

For Board Use Only

Date of Application _____

License Number _____

Exam Results _____

Level _____

Date of Examination _____

Date Issued _____

Approved for Endorsement _____

Date Expires _____

\$ _____ Exam Fee Ck# _____

Child Support Checked _____

\$ _____ Application Fee Ck# _____

ASWB Disciplinary Data Bank Checked _____

SOUTH DAKOTA BOARD OF SOCIAL WORK EXAMINERS

810 N. Main Street • Suite 298 • Spearfish, SD 57783

(605) 642-1600

Under the laws of the State of South Dakota, I hereby make application for a biennial license as a:

Certified Social Worker to engage in Private, Independent Practice

- (1) Currently licensed as a certified social worker;
- (2) Has had 2 years of experience under appropriate supervision after licensure as a certified social worker;
- (3) Passed an examination prepared by the Board. (See #6 Instructions)

Certified Social Worker

- (1) Has doctorate in social work or masters in social work from an accredited school;
- (2) Passed an examination prepared by the Board. (See #6 Instructions)

Social Worker

- (1) Has a BS degree in a social work or social welfare program accredited by council of social work education.
- (2) Passed an examination prepared by the Board. (See #6 Instructions)

Social Worker by Equivalency

- (1) BS degree in another field, 2 years experience in a social work capacity, & completion of courses equivalent to a social work program approved by the board, minimum requirements: Intro to Social Work (3 credits); Social Work Methodology (6 credits); Contact the SW Board for more information.
- (2) Passed an examination prepared by the Board. (See #6 Instructions)

Social Work Associate

- (1) Has a BS degree in a nonsocial work field or a AA degree in a human services program approved by the board; This level requires supervision to practice.
- (2) Passed an examination prepared by the Board. (See #6 Instructions)

Please type or print:

Full name _____
Last Name, First Name, Middle Name, Maiden Name

Mailing Address _____
Street or PO Box City State Zip

Name of Employer _____

Business Address _____
Street or PO Box City State Zip

Your Home Phone #: (_____) _____ Business Phone #: (_____) _____

Social Security #: _____ - _____ - _____ Date of Birth: _____

(Social Security number's use is intended for purposes of identification related to licensure issues, discipline and other board related issues).

BY APPLYING FOR LICENSURE TO THE SD BOARD OF SOCIAL WORK EXAMINERS, I:

- Authorize Board representatives to consult with others who have been associated with me and/or who may have information bearing on my competence and qualifications.
- Consent to Board representatives inspection of all records and documents that may be material to an evaluation of my professional qualifications and competence to carry out the privileges I request, of my physical and mental health status and of my professional and ethical qualifications.
- Release from any liability all Board representatives for their acts performed in good faith and without malice in connection with evaluation of me and my credentials.
- Release from any liability all individuals and organizations who provide information, including otherwise privileged or confidential information, to the SD Board of Social Work Examiners in good faith and without malice concerning my competence, professional ethics, character, physical and mental health, emotional stability, and other qualifications for staff appointment and clinical privileges.
- I declare and affirm under penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

APPLICANT'S SIGNATURE

Print Name as you wish it to appear on license

AFFIDAVIT

Date

State of _____

SS

County of _____

The applicant _____ being duly sworn, declares that he or she is the person who is referred to in the foregoing application, that the information supplied therein is true to the best of his or her knowledge, and that he or she has read and understands the application.

Subscribed and sworn to before me this _____

day of _____, _____.

Signature of Notary Public

My commission expires _____

The Board of Social Work Examiners does adhere to the Human Relations Act of 1972 and therefore does not discriminate against applicants on the basis of race, sex, religion or national origin.

In accordance with the Americans With Disabilities Act if you so desire special accommodations please contact this office 60 days prior to exam.

- **NO APPLICATIONS WILL BE PROCESSED WITHOUT SUBMISSION OF ALL FEES.**
- **Please follow the blue instruction/checklist sheet sent to you.**

1. Are you licensed or have you ever been licensed to practice social work in a state other than South Dakota:

Yes No

Give State _____ Licensed from _____ to _____ Number _____

If yes, please request from the Board the form for "Out of State Licensure Verification" for each state you held a license.

2. Have you ever been licensed to practice social work in South Dakota?

Yes No

If yes, level of licensure _____ under the name of _____

_____ dates from _____ to _____.

3. Has any state rejected your application or revoked your professional license?

Yes No

If yes, give complete details on a separate sheet.

4. Has any professional association rejected your application for membership or revoked a membership you held?

Yes No

If yes, give complete details on a separate sheet.

5. Has any State Board of Examiners or any professional organization determined that you committed unprofessional conduct?

Yes No

If yes, give complete details on a separate sheet.

6. Have you ever been convicted of a crime other than misdemeanor traffic offenses?

Yes No

If yes, give complete details on a separate sheet, including copies of the court's judgment and any written decisions in that case.

7. Have you ever been accused in a court of law of any civil or criminal misconduct, other than misdemeanor traffic offenses, which is not listed elsewhere in your responses to this application?

Yes No

If yes, give complete details on a separate sheet, including copies of the court's judgment and any written decision in that case.

8. Have you ever taken and passed the ASWB examination? Yes No

If yes, which examination level did you take and pass? _____

9. SDCL 25-7A-56 prohibits the issuance or renewal of any state regulated license if an applicant owes \$1,000 or more in past due child support. Do you owe \$1,000 or more in past due child support? Yes No

COLLEGE EDUCATION (list all colleges attended).

Was your Bachelor or Master's program in Social Work accredited by the Council on Social Work Education at time of graduation? Yes No

Please have official college transcripts listing your social work degree sent **DIRECTLY** to the Board of Social Work Examiners by the registrar of college/university. Social Work Associate Level, please have official college transcripts listing your BS or AA degree in a non-social work field sent directly to the Board of Social Work Examiners by the registrar of college/university.

Name and Location of College/University	Dates Attended		Major Field	Degree Granted
	From	To		

REFERENCES

List three professional references who can attest to your competency as a social worker. Please request each reference to send a letter to the Board of Social Work Examiners.

1. Name: _____ Occupation: _____

2. Name: _____ Occupation: _____

3. Name: _____ Occupation: _____

ADDITIONAL REQUIREMENTS FOR PRIVATE, INDEPENDENT PRACTICE:

If applying for licensure as a “Certified Social Worker in Private, Independent Practice,” you must have experience totaling 24 months after you have been licensed as a CSW and passed the Intermediate level examination. If you are obtaining your license based on qualifications obtained in another state, please have all supervisors complete “Verification of Out of State Experience Form” for licensure as a CSW-PIP. South Dakota applicants list supervisor’s under which you obtained your contract supervision.

Date of Approved South Dakota Supervision Contract: _____, 20_____

Name of Supervisor: _____

Name of Supervisor: _____

Name of Supervisor: _____

Note: It is the applicant’s responsibility to contact each of the above supervisors requesting that they fill out the necessary form(s) provided by the Board validating your experience. Applications will not be acted upon until the Board has received the “Verification of Out of State Experience form for licensure as a CSW-PIP” from the above supervisors for out of state applicants or Completion/Termination of Contract form, Validation of Employment and Appraisal form from all contract supervisors for current CSW level South Dakota applicants.