



# Arkansas Department of Health

José R. Romero, MD, Secretary of Health

## Social Work Licensing Board

Ruthie Bain, Director

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Email: [swlb@arkansas.gov](mailto:swlb@arkansas.gov) Website: <http://www.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

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. (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: \_\_\_\_\_

**PAST EMPLOYMENT HISTORY**

(Include at least 2 years previous employment if applicable)

Current Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_ to \_\_\_\_\_

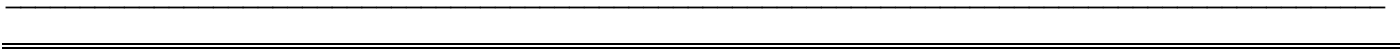
Address (full) \_\_\_\_\_

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. Please use back of the page if there were more than three.

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. This form is not necessary for Arkansas license verification.**

- 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. §17-3-102;  
 (2) Any felony;  
 (3) 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](http://www.arkansas.gov/swlb), under Laws and Regulation, Arkansas Code)
- 11. Please indicate if you or your spouse is active duty military service or if you or your spouse is within one (1) year of discharge from active duty.  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. 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](http://www.aswb.org)

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date