



Asa Hutchinson
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:
(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
Revised: 05/17/2017

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. (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. Applications are valid for 6 months.

CHECKLIST:

- Completed Application
- Fee (\$100 Application fee)
- Requested Transcript from University (not required if currently licensed in Arkansas 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