CHECKLIST FOR MILITARY SPOUSE TEMPORARY PROFESSIONAL LICENSE

Effective January 1, 2022. Act 18 SLH 2021

Please do not submit this form with your application. Keep it for your records.

Who: Spouses accompanying an active military member on an official permanent change of station to a military installation located in Hawaii, who possess a license to practice in another jurisdiction of the United States as one of the following:

Acupuncturist	Licensed practical nurse	Physician assistant
Audiologist	Registered nurse	Podiatrist
Behavior analyst	Nursing home administrator	Psychologist
Dentist	Occupational therapist	Respiratory therapist
Dispensing optician	Optometrist	Social worker
Hearing aid dealer and fitter	Pharmacist	Speech pathologist
Marriage and family therapist	Naturopathic physician	Veterinary technician
Mental health counselor	Osteopathic physician	
Certified nurse aide	Physician	

What: A temporary license to practice for the duration of the active-duty military member's service in Hawaii, not to exceed a five-year period

FEES	
☐ Application Fee	Refer to application
☐ License Fee	Refer to application
APPLICATION	
☐ Complete forms	**Check the appropriate box on page 1 of application, indicating this application is for a temporary military spouse license.**
CRIMINAL HISTORY RECORD CHECK	
☐ Electronic Fingerprinting	*Only* necessary for: Licensed practical nurse Registered nurse
Please contact Fieldprint, Inc. at http://fieldprinthawaii.com to make an appointment or inquire about other available site locations on the Continental United States, or call (877) 614-4361. The Fieldprint code that you must enter is: FPHIBrdNursing (not case sensitive). You will be required to submit a full set of electronic fingerprints for the purpose of obtaining federal and state criminal history record checks for processing with the Federal Bureau of Investigation. The applicant shall bear the cost of the fingerprint processing and the application shall NOT be considered complete until the results of the criminal history record check has been received by the Board. You must file your application for nurse license application within thirty (30) days of fingerprinting to ensure that the results can be obtained. If we are unable to obtain the results, you will have to go back and pay again to be re-fingerprinted. Questions may be directed to the Board's office at (808) 586-2695.	
PROOF OF ACTIVE DUTY MILITARY SPOUSE STATUS	
☐ PCS orders + ***non***-military ID ***OR*** ☐ Statement of Verification from personnel office + ***non*** -military ID	A military ID may be used as proof if presented for in person verification by licensing staff.

PROOF OF LICENSURE IN ANOTHER JURSIDICTION	
☐ License verification is required to be sent directly to the Board from each state or province in which applicant holds or has held a license.	**One year:** The license or certification by another jurisdiction must have been held for at least one year **Good Standing:** The license or certification must be current, active, and in good standing without conditions or restrictions in all jurisdictions in which the person holds a license or certification.

NATIONAL PRACTITIONER DATA BANK

☐ National Practitioner Data Bank (NPDB) Self-Query Response is required to be sent directly to the Board or Program. To obtain the report, go the NPDB website at: www.npdb.hrsa.gov, and click on **Perform a Self-Query.** If you are unable to go on-line, call the NPDB at 1-800-6732 for assistance. The NPDB is now making your NPDB report available for download. Either the ORIGINAL hard copy that is mailed to you or an electronic version of the report will be acceptable. To send the electronic version, please, save the report as a .pdf file, attach it to the ORIGINAL email from the NPDB and email to the respective board/program.

DISQUALIFIED

An applicant is ineligible for temporary licensure if:

- Applicant's license in another jurisdiction is not in good standing.
- Applicant's license in another jurisdiction is under investigation for licensing violations.
- Applicant's application for license in another jurisdiction has been denied.
- Applicant has been censured, or had discipline imposed by another licensing authority, the terms and conditions of which have not yet been satisfied.
- Applicant has surrendered membership on any professional staff in any professional association, society, or faculty while under investigation or to avoid adverse action for acts or conduct that would constitute grounds for disciplinary action in this State.
- Applicant has a disqualifying criminal history as determined by the State's licensing authority.

Applicants ineligible for temporary licensing may apply for licensure via the normal licensing process.

A person licensed pursuant to this section shall be subject to the laws regulating the person's practice in this State and shall be subject to the jurisdiction of the licensing authority of this State.

REQUIREMENTS & INSTRUCTIONS - LICENSED CLINICAL SOCIAL WORKER APPLICATION (LCSW)

Access this form via website at: **cca.hawaii.gov/pvl**

APPLICATION FORM

Complete and sign the application using the on-line fillable form, or by printing legibly in dark ink. Answer all questions. If an item is not applicable, indicate "N/A".

Failure to provide all the requested information will delay the processing of your application.

SOCIAL SECURITY NUMBER

Your Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws. For a license to be issued you must **provide your Social Security Number or your application will be deemed deficient and will not be processed further.**

The following laws require that you furnish your Social Security Number to our agency:

FEDERAL LAWS:

42 U.S.C.A. §666(a)(13) requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and
If you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

HAWAII REVISED STATUTES ("HRS"):

§576D-13(j), HRS requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and
§436B-10(4), HRS which states that an applicant for license shall provide the applicant's Social Security Number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the Social Security Number).

LICENSING REQUIREMENTS

To be licensed, an applicant shall meet the necessary qualification requirements as identified below:

1. **Holds a master's degree** from a college or university in a social work program accredited by OR deemed to be equivalent to an accredited program by the Council on Social Work Education (CSWE);

OR

Holds a doctoral degree from a doctoral program in social work accredited by the Western Association of Schools and Colleges or a comparable regional accreditation body.

AND

2. **Pass the** "**clinical**" level national examination administered by the Association of Social Work Boards (ASWB) or the level "C" examination if taken prior to 1990;

AND

3. **Successfully complete at least 3000 hours of post-graduate supervised* clinical social work experience in an agency setting.** The 3000 hours of clinical social work experience must be completed in no fewer than two (2) years **and** in no more than five (5) years; and shall include at least 2000 hours of assessment, clinical diagnosis, and psychotherapy; no more than a maximum of 900 hours of client-centered advocacy, consultation, and evaluation; and at least 100 hours of direct face-to-face supervision.

(CONTINUED ON PAGE 2)

OR

Possess a **qualified clinical social worker (QCSW)** or a **diplomate in clinical social work (DCSW) credential** issued by the NASW; **or** a **board certified diplomate (BCD) credential** issued by the American Board of Examiners in Clinical Social Work (ABE).

*NOTE: The 3000 hours of clinical social work experience shall be supervised by an individual who is:

a. **A licensed clinical social worker** who has at least 4500 hours of post-master's clinical social work experience;

OR

For the first five (5) years after July 1, 2004, the following individuals may supervise an applicant's post-graduate clinical social work experience;

a. **An individual with a master's degree in social work** who has completed at least 4500 hours of post-master's clinical social work experience;

b. **An individual who holds a DCSW** credential issued by the NASW or **an individual who holds a BCD** credential issued by the ABE;

c. **A board certified psychiatrist, licensed psychologist or advance practice registered nurse** who has completed a minimum of 4500 hours of post-graduate clinical experience in assessment, clinical diagnosis, and psychotherapy.

EDUCATION DOCUMENTS REQUIRED

Arrange to have the Registrar of your school send **directly** to us an official transcript indicating your degree, major, and the date the degree was conferred.

OTHER LICENSE REQUIREMENTS

Licensed in another juridiction:
If applicable, submit verification of licenses held or once held in other jurisdictions that include the status of the license and if the license was ever disciplined. If the license was disciplined, documentation of any disciplinary proceedings pending or taken by any jurisdiction. A copy of a license is not acceptable.

EXAMINATION REQUIREMENT

FOR APPLICANTS WHO HAVE ALREADY PASSED THE REQUIRED EXAMINATION:

- **Arrange** to have ASWB send us **directly** an official verification of your examination results. Please contact ASWB as listed below:

  - **On-Line**: Complete the Score Transfer Form at the ASWB website: www.aswb.org.

  Original score transfer documents are required. Copies are not acceptable.

FOR APPLICANTS APPLYING TO TAKE THE ASWB "CLINICAL" EXAMINATION:

In Hawaii, electronic testing is provided year-round on Oahu. The examination is administered by Pearson Vue.

- **Submit** the non-refundable application fee of $60 with your application, payable to Commerce and Consumer Affairs. (check must be in U.S. dollars and be from a U.S. financial institution.)

- After your application has been approved and you are deemed eligible to sit for the exam, you will be mailed an eligibility letter, **which is valid for two (2) years**. To register for the examination, please contact the ASWB as listed below:

(CONTINUED ON PAGE 3)

EXAMINATION REQUIREMENT (cont.)

- **On-Line:** Go to the www.aswb.org website and click on "Register for the ASWB Exam" and complete the Registration Form. Only credit card payments (Visa, Mastercard, Discover) will be accepted when registering on-line.

A copy of the ASWB Candidate Handbook containing all the information which candidates need to register and schedule an appointment is available at www.aswb.org or contact the Association of Social Work Boards at 1-888-579-3926.

SUPERVISED EXPERIENCE DOCUMENTS REQUIRED

Please have your supervisor complete the attached "Verification of Supervised Clinical Social Work Experience" form and sign this form in the presence of a notary public. Attach the verification form to the application. **Copies of the verification form or altered forms will not be accepted.**

Applicants who possess the QCSW, DCSW, or the BCD credential may use this credential to satisfy the required "Supervised Experience". Contact the NASW or the ABE and have them send us an official letter that states your name; the credential that you possess (QCSW, DCSW, or a BCD); the credential's effective date and its expiration date. **Copies of letters or certificates will not be accepted.**

LICENSE FEES

FOR APPLICANTS WHO HAVE ALREADY PASSED THE REQUIRED EXAMINATION, PAY THE FOLLOWING FEE WITH THE APPLICATION:

If applying for license in the first year of the triennium, pay $478
(Application-$60 + License-$195 + Compliance Resolution Fund-$129 + 2/3 renewal-$94)*

If applying for license in the second year of the triennium, pay $388
(Application-$60 + License-$195 + Compliance Resolution Fund-$86 + 1/3 renewal-$47)*

If applying for license in the third year of the triennium, pay $298
(Application-$60 + License-$195 + Compliance Resolution Fund-$43)*

**Application fee is not refundable.*

Make Check payable to: **COMMERCE AND CONSUMER AFFAIRS**. (check must be in U.S. dollars and be from a U.S. financial institution.)

APPLICANTS APPLYING TO TAKE THE EXAMINATION WILL BE NOTIFIED OF LICENSE FEES DUE WHEN ALL LICENSING REQUIREMENTS HAVE BEEN MET.

The Compliance Resolution Fund (CRF) was established by the 1982 Legislature (Section 26-9(m), Hawaii Revised Statutes) to expedite resolution of consumer complaints filed with the Department of Commerce and Consumer Affairs.

NOTE: *One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you* ***may not*** *do business under that license. Also, a $25.00 service charge shall be assessed for payments that are dishonored for any reason.*

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

(CONTINUED ON PAGE 4)

ABANDONMENT OF APPLICATION

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts include but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

MAILING ADDRESS

Mail complete application to:

Social Workers License
DCCA, PVL Licensing Board
P.O. Box 3469
Honolulu, HI 96801

OR

Deliver to office location at:

335 Merchant Street, Rm 301
Honolulu, HI 96813

Phone: (808) 586-3000

RELEASE OF INFORMATION

If an agency or individual is assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please attach a signed and dated letter providing the name of the agency or person you authorize us to release information to.

TRIENNIAL RENEWAL

All licenses regardless of issuance date, **shall be renewed triennially (every three (3) years) on or before June 30.** Failure to renew a license shall result in a forfeiture of the license. It is the responsibility of the licensee to inform the Department in writing of any name or address change.

LAWS PUBLICATION

Chapter 467E, Hawaii Revised Statutes, provides for the regulation of social workers in Hawaii. A copy of the Social Worker law is available by submitting a written request to the address above. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with the above statute. Indicate the specific chapters in your request.

The laws are also posted on our website at: **cca.hawaii.gov/pvl**. Click on "Social Workers".

(CONTINUED ON PAGE 5)

Instructions for "Yes" Answers to questions (4) thru (6) of the Application for License (LSW-10)

The following documentation must be submitted with the license application. Applications for license will not be considered without this material.

1. Questions 4 and 5 refer to complaints, charges of unlicensed activity, or pending disciplinary actions for any profession, occupation, or license, both motor vehicle and those other than motor vehicle. If your answer is **"Yes"** to one or more of these questions, you must **submit** the following:

   i. A detailed statement **signed by you** explaining the underlying circumstances; and

   ii. Copies of any documents from the agency, including final orders, petitions, complaints, findings of fact and conclusions of law, proof of payment of any fines, and any other relevant documents; and

   iii. A resume of any employment, business activities, and education since the date of the action.

   iv. If your driver's license was subject to suspension, revocation, a Traffic Abstract must be submitted. Contact Traffic Court for this.

2. If your application indicates criminal conviction, you must **submit** the following for each conviction:

   i. A detailed statement **signed by you** explaining the underlying circumstances leading to the conviction and detailing all activities since the conviction, including employment and business involvements. Include job title, period of employment, employer's name, description of duties, training attended, and educational courses attended;

   ii. A copy of all related court documents (i.e. indictments, judgments, guilty pleas, verdict, and terms of sentence); if applicable, proof of payment of fines and/or proof of fulfillment of conditions of each sentence;

   iii. If applicable, a copy of the terms of probation and/or parole **and** a statement from your probation or parole officer as to your compliance with the court orders (terms and conditions imposed including any court documentation evidencing completion or discharge;

   iv. If applicable, letters from any counselors or therapists discharging you from their program(s) and providing their conclusions and recommendations as to the extent of your rehabilitation;

   v. A **current** criminal history record check in your name from the Hawaii Criminal Justice Data Center (HCJDC) dated within six months. Contact them at Ph: (808) 587-3100 or visit their website at: www.ecrim.ehawaii.gov to request a "Criminal History Record Check";

   vi. If your criminal conviction occurred in a state or states other than Hawaii, a current criminal history record check will be required from each state **AND** Hawaii. Contact the local authority or board in each state for their forms, instructions and fees on obtaining criminal history record checks; and

   vii. If your criminal conviction was a federal crime, a current Federal Criminal History Record Check will also be required. In Hawaii, contact the HCJDC for procedures and fees related to this request.

Print Form

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

APPLICATION FOR LICENSE - LICENSED CLINICAL SOCIAL WORKER

☐ (Check box only if applying for:) **Temporary Military Spouse License**

Access this form via website at: **cca.hawaii.gov/pvl**

Before completing this form, read the "Requirements and Instructions" for filing.

Legal Name (First, Middle)	(LAST)
Other Names Used:	
Residence Address: (Include Apt. No., City, State & Zip Code)	
Mailing Address **ONLY** if different from above:	

Social Security No.	Date of Birth	Phone No. (Days)

Provide date you requested transcript: _____

Provide date you requested verification of your scores: (If applicable) _____

FOR OFFICE USE ONLY

Approved: ☐ Initials/Date:

License No. LCSW - | Eff. Date:

- FOREIGN ☐ Deemed Equivalent by CSWE
  ☐ CASWE-ACFTS-OK
- U.S. GRADUATES ☐ Final Transcript
  ☐ Letter of successful completion

☐ ASWB ☐ DARS

Check answers. If response to question(s) 4, 5, 6 is "YES", refer to instructions for additional documents that must be submitted.

1. Are you at least 18 years of age? ..... ☐ Yes ☐ No
2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? ..... ☐ Yes ☐ No
3. Have you passed the clinical level national exam given by the Association of Social Work Boards? ..... ☐ Yes ☐ No
   If "Yes", date you requested scores: _____
4. Has any license ever been suspended, revoked or otherwise subject to disciplinary action? ..... ☐ Yes ☐ No
5. Are there any complaints or disciplinary actions pending against you in any state or jurisdiction? ..... ☐ Yes ☐ No
6. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? ..... ☐ Yes ☐ No

*** * SIGNATURE REQUIRED ON PAGE 2 * ***

Appl.	680.	$60	CRF	686.	$43/$86/$129
Lic.	681.	$195	Renewal	682.	$94/$47
			Service Charge	BCF.	$25

Print Name of Applicant: _____ Date: _____

	Name & Location (city/state) of College/University	Course of Study	Dates (mo/yr) From	Dates (mo/yr) To	Name of Degree Earned
EDUCATION					

	Name of Jurisdiction (Attach additional sheets if necessary)	Date issued	Date Expired		Date Verification of license was requested
LICENSES					

Affidavit of Applicant:

I hereby certify that the statements, answers and representations made in this application and in the documents submitted are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor, *(Section 710-1017, Sections 436B-19 and 467E, Hawaii Revised Statutes).* I further certify that I have read, understand, and shall obey all laws pertaining to Social Workers.

_____ _____
Signature of Applicant Date

Release of Information to Third Party:

To assist me in the licensing process, I authorize DCCA's staff to release any and all information regarding my application (including but not limited to, application status) to the following third party:

Print Name of Individual who is assisting you: _____

Name of Organization: _____

_____ _____
Signature of Applicant Date

Print Form

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.