

FORM A

Use for:
Initial licensure in the State of Texas
Upgrade current license to LMSW, LMSW-AP or LCSW
Specialty recognition: Independent Practice Recognition
(LBSW or LMSW)

Budget #ZZ131
Fund # 165
#: _____
\$: _____

TEXAS STATE BOARD OF SOCIAL WORKER EXAMINERS
APPLICATION FORM FOR
LICENSURE/UPGRADE/SPECIALTY RECOGNITION

PLEASE PRINT OR TYPE: (Full name must match drivers license)

Title (circle one): Mr. Ms. Dr. Prof. Other___

Last _____ First _____ Middle _____

Social Security No.: _____ Date of Birth: _____

Home Address: Street/P.O. Box _____ City _____ State _____ ZIP _____

Home Phone No.: _____

Employer: _____ Supervisor _____

Business Address: Street/P.O. Box _____ City _____ State _____ ZIP _____

Business Phone No.: _____ Ext. _____

Send mail to: _____ Home Address _____ Business Address (Home address will be default address if no box is checked)
Your mailing address will appear on the TSBSWE social worker roster (on website) and on-line license verifications.

New Licensure Requested: _____ Licensed Baccalaureate Social Worker _____ Licensed Master Social Worker
_____ Licensed Master Social Worker - Advanced Practitioner _____ Licensed Clinical Social Worker

Upgrade of LMSW Requested: _____ LMSW - Advanced Practitioner _____ Licensed Clinical Social Worker

Upgrade of LBSW requested: _____ LMSW

Independent Practice Recognition requested: _____ LMSW/LBSW (only)

If applying for an upgrade of current licensure or the specialty recognition of independent practice, indicate current licensure held (i.e. LBSW, LMSW, LMSW-AP, LCSW): _____, License number: _____.

Endorsement is available to persons who are currently licensed and in good standing with a social worker licensing board in a nother state or jurisdiction. I am requesting that the board consider (check all that apply) _____ examination scores _____ supervised non-clinical experience _____ supervised clinical experience (Form II, Verification of Licensure in Other Jurisdiction, must be submitted to the Board)

Education (An original transcript verifying qualifying degree from an accredited institution must be sent to the TSBSWE office.)
If you are already licensed with the board and you are applying for an upgrade or specialty recognition and your qualifying transcripts are on file, you do not need to resubmit another copy.

INSTITUTION	LOCATION	DATES ATTENDED	MAJOR	DEGREE	NAME ON TRANSCRIPT

Below, list the names and addresses of three individuals familiar with your professional qualifications (Professional references).*

NAME	ADDRESS

*LBSW or LMSW applicants may include the name of social work faculty advisor and your field instructor.

1. Have you ever been convicted, pled guilty, or pled no lo contendere to any misdemeanor or felony other than juvenile offenses or misdemeanor traffic violations?..... Yes___ No___
2. Have you ever been found in violation of laws or rules pertaining to professional practice or settled such charges prior to a formal finding in an administrative proceeding? Yes___ No___
3. Have you ever had a judgment against you or settled prior to such a finding in a civil proceeding related to professional practice? Yes___ No___
4. Are charges pending against you for any of the above?..... Yes___ No___
5. Have you had a professional license or certification denied, probated, suspended, or revoked? Yes___ No___

“Please note: Applicants must provide all information relating to criminal history, professional license complaint history and civil liability suit history. Discovery of any of these past circumstances not disclosed may result in denial of your license and disclosure of discovered information to other licensing boards.” If you answered YES to any of the preceding questions, you must attach a detailed explanatory statement. Additional information may be requested.

6. I have successfully completed the Texas Jurisprudence exam and have enclosed the certificate of completion. Yes___ No___

List all professional licenses or certifications that you have held within the last 10 years.

Professional License Held/Expiration Date	License Number	Issuing Board / State

AFFIDAVIT

I hereby certify that I have accessed and read a copy of the laws and regulations pertaining to social work licensing in the state of Texas.

(A copy of the Social Work Practice Act and the board’s rules may be accessed at the board’s website: www.dshs.state.tx.us/socialwork. A printed copy may be obtained by contacting the board.) I understand that I must observe and comply with all applicable laws and rules, including a code of conduct and standards of practice set forth in the rules.

Under penalties of perjury, I declare and affirm that the statements made in the application, including accompanying statements and transcripts, are true, complete and correct. I understand that any false or misleading information in, or in connection with my application may be cause for denial or loss of licensure.

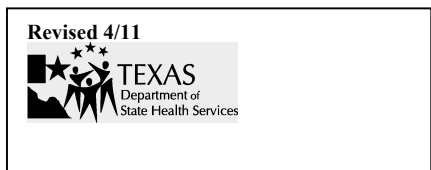
Signature of Applicant

Date

- _____ Enclosed is the **\$91** fee (\$5 OPP; \$6 Texas on-line; \$20 application and \$60 licensing fees) for LBSW or LMSW
- _____ Enclosed is the fee for LMSW-AP or LCSW **\$111** (\$5 OPP; \$6 Texas on-line; \$20 application and \$80 licensing fees)
- _____ Enclosed is the **\$20** application fee for upgrade from LBSW to LMSW or from LMSW to LMSW-AP or LCSW
- _____ Enclosed is the **\$20** application fee for independent practice recognition.

Mail To:

Texas State Board of Social Worker Examiners
P.O. Box 12197, Capitol Station
 Austin, TX 78711-2197



With few exceptions, you have a right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. Most information submitted to the board is subject to disclosure under the Public Information Act. (Reference: Government Code, Sections 522.021, 522.023, 559.003 and 559.004)

FORM I

**TEXAS STATE BOARD OF SOCIAL WORKER EXAMINERS
SOCIAL WORK EMPLOYMENT HISTORY**

Name of Applicant: _____

Start with your current or most recent position and work back. Only list those positions for which your primary duty was the provision of social work services.

Job Title _____ Dates Employed: from _____ to _____ No. Hrs./Week _____

Name / Phone number of Your Supervisor: _____ Supervisor's license _____

Name of Employer/Agency: _____ Address of Employer _____

Describe Your Duties: _____

* * * * *

Job Title _____ Dates Employed: from _____ to _____ No. Hrs./Week _____

Name / Phone number of Your Supervisor: _____ Supervisor's license _____

Name of Employer/Agency: _____ Address of Employer _____

Describe Your Duties: _____

* * * * *

Job Title _____ Dates Employed: from _____ to _____ No. Hrs./Week _____

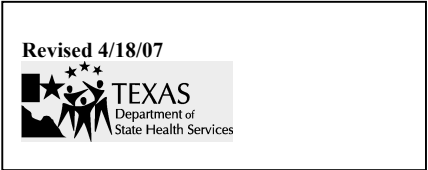
Name / Phone number of Your Supervisor: _____ Supervisor's license _____

Name of Employer/Agency: _____ Address of Employer _____

Describe Your Duties: _____

* * * * *

Please attach additional pages, if needed.



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FORM II

**TEXAS STATE BOARD OF SOCIAL WORKER EXAMINERS
VERIFICATION OF LICENSURE IN OTHER JURISDICTION**

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Directions to Applicant: Complete Part I and forward to the state where you hold a license to practice Social Work.

PART I-TO BE COMPLETED BY THE APPLICANT

Name of Applicant	State from which Verification is Requested	License No.	Date Issued
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I was granted a license as described above and request that verification of that license and supervised experience approved by your board, as applicable, be submitted to the Texas State Board of Social Worker Examiners.

You are hereby authorized to release any information in your files, favorable or otherwise, directly to this state's Social Work Board.

Your early attention is appreciated.

Signature

Date

PART II-TO BE COMPLETED BY THE STATE BOARD VERIFYING LICENSURE (Please complete this form and return it to the address indicated. Attach copies of any verification of supervision received after applicant received their MSW.)

Name of Licensee	Licensure Level	License No.	Date Issued
Please Verify All Requirements Met in Your Jurisdiction			
Education: ___ BSW from CSWE Accredited School ___ MSW from CSWE Accredited School		Experience: ___ # Months Post LMSW Clinical Experience ___ # Hours of face to face supervision ___ # Hours clinical experience ___ # Months Post LMSW Non-clinical Experience ___ # Hours of face to face supervision ___ # Hours non-clinical experience	
Exam Taken ___ ASWB or ASI (Only the ASWB or ASI will be accepted) Other _____	Date Exam Passed	Level Exam Taken	
If no Exam score is on file, how was licensure obtained? ___ Grandfathered ___ Endorsement; If endorsement, what state? _____			
License Current? Yes No	Expiration Date	Complaints and/or Disciplinary Action Yes* No	

***Explain Complaints or Disciplinary Actions (please enclose a copy of any board orders):**

Signature of person completing form

Date


Insert Board Seal Here

Printed name of person completing form / phone number

Title of person completing form

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<p>Revised 10/13/07</p> 	<p>With few exceptions, you have a right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. Most information submitted to the board is subject to disclosure under the Public Information Act. (Reference: Government Code, Sections 522.021, 522.023, 559.003 and 559.004)</p>
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FORM III

TEXAS STATE BOARD OF SOCIAL WORKER EXAMINERS
Clinical Supervision Plan

***** Be sure to complete ALL portions of this form. Do not submit if incomplete. *****

I. Clinical Supervision Employment Site

Practice Location Name _____

****Practice Location Name is the location in which the supervisee is accruing clinical experience hours (not the supervisor’s practice location). If supervised experience will be received at separate agencies, a separate Clinical Supervision Plan must be submitted for each site along with the required supplemental documents. ****

II. Supervisee Information (LMSW)

Name: _____ License Category and Number: _____
Business Phone: _____
Email Address: _____

III. Board-approved Supervisor Information (LCSW-S)

Name: **Megan Coit** License Category and Number: **LCSW 57180**
Business Phone: **469-340-2468**
Email Address: **hi@megancoit.com**

Beginning Date of Supervision: ____/____/____ (MM/DD/YYYY) **

**** Supervision may begin up to 30 days before the plan is submitted for approval. The board office shall approve a start date no more than 30 days prior to the board’s receipt of the plan. If board-approval is not granted, no experience credit can be gained. ****

The following statements must be initialed by the supervisor:

- _____ Pursuant to §781.404(b)(12)(D), through my guidance the supervisee will maintain client confidentiality by following the appropriate statutes, rules and guidelines (including HIPAA and any other applicable laws).
- _____ Pursuant to §781.404(b)(12)(D), the strategies and methods of supervision I employ will be formulated to meet the professional growth needs of the supervisee.
- _____ Pursuant to §781.404(b)(11)(A), I will keep legible, accurate, complete, signed supervision notes indicating the content, duration and date of supervision as well as the hours worked by the supervisee.

IV. Attachments to Include

!" If supervision of agency-based clients is done with a supervisor who practices outside of the employment setting and is not under contract with the employer to provide supervision, a letter from the employer on letterhead approving the outside supervision with the specific supervisor must be attached.

V. Affidavit of Understanding and Signatures

The following statements must be initialed by the supervisor and supervisee:

_____ I hereby certify that I have reviewed Chapter 781 of the Texas Administrative Code and am familiar with the regulations pertaining to supervision for specialty recognition in the state of Texas. I understand that I must observe and comply with the supervision guidelines set forth in the rules.

Continued on next page

FORM III

_____ I am aware that the Texas Health and Human Services will conduct random audits to ensure compliance with supervision requirements.

_____ I affirm and certify under penalty of perjury, Texas Penal Code §37.10, and board rule 22 Texas Administrative Code §781.203 (6), that this Clinical Supervision Plan meets all qualifications of clinical social work, consistent with the definition in board rule 22 Texas Administrative Code §781.202 (f) and that the statements made in the supervision plan, including accompanying statements, are true, complete and correct. I understand that any false or misleading information in, or in connection with the supervision plan may be cause for denial or loss supervision time received and/or loss of licensure. **(Supervision may begin up to 30 days before the plan is submitted for approval. If approval is not granted, no creditable experience can be gained.)**

Supervisee Signature _____ Date _____

Supervisee Name Printed _____

Supervisor Signature _____ Date _____

Supervisor Name Printed **Megan Coit LCSW** _____

VI. Board-approved Supervisor Only

!" A photocopy of this submission has been provided to the supervisee.

! A photocopy of this submission has been placed in the supervision file maintained by the supervisor.

Mail To:
**Texas State Board of Social Worker Examiners
P.O. Box 149347, Mail Code 1982
Austin, Texas 78714-9347
or Email lsw@hhsc.state.tx.us**

Keep This Page for Reference

Overview of some important supervision requirements:

- Supervisory sessions may be in one-on-one sessions or in a combination of individual and group sessions. There can be no more than six individuals in a supervision group.
- There shall be:
 - (i) no fewer than four hours of supervision each calendar month;
 - (ii) no fewer than two supervisory sessions each calendar month;
 - (iii) each supervisory session shall be face-to-face and at least one hour in duration (unless there is prior approval by the board for a variation);
 - (iv) no more than 10 hours of supervision during an calendar month.
- A calendar month is creditable *only if* the supervision began no later than the first work day of the month and ended no sooner than the last calendar day of the month.

Important information:

- Submission of a Clinical Supervision Plan and form does not ensure acceptance of the plan by the board. Acceptance is verified by a letter mailed to the supervisee at the mailing address on file with the board.
- A separate Clinical Supervision Plan and form *must be submitted* to the board for approval for *each supervisor providing supervision*. Similarly, upon cessation of supervision, a separate Clinical Supervision Verification Form must be submitted for each board-approved Clinical Supervision Plan in effect.
- Submission of a Clinical Supervision Verification Form does *not* ensure that the board will accept the verification of supervised experience *as submitted*. The Verification Form must be submitted *within 30 days* of completion of the supervision and must meet all criteria required by the board.
- If the board approves the Clinical Supervision Plan, the supervisor and supervisee will receive a written confirmation in the mail. If a written confirmation is not received, then the plan is not approved.
- **The board will conduct random audits of supervision plans to ensure compliance to supervision rules.**



PRIVACY NOTIFICATION

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review

FORM VII

Use this form if you are seeking to sit for a national examination for social work licensure.

TEXAS STATE BOARD OF SOCIAL WORKER EXAMINERS
Examination Security Information Acknowledgement Form

Initial to indicate that you have read and understood the following statements:

____ I understand that for security purposes I must apply for a license using my legal first middle and last name, along with applicable suffixes (Sr., Jr., III, etc.).

____ I understand that I must possess an official identification card that identifies me by my legal first middle and last name, along with applicable suffixes (Sr., Jr., III, etc.).


____ I understand that in order to sit for the examination, I will be required to present a valid photo identification that identifies me using my legal first middle and last name, along with applicable suffixes (Sr., Jr., III, etc.) and that the identification of my name must match exactly with my name as listed on the application.

____ I have attached a copy of my photo identification.

Signature

Date

Mail To:
Texas State Board of Social Worker Examiners
P.O. Box 12197, Capitol Station
Austin, TX 78711-2197

Revised 3/1/07
**TEXAS**
Department of
State Health Services

With few exceptions, you have a right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. Most information submitted to the board is subject to disclosure under the Public Information Act. (Reference: Government Code, Sections 522.021, 522.023, 559.003 and 559.004)