

For Board Use Only

Date of Application _____ App Fee \$ _____ Check# _____
Date of Exam _____ Examination Results/ Level _____
License Number _____ Date Issued _____ Expires _____
Date Child Support Checked: _____ Date ASWB Disciplinary Checked: _____

South Dakota Board of Social Work Examiners

810 N. Main St., #298 · Spearfish, SD 57783-2446 · Phone: (605) 642-1600

Under the laws of the State of South Dakota, I hereby make application for a biennial license as a: (please check level below)

- **Certified Social Worker to engage in Private, Independent Practice - \$210.00**
 - 1. Currently licensed as a certified social worker;
 - 2. Has had 2 years' 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 a doctorate in social work or master's 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 the council of social work education.
 - 2. Passed an examination prepared by the board.
- **Social Worker Associate - \$90.00**
 - 1. Has a BS degree in a nonsocial work field or an AA degree in a human services program approved by the board. This level requires supervision to practice.
 - 2. Passed an examination approved by the board.

GENERAL INFORMATION (Please Type or Print)

1. Name _____ 2. Degree _____
(Last) (First) (MI) (Previous or Maiden name)
- Additional Name(s) or Alias _____
3. Home Address _____
(Street or P.O. Box) (City) (State) (Zip)
- Home Phone (_____) _____
- Email Address: _____
4. Business Address _____
(Street or P.O. Box) (City) (State) (Zip)
- Business Phone (_____) _____
5. Date of Birth ____/____/____ Social Security Number: _____
6. Gender: _____
7. Race (optional): _____

8. Ethnicity (optional) (Please Circle One): Hispanic - Non-Hispanic
9. Are you or have you ever been licensed in any other State or Province? Yes No
- If yes**, please request a Verification of Licensure from each State or Province and have it returned directly to the Board Office.

Please list state(s): _____
 Licensure Type: _____

10. Have you ever taken the **ASWB** examination? **If yes**, which examination level did you take and pass? Yes No
- If yes**, please circle one: Clinical/Masters/Bachelors/Associates

11. Have you ever been licensed in **South Dakota**? Yes No

If yes, Licensure Type _____ Licensure Number: _____

Issue Date _____ Expiration Date _____

Reason for Lapse or Termination: _____

12. Has any State/Province rejected your application or revoked your professional license or certificate? Yes No

13. 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.

14. Has any State/Province Regulatory Board or any professional organization determined that you committed Unprofessional conduct? Yes No
- If yes, give complete details on a separate sheet.

15. Have you ever been convicted, plead no contest/nolo contendere, plead guilty to, or been granted a deferred judgment or suspended imposition of sentence or had prosecution deferred with respect to a felony? Yes No

If yes, provide a personal statement detailing the nature of the crime, whether you think the crime relates to your practice, and description of rehabilitation efforts. You must also submit copies of charges or citations and ALL communications (to and from) the citing agency AND the court of jurisdiction, including evidence of completion/compliance with court requirements. You must attach all communications for a violation to the signed and dated explanation of that violation. Please put correspondence in chronological order (most recent first). If you have more than one violation, please do the same for each violation. This does not include records that have been sealed, expunged, or pardoned.

[warning that failure to disclose a conviction may result in a denial of licensure and failure to provide requested documentation of any conviction may be considered an incomplete application]

16. Have you ever been convicted, plead no contest/nolo contendere, plead guilty to, or been granted a deferred judgment or suspended imposition of sentence, or had prosecution deferred with respect to a misdemeanor other than a class 2 misdemeanor traffic offense? *It is your responsibility to confirm whether the infraction is a class 1 or class 2 misdemeanor* Yes No

If yes, provide a personal statement detailing the nature of the crime, whether you think the crime relates to your practice, and description of rehabilitation efforts. You must also submit copies of charges or citations and ALL communications (to and from) the citing agency AND the court of jurisdiction, including evidence of completion/compliance with court requirements. You must attach all communications for a violation to the signed and dated explanation of that violation. Please put correspondence in chronological order (most recent first). If you have more than one violation, please do the same for each violation. This does not include records that have been sealed, expunged, or pardoned.

[warning that failure to disclose a conviction may result in a denial of licensure and failure to provide requested documentation of any conviction may be considered an incomplete application]

17. 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

18. Is your spouse an active-duty member of the armed forces? Yes No
 If yes, was your spouse subject to military transfer to South Dakota? Yes No
 If yes, did you leave employment to accompany your spouse to South Dakota? Yes No

19. **EDUCATION OR TRAINING:** (List all colleges attended).
 • Was your Bachelor’s or master’s program in Social Work accredited by the Council of Social Work at the time of graduation?
 (Please circle one): 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.

University Or College	Address (City, State, Zip)	Dates Attended (xx/xx/xxxx – xx/xx/xxxx)	Degree	Major Subject
a. _____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____
e. _____	_____	_____	_____	_____

PROFESSIONAL REFERENCES: List three professional references who can attest to your competency as a social worker.

Name: _____ Occupation: _____

Address: _____ Phone: _____

Name: _____ Occupation: _____

Address: _____ Phone: _____

Name: _____ Occupation: _____

Address: _____ Phone: _____

ADDITIONAL REQUIREMENTS FOR PRIVATE, INDEPENDENT PRACTICE

If applying for licensure as a “Certified Social Worker in Private Practice,” you must have undergone supervision totaling 24 months after you have been licensed as a CSW. South Dakota applicants please list the supervisors 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” and send it with the application.

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 states applicants or the Completion /Termination of Supervision Form and Approval 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' inspections 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.
- Am applying to be considered for licensure by the South Dakota Board of Social Work Examiners. I understand that South Dakota requires passing of the ASWB Examination at the appropriate level of licensure.
- Have enclosed the level-appropriate, non-refundable application fee that covers the processing of my application.
- Understand that if I have already obtained a passing score on the ASWB exam and hold a current license in another state or Canadian Province, the exam may be waived upon meeting South Dakota requirements.
- Understand that if I need to sit for the ASWB exam, the completed application must be approved, and I will not be permitted to sit for the exam until my credentials are received and approved by the Board. I understand I will need to contact ASWB to pay the examination fee and schedule an appointment to sit the exam.
- Have requested official transcripts to be sent directly to the Board office from the college/university from which I graduated with my highest degree.
- Understand that at the discretion of the Social Work Board I may be asked to furnish additional credentials or documentation.
- Have read South Dakota Codified Law, Chapter 36-26 and Administrative Rules of South Dakota, Article 20:59, available on the board website.
- Understand (if applicable) once I become licensed as a CSW and wish to obtain CSW-PIP licensure, my supervision/supervisor must be approved prior to beginning supervision.
- 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

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 American with Disabilities Act if you so desire special accommodations, please contact the Board Office.

NOTORIZATION

The applicant _____, having appeared before me and being identified as the same individual by the appropriate identification, being sworn, deposes and says that he/she is the person who executed this application; that the statements herein contained are true in every respect; that he/she has not suppressed any information that might affect this application.

Subscribed and sworn before me this _____ day of _____, _____

My commission expires _____

Signature of Notary Public

(Seal)

