Arkansas Department of Health
José R. Romero, MD, Secretary of Health
Social Work Licensing Board
Ruthie Bain, Director
Mailing Address: P. O. Box 251965, Little Rock, AR 72225
Telephone (501)-372-5071, Fax (501)-372-6301
Street Address: Freeway Medical Tower, 5800 West 10th, Suite 100, Little Rock, AR 72204
Email: swlb@arkansas.gov  Website: http://www.arkansas.gov/swlb/

<table>
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<tr>
<th>Applicant’s Name: (as to Appear on License)</th>
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</table>

**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**

**Address** (street)

**City**  
**State**  
**Zip Code**

**Date of Birth**

**County of Residence**
- Gender
- Ethnicity
- Race

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<tr>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Work Phone</th>
<th>Email Address</th>
</tr>
</thead>
</table>

**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:  

Initial Background Check Forms Received: ________________  Results Received: ________________

Supervision Documentation (LCSW only):  

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

Revised 8/2020
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. Please use back of the page if there were more than three.

<table>
<thead>
<tr>
<th>State</th>
<th>License Number</th>
<th>Level of Licensure</th>
<th>Issue Date</th>
<th>Expiration Date</th>
<th>Level of Exam Taken</th>
</tr>
</thead>
</table>

   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, 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

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

Revised 8/2020