



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

LCSW SHORT-FORM APPLICATION

(Three-Part Document)

PART I: Affirmation and Signature

Note: This document to be used only by LCSW Associate licensees who have completed all requirements for LCSW licensure. Please review, with your clinical supervisor, your six-month review submissions submitted to the Board to ensure all requirements have been met (initial below):

1. ___ 3,000 hours of paid supervised clinical experience **in a period no less than 2 years** or more than 6 years. You must document **two years (24 months) of supervised clinical practice to qualify for the LCSW license**. Insert start date of supervised clinical practice reported on first six-month review form: _____;
2. ___ Minimum of 100 hours of clinical supervision. Insert total number of clinical supervision hours completed Individual _____ Group _____ (include final six-month Review Form to document all supervised clinical practice and supervision obtained since your last submission);
3. ___ Passed the ASWB Clinical level exam. Insert date of passing exam _____;
4. ___ Documentation of continuing education at the required rate of 40 hours within a two-year licensing period, with at least 4 hours of continuing education focused on ethics in social work practice. [*Refer to the Board's Position Statement on Continuing Education for information on pro-rated continuing education for licensure periods less than two years.*]

**** Enclose a non-refundable fee of \$145.00 (certified check, money order, or cashier's check submitted within six months of issuance) payable to NCSWCLB.****

___ I affirm that I have completed the necessary requirements to obtain licensure in North Carolina as a Licensed Clinical Social Worker and that the information provided herein is accurate.

___ I affirm that I have reviewed the North Carolina General Statute GS § 90B, the Social Worker Certification and Licensure Act, and Title 21, Chapter 63 of the North Carolina Administrative Code, including the Administrative Rules, Ethical Guidelines, and Disciplinary Procedures; and I hereby agree to fully comply with them. (Please reference the Board's website at www.ncswboard.gov for the most current edition)

___ I affirm that I have not violated any of the North Carolina Social Work Certification and Licensure Board governing rules or statutes, including the *Ethical Guidelines*.

___ I affirm that I have not been convicted of a crime (excluding minor traffic violations other than DWI/DUI) since my initial application for associate licensure. (Attach letter of explanation if applicable)

Full Name _____ LCSWA license # _____

Home Address _____
Street/P.O. Box _____ City/State/Zip _____

Work Address _____
Street/P.O. Box _____ City/State/Zip _____

Home Phone# _____ Work Phone# _____

Signature _____ Date _____

LCSW Supervisor Signature _____ Date _____

LCSW Supervisor to check appropriate space below:

___ I recommend continued supervised clinical practice at the LCSWA level.

___ I recommend this LCSWA for LCSW licensure (applicable only after completing all minimum requirements).

SSN VERIFICATION: The Board is required to verify the Social Security number of all applicants for licensure or certification. To complete this requirement, complete and submit Form SSA-89 with your application. When completing Form SSA-89:

- Make sure that your printed name matches the name on your social security card exactly.
- Double-check your legal name, date of birth, and social security number for typos.
- In the *Reason for Authorizing Consent* field, select: **To meet a licensing requirement.**
- In the *Company Name* field, enter the Board's legal name exactly as follows **North Carolina Social Work Certification and Licensure Board**, do not use abbreviations or the '&' symbol.
- The form must be signed in ink.

Any typos or incomplete information will result in the Form SSA-89 being rejected. If the form is rejected, your application cannot be processed until a corrected Form SSA-89 is submitted.

PUBLIC NOTICE STATEMENT

I certify that I have read and understand the “public notice statement” maintained by the N.C. Industrial Commission, Employee Classification Section on their website at www.ic.nc.gov.

Further, I certify that I have _____ / have not _____ (*check one*) been investigated for employee misclassification within the past twelve (12) months for initial applicants or since my last renewal.

Printed Name

Signature

Date (mm/dd/yyyy)

Applicants who have been investigated for employee misclassification shall attach a copy of the investigation results with their application. Failure to comply with this certification statement and disclosure requirement shall result in denial of your application for certification/licensure/renewal.