

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 jurisdiction:

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 will be destroyed, if you fail to complete the license process within one year after filing an application or fail to take and pass the examination after becoming eligible to take the examination.

If an application is deemed abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements 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*

Deliver to office location at:

*335 Merchant Street, Rm 301
Honolulu, HI 96813

Phone: (808) 586-3000*

OR

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".

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.

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

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

FOR OFFICE USE ONLY

Approved: <input type="checkbox"/> Initials/Date:	
License No. LCSW -	Eff. Date:
<ul style="list-style-type: none"> • FOREIGN <input type="checkbox"/> Deemed Equivalent by CSWE <li style="padding-left: 100px;"><input type="checkbox"/> CASWE-ACFTS-OK • U.S. GRADUATES <input type="checkbox"/> Final Transcript <li style="padding-left: 100px;"><input type="checkbox"/> Letter of successful completion 	
<input type="checkbox"/> ASWB	<input type="checkbox"/> 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 * ***

Print Name of Applicant: _____

Date: _____

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

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

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

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