

For Board Use Only

Date of Application _____	License Number _____
Exam Results _____	Level _____
Date of Examination _____	Date Issued _____
Approved for Endorsement _____	Date Expires _____
	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 - \$210.00**
 - (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.
- Certified Social Worker - \$170.00**
 - (1) Has doctorate in social work or Masters in Social Work from an accredited school;
 - (2) Passed an examination prepared by the Board.
- Social Worker - \$130.00**
 - (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.
- Social Work Associate - \$90.00**
 - (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.

Please type or print:

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

Mailing Address _____
 Street or PO Box City State Zip

Name of Employer _____

Employer Address _____
 Street or PO Box City State Zip

Email: _____

Employer Business Type: Unknown • Individual • Partnership • Corporation • Association • LLC • LLP • Other
(Please circle one)

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

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

Race (Please circle one): White • Black or African American • American Indian or Alaskan Native • Asian
Native Hawaiian or Other Pacific Islander • Not Listed or Prefer not to answer • Not applicable

Gender (Please circle one): Male • Female • Prefer not to answer • Not applicable

Ethnicity (Please circle one): Hispanic • Nonhispanic • Prefer not to answer • Not applicable

1. Are you licensed or have you ever been licensed to practice social work in a state other than South Dakota:
 Yes No

Please list state(s) _____ If yes, please request from the Board the form for "Out of State Licensure Verification" for each state you have held a license or contact each state's board office directly and request they send their verification form direct to our office.

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

10. Is your spouse an active duty member of the armed forces? Yes No

10a. If yes, was your spouse subject to military transfer to South Dakota? Yes No

10b. If yes, did you leave employment to accompany your spouse to South Dakota? 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 the 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 the college/university.

Name and Address 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 that each person noted send a letter of reference to the Board of Social Work Examiners. These letters will need to be received in order to complete your application materials.

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 undergone supervision totaling 24 months after you have been licensed as a CSW. South Dakota applicants please list supervisor’s under which you obtained your contract supervision below. If you are applying for licensure based on supervision obtained out of state, please have all supervisors complete the “Verification of Out of State Experience Form”. All CSW-PIP applicants that obtained supervision out of state must go before the Board for review at the next board meeting before licensure can be granted.

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 the Completion/Termination of Supervision Form and Appraisal Forms from all contract supervisors for current CSW level South Dakota applicants.

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 regarding 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 SIGNATURE

Print Name as you wish it to appear on license

Date

AFFIDAVIT

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 the Board office.

- **NO APPLICATIONS WILL BE PROCESSED WITHOUT SUBMISSION OF ALL FEES.**
- **Please follow the blue instructions/checklist sheet sent to you with your application packet.**