



Mike Beebe
Governor

STATE OF ARKANSAS SOCIAL WORK LICENSING BOARD

Mailing Address
P. O. Box 251965
Little Rock, AR 72225

Street Address
2020 West Third, Suite 518
Little Rock, AR 72205

Ruthie Bain
Executive Director

Phone 501-372-5071
Fax 501-372-6301
Email: swlb@arkansas.gov
Website: arkansas.gov/swlb

Applicant's Name: (as to Appear on License) _____

LICENSE LEVEL BEING APPLIED FOR: _____ Licensed Social Worker (LSW)
_____ Licensed Master Social Worker (LMSW)
_____ Licensed Certified Social Worker (LCSW)

NAME: Last First Middle _____ Maiden or other names used _____

Name as it appears on your driver's license _____ Place of Birth (City and State) _____

Address (street) _____ Social Security Number _____

City State Zip Code _____ Date of Birth _____

County of Residence Gender Ethnicity Race _____

Home Phone Cell Phone Work Phone Email Address _____

THIS SECTION FOR USE BY BOARD ONLY – DO NOT WRITE BELOW THIS LINE – One this page

Date Application Received: _____ Fee Amount: \$100.00 Receipt Number: _____

Transcript Received Date: _____ CSWE Accredited: Y N

Initial Background Check Forms Received: _____ Results Received: _____

Supervision Documentation (LCSW only): Y N

Reciprocity Only:

State: _____ License Current: Y N ASWB Exam: Y N Level: _____ Qualifies: Y N
State: _____ License Current: Y N ASWB Exam: Y N Level: _____ Qualifies: Y N

NOTES: _____

Provision Issued? ___ YES ___ NO Date Reviewed: _____ APPROVED DENIED

Board Member Signature

Board Member Signature

EDUCATION INFORMATION

BSW Degree Date: _____ Name of University: _____ City/State: _____

MSW Degree Date: _____ Name of University: _____ City/State: _____

YOU must contact your University and request they send an official transcript with your degree posted to the Board's mailing address.

EMPLOYMENT INFORMATION

Are you currently employed? _____ Yes _____ No If yes, Full Time: _____ Part Time: _____

Current Employer: _____ Start Date: _____ to present.

Address (full) _____

Work Phone: _____ Work Email: _____

Work Fax: _____ Work Website: _____

Job/Position Title: _____ Supervisor: _____

Job Duties/Responsibilities: _____

PAST EMPLOYMENT HISTORY

(Include at least 2 years previous employment if applicable)

Current Employer: _____ Start Date: _____ to present.

Address (full) _____

Work Phone: _____ Work Email: _____

Work Fax: _____ Work Website: _____

Job/Position Title: _____ Supervisor: _____

Job Duties/Responsibilities: _____

PAST EMPLOYMENT HISTORY

(Include at least 2 years previous employment if applicable)

Current Employer: _____ Start Date: _____ to present.

Address (full) _____

Work Phone: _____ Work Email: _____

Work Fax: _____ Work Website: _____

Job/Position Title: _____ Supervisor: _____

Job Duties/Responsibilities: _____

PAST EMPLOYMENT HISTORY

(Include at least 2 years previous employment if applicable)

Current Employer: _____ Start Date: _____ to present.

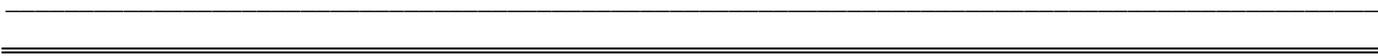
Address (full) _____

Work Phone: _____ Work Email: _____

Work Fax: _____ Work Website: _____

Job/Position Title: _____ Supervisor: _____

Job Duties/Responsibilities: _____



BACKGROUND INFORMATION

- 1. Are you currently license in Arkansas and applying for a change in level of licensure?
 YES NO If yes, give current license number: _____
- 2. Have you previously held a social work license or provisional license in Arkansas?
 YES NO If yes, please list license number and/or expiration date: _____
- 3. Are you applying for licensure through reciprocity with another state or jurisdiction?
 YES NO
- 4. Please provide the following information for each state or jurisdiction in which you currently hold or have held a social work license, certification or registration.

State	License Number	Level of Licensure	Issue Date	Expiration Date	Level of Exam Taken

If you have or have ever held a social work license, certification or registration, you must complete the Verification of Licensure Form and send it to each state or jurisdiction.

- 5. Have you ever been denied a professional license, certification or registration because of disciplinary proceedings in Arkansas or any other state or jurisdiction?
 YES NO
- 6. Have you been refused renewal of a professional license pursuant to disciplinary proceedings?
 YES NO
- 7. Have you ever had a professional license suspended or revoked?
 YES NO
- 8. Have you ever voluntarily surrendered a professional license?
 YES NO
- 9. Are you currently or have you ever been under any investigation regarding your professional practice?
 YES NO
- 10. Have you ever pleaded guilty or nolo contendere to, or been found guilty of, any of the offenses listed in Arkansas Code Annotated (A.C.A.) § 17-103-307? (a copy of A.C.A. § 17-103-307 may be found at www.arkansas.gov/swlb, under Laws and Regulation, Arkansas Code)
 YES NO

If you answered yes to questions 5-10, you must attach a detailed explanation.

Continued

CRIMINAL BACKGROUND CHECK

ALL Applications for licensure must complete a Criminal Background Check. The results of the Criminal background check must be received prior to the application being reviewed by the Board. This includes current and previous licensed applicants. Instructions and forms may be found at www.arkansas.gov/swlb under FORMS.

APPLICANTS AFFIDAVIT

I, the undersigned, do hereby apply for a license under the terms of the Social Work Licensing Law (A.C.A. 17-103-101 et. seq.), and I do solemnly swear that all statements contained in this application are true and correct to the best of my knowledge. I fully understand that all statements made in this application may be subject to verification and that any false and/or misleading answer may be grounds for refusal, or subsequent revocation or suspension of my license.

I also understand that in accordance with Arkansas Code Annotated 17-1-104, applicants for social work licensure must include their Social Security number on the application for licensure, and that my name, address and social security number will be forwarded to the Office of Child Support Enforcement on a quarterly basis.

I understand it is my responsibility to make sure all documentation is submitted and/or received by the Board. I have enclosed **two** (2) Cashier's Checks or Money Orders, both payable to the AR Social Work Licensing Board for the application fee (\$100) and the Criminal Background check processing fee (\$38.50). **NO PERSONAL CHECKS WILL BE ACCEPTED.** I hereby acknowledge that these fees are non-refundable.

CHECKLIST:

- Completed Application
- Background Check Forms
- Fees (Application fee and Criminal Background Check fee)
- Requested Transcript from University
- Sent Verification of Licensure to other state(s), if required.
- Submitted documentation of Supervision (LCSW only)

Signature of Applicant

Printed Name of Applicant

Date



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P. O. Box 251965
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Ruthie Bain
Executive Director
Phone 501-372-5071
Fax 501-372-6301
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Website: arkansas.gov/swlb

CRIMINAL BACKGROUND CHECK INSTRUCTIONS

Dear Applicant:

AR Code Annotated 17-103-307 requires all applicants for social work licensure to apply to the Identification Bureau of the Arkansas State Police for state and national criminal background checks prior to being issued licensure.

No Applicant will be issued licensure (includes provisional) until the *results* of the criminal background check are received. It may take 2 - 6 weeks to receive the results.

It is the responsibility of the applicant to submit the following forms to the Board:

1. Completed Record Check Form (must be notarized)
2. Completed fingerprint card (instructions below)
3. Required processing fee. Money Order or Cashier's Check payable to the Arkansas Social Work Licensing Board. No personal checks or cash will be accepted.

INSTRUCTIONS:

1. Complete the Record Check Form and have it notarized.
2. Obtain a completed fingerprint card. **You MUST use a standard FBI fingerprint card, form No. FD-258 used by the FBI for noncriminal fingerprinting.** You can obtain this card at your local police department, sheriff's office, state police office, or you can contact the Arkansas Social Work Licensing Board to have one sent to you.
3. Attach a Cashier's Check or Money Order payable to the ARKANSAS SOCIAL WORK LICENSING BOARD in the amount of \$38.50. (No personal checks or cash accepted)
4. Mail all forms to:
Social Work Licensing Board
P.O. Box 251965
Little Rock, Arkansas 72225

If you have questions or need additional information, please contact the board office at the above address or phone number.

FBI Fingerprint Card Instructions:

- **You MUST use a standard FBI fingerprint card, form No. FD-258 used by the FBI for noncriminal fingerprinting.**
- **You** can obtain this card at your local police department, sheriff's office, state police office, *or* you can contact the Arkansas Social Work Licensing Board office to have one sent to you.
- **Have fingerprints done by someone APPROPRIATELY TRAINED to collect them. A delay in the processing of your FBI criminal background check is commonly caused by incomplete FBI fingerprint cards and poor quality of fingerprints.**
 - Your local police or sheriff's department may be willing to accommodate you. There may or may not be a fee involved. The Arkansas State Police ID Bureau in Little Rock, on Geyer Springs Road at I-30, will do your fingerprints **WITHOUT** charge Monday through Friday from 8:30 a.m. to 4:30 p.m.
- **DO NOT BEND OR FOLD THE FBI FINGERPRINT CARD** – place in an appropriately sized mailing envelope with the Record Check Form and required fee.
- **DO NOT CONTACT the Arkansas State Police or the FBI** about the status of your criminal background check. Those agencies will notify the Arkansas Social Work Licensing Board.

Fields to be completed on the Fingerprint Card

(Type or print, black ink only - Fingerprints must be done in **BLACK** Ink.)

- Last name, First name, Middle name
- Signature of person fingerprinted
- Aliases (other names you have used, including nicknames, maiden names, other married names, etc.)
- Date of birth (MM/DD/YYYY)
- Residence of person fingerprinted (street address or post office box, city, state, zip)
- Citizenship (i.e., United States, England, Mexico)
- Sex: M= Male, F= Female
- Race: A=Asian; W=White; B=Black; I=American Indian, H=Hispanic, U=Unknown
- Height
- Weight
- Eyes: BLU=Blue; BRO=Brown; BLK=Black; GRY=Gray; GRN=Green; HAZ=Hazel; XXX=Unknown
- Hair: BAL=Bald; BRO=Brown; BLK=Black; SDY=Sandy; GRY=Gray; WHI=White; BLN=Blond; RED=Red; XXX=Unknown
- Place of birth (city/state or foreign country)
- Employer and address ("none" if you are unemployed)
- Reason Fingerprinted - **This block MUST read: Licensure of Social Workers – ACA § 17-103-307**
- Social Security Number
- Leave all other spaces blank (i.e., OCA, FBI, MNU)
- If an individual is missing one or more fingers, a notation in the fingerprint block(s) indicating why a partial or missing image exists must be written in. Handwritten notation recommended for fingerprint submissions include: AMP=amputated; TI=tip amputated; Missing at Birth; Cut off; Shot off; Deformed; and Missing.