.gov

Dear Applicant:

Temporary licensure and licensure by substantial equivalency (comity) are based upon current certification, registration, or licensure at an equivalent level by a similar board whose requirements are substantially equivalent to those required by North Carolina. **Temporary licensure may be issued for a period of time not to exceed six (6) months [NCGS § 90B-8(b) and 21 NCAC 63.0213], and may be used for practice approval during a time of crisis, such as a natural disaster, or for military, practice approval while completion of the application process for two-year licensure.**

**Please check the appropriate option below and complete the remaining sections of the application. Once completed, please submit to the Board at the address above with the \$25 application fee (Certified check, Money Order, or Cashier's Check).**

- Option I  
Temporary license only.

You will need to complete the three-page application, including Sections I and II with affirmations then submit to the NC Social Work Certification & Licensure Board with the \$25 application fee. (Certified check, Money Order, or Cashier's Check)

- Option II  
Temporary licensure while awaiting approval of licensure by substantial equivalency (comity).

**Step 1:** You will need to complete the bottom section of this application page, PART I and II of the License Verification document with affirmations then submit to the NC Social Work Certification & Licensure Board.

**Step 2:** While awaiting approval for temporary licensure, you will need to complete and submit to the NC Board the military/military spouse application along with the required application materials indicated on the application.



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### Instructions:

Complete the Application for Temporary License, Part I and II of this form and submit to the NC Social Work Certification and Licensure Board at the address below with the \$25 application fee (Certified check, Money Order, or Cashier's Check). Please note that licensure by substantial equivalency and temporary licensure are based on CURRENT and ACTIVE registration/certification/licensure by a similar board of another country, state, or territory whose standards are **substantially equivalent** to those required by NC.

### SECTION I

I am applying for a license as a Licensed Clinical Social Worker (LCSW) or LCSW Associate (LCSWA) in the State of North Carolina based on credentialing held in another country, state or jurisdiction whose certification/registration/licensing standards are substantially equivalent to those required in NC.

Type or Print Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

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

Email Address: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ -Required pursuant to NCGS 93B-14

School Attended for MSW Degree: \_\_\_\_\_ Date Degree Awarded: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_  
(Agency Name)

Job Title: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

Supervisor (if applicable): \_\_\_\_\_ Supervisor's License No.: \_\_\_\_\_

### Applicants Current Licensure Information:

State/Jurisdiction: \_\_\_\_\_ License No.: \_\_\_\_\_

Title of Credential: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Has this credential ever been disciplined? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

Bachelors: \_\_\_\_\_ Masters: \_\_\_\_\_ Clinical: \_\_\_\_\_ Advanced Generalist: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

**\*\*ATTACH A COPY OF THE REQUIREMENTS FOR THIS CERTIFICATE/LICENSE/REGISTRATION TO BE ISSUED FROM THE STATE/JURISDICTION OF ISSUANCE.\*\***

**[Note: If you do not hold a MSW degree and/or did not take the ASWB Clinical Exam, you are not eligible for LCSW licensure.]**

**SECTION II**

**Affirmations by Applicant-Please check all affirmations accordingly  
Licensure cannot be granted without receipt of a COMPLETE application.**

- I affirm that I have read and I agree to fully comply with the [Statutes](#) and [Rules](#) governing social work practice in North Carolina.**
  
- I affirm that the information provided in Section I of the application is true and accurate; and I further understand that the Board reserves the right to make inquiries about me, including the information I have provided within my application.**
  
- I affirm that my initial application for certification/registration/licensure in another state/jurisdiction included providing a transcript reflecting my MSW degree and that the program is/was accredited by CSWE (Council on Social Work Education).**
  
- I affirm that my initial application for licensure in another state/jurisdiction did not result in my being licensed under a “grandfathering” provision. (Without MSW degree and/or ASWB Clinical Examination)**
  
- I affirm that I have taken and passed the appropriate exam, identified in Section I.**
  
- I affirm that my credential held in another state/jurisdiction is in good standing at the time of this submission. (If credential is not in good standing, please attach a detailed statement and copies of any records regarding such matter for review and consideration by the Board.)**
  
- I affirm that I have not had a credential disciplined by any state/jurisdiction regulatory Board, any state agency or any professional organization. (If applicant has received disciplinary action, please attach a detailed statement and copies of any records regarding such matter for review and consideration by the Board.)**
  
- I affirm that I have completed state/jurisdictional requirements and have attached a copy of the requirements for my certification/licensure/registration.**
  
- I affirm that I shall not practice clinical social work in North Carolina until such time as I receive confirmation of my temporary license from the NC Social Work Certification & Licensure Board. (Confirmation may be obtained online through the License Lookup link once issued.)**
  
- I affirm and understand that in accordance with NCGS § 90B-8(b) and 21 NCAC 63.0213 (a), my temporary license is valid for a limited period of time from the date of issuance and will expire on the date determined by the Board.**

\_\_\_\_\_  
(Applicant’s Name) PRINT

\_\_\_\_\_  
(Contact number including area code)

\_\_\_\_\_  
(Applicant’s Signature)

\_\_\_\_\_  
(Date of Signature)