Asa Hutchinson
Governor

STATE OF ARKANSAS
SOCIAL WORK LICENSING BOARD

Ruthie Bain
Executive Director

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

Street Address
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Little Rock, AR 72205

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:
(LSW and LMSW includes Provisional)

_____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/A

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

Revised: 11/28/2016

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. (Currently licensed Arkansas LMSW's do not need to send a new transcript)

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 _____

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 _____

Address (full) _____

Work Phone:_____ Work Email:_____

Work Fax:_____ Work Website:_____

Job/Position Title: _____ Supervisor:_____

Job Duties/Responsibilities:_____

_____

continued

PAST EMPLOYMENT HISTORY

(Include at least 2 years previous employment if applicable)

Current Employer: _____ Start Date: _____ to _____

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/endorsement 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 in Arkansas or any other state or jurisdiction?
   _____YES _____NO

6. Have you been refused renewal of a professional license?
   _____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 been pleaded guilty or nolo contendere to, or been found guilty of, any of the following:
    (1) Any offenses specifically enumerated in A.C.A. § 17-103-307(e)(1) – (33);
    (2) Any felony;
    (3) Any crime, misdemeanor or felony, involving moral turpitude; or
    (4) Any criminal offense, misdemeanor or felony, involving violence, dishonesty, fraud, deceit, breach of client trust, or abuse of the vulnerable. _____YES _____NO (a copy of A.C.A. § 17-103-307 may be found at www.arkansas.gov/swlb, under Laws and Regulation, Arkansas Code)

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. Criminal Background Checks will only be performed after a completed application for licensure has been received by the Board. 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. You will be mailed a packet containing the Fingerprint card and required forms once your complete application has been received. Only the forms provided by the Board may be used.

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 a Money Orders or Cashier's Check for the application fee of $100. The Money Order or Cashier's check is payable to the AR Social Work Licensing Board. NO PERSONAL CHECKS WILL BE ACCEPTED. I hereby acknowledge that these fees are non-refundable.

CHECKLIST:
_____ Completed Application
_____ Fee ($100 Application fee)
_____ Requested Transcript from University (not required if currently licensed as a LMSW)
_____ Sent Verification of Licensure to other state(s), if required.
_____ Submitted documentation of Supervision (LCSW only)
_____ Official ASWB Score Report if currently licensed in another state or jurisdiction and applying for license in Arkansas. www.aswb.org

A Criminal Background check is also required and you will be mailed the official forms once we have received your completed application for licensure.

_____ _____
Signature of Applicant Printed Name of Applicant

_____
Date