

STATE OF MAINE

BOARD OF SOCIAL WORKER LICENSURE

APPLICATION FOR LICENSED MASTER SOCIAL WORKER (CONDITIONAL CLINICAL)



Department of Professional and Financial Regulation

Office of Licensing and Registration

35 State House Station

Augusta, ME 04333-0035

Office Telephone: (207) 624-8609

TTY/HEARING IMPAIRED (207) 624-8563

Email: jacqueline.m.thibodeau@state.me.us

Office located at: 122 Northern Avenue, Gardiner, Maine

Last Revised Date: 5/2000

APPLICATION GUIDE FOR LICENSURE AS A SOCIAL WORKER

Enclosed are all relevant materials for licensure as a Social Worker in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, you can contact the Board of Social Worker Licensure office at (207) 624-8609 or by e-mail at jacqueline.m.thibodeau@state.me.us.

FURNISHED TO APPLICANT:

1. Application Guide for Licensure as a Social Worker
2. Application for Licensure
3. Agreement to Provide Consultation Form
4. Verification of Consultation Form
5. Verification of Licensure Form (Only required if you are currently licensed in another state)
6. Change of Name and/or Address Form
7. Authorization of Credit Card Payment Form
8. Criminal History Records Check (SBI) Memo
9. Criminal History Record Check (SBI) Form
10. ASWB Social Work Licensing Examination Candidate Handbook can be ordered by email at www.aaswb.org or call us at (207)624-8609
11. Licensing law for Social Workers can be downloaded at <http://janus.state.me.us/legis/statutes/32/chapdoc/00830.doc> or call (207) 624-8609.
12. Licensing rules for Social Workers can be downloaded at <http://www.state.me.us/sos/cec/rcn/apa/02/chaps02.htm> or call (207) 624-8609.

CODE OF ETHICS:

National Association of Social Workers (NASW) Code of Ethics may be obtained by contacting 1-800-638-8799 Extension 238 or available on the internet at: www.naswdc.org.

ADDRESS CHANGES:

All name and/or address changes must be submitted to the Board, **in writing**, throughout your licensure. Please use the change of address form provided or you can submit by email at jacqueline.m.thibodeau@state.me.us

APPLICATION PROCEDURE:

- Please submit your application with **all** required documentation. Incomplete applications will not be reviewed by the Board. A notification regarding the deficiency will be sent. Persons submitting a complete application will be sent notification of the date of the Board meeting at which their application will be considered for licensure.

- All material pertaining to an application must be received by the Board within a span of no more than six months. Candidates whose applications have been incomplete for more than six months will be required to submit **new** applications if they still wish to be considered for licensure.

BOARD MEETING DATES:

You will be notified within the two weeks following the Board meeting as to the Board's decision on your application; please do not call the Office of Licensing and Registration to inquire about the status of your application. Information about the status of applications that have been acted upon by the Board may be found at the website www.maineprofessionalreg.org the next working day following the board meeting. All meetings are open to the public for observation, and you may wish to attend to immediately learn the disposition of your application.

ELIGIBILITY REQUIREMENTS:

Please read the Statutes (Laws) and Board Rules thoroughly in order to fully understand the level of licensure that you are applying for. These can be obtained as mentioned above.

Description

This license is for a MSW who wants to engage in clinical practice and have not yet completed the consultation hours required for LCSW (independent) licensure.

"Licensed Master Social Worker, Conditional (Clinical)" means a person who has received an MSW Conditional (Clinical) license from the board. This licensee may perform all of the functions of the LMSW license; engage in psychosocial evaluation, including diagnosis and treatment of mental illness and emotional disorders, with required consultation; and provide clinical consultation to LSWs, Social Work students, other professionals practicing related professions and paraprofessionals engaging in related activities. A LMSW, Conditional (Clinical) must receive four (4) hours per month of consultation (no more than 25% in a group setting) by an LCSW while practicing social work in a clinical setting.

Note: *You must apply for LMSW Conditional Clinical licensure in order to begin your clinical consultation towards LCSW licensure. No clinical consultation acquired outside LMSW Conditional Clinical licensure may be used towards LCSW licensure.*

If applying for **LMSW Conditional Clinical Licensure**, you must submit:

- A. A completed Application for Licensure;
- B. Documented proof of a MSW degree from a Council on Social Work Education (CSWE) accredited institution. Documented proof may be in the form of an official transcript indicating that your MSW degree was been awarded;
- C. Proof of a passing score for the required examination (intermediate). Documented proof may be in form of a copy of the results given to you on the day of the examination;
- D. Three current (within the past year) letters of professional recommendation, two of which must be from LCSW, LMSW, CSW-IPs or MSWs licensed in other states;

- E. Documentation on the form provided by the Board of intent to provide clinical consultation signed by the LCSW or CSW-IP engaged as the consultant (Agreement to Provide Consultation Form);
- F. Payment of a non-refundable \$10.00 application fee;
- G. Payment of LMSW Conditional Clinical licensure fee of \$50.00; and
- H. Payment of a separate \$8.00 fee for a criminal records (SBI) check. Please make your check payable to: Maine State Treasurer.
Note: To expedite your application the SBI form and \$8.00 fee should be sent in with your application to the board. It will be forwarded to the State Bureau of Investigations for processing.

If Transferring from LMSW to LMSW Conditional Clinical, you must submit:

- A. A completed Application for Licensure;
- B. Three current (within the past year) letters of professional recommendation, two of which must be from LCSW, LMSW, or CSW-IPs;
- C. Documentation on the form provided by the Board of intent to provide clinical consultation signed by the LCSW or CSW-IP engaged as the consultant (Agreement to Provide Consultation Form); and
- D. Payment of a \$25.00 licensure transfer fee.

FOR APPLICANTS CURRENTLY LICENSED IN ANOTHER STATE

If you are currently licensed in another state and are applying for licensure in Maine, you must submit the following in addition to the items mentioned above:

At its discretion, the Board may waive the requirement of Conditional licensure if the applicant has met the conditions for Conditional licensure in another state ;

- A. A copy of the state or county licensure act under which the applicant is licensed;
- B. A copy of the applicant's social work license;
- C. A completed verification of licensure form.

Applicants who submit documentation of clinical licensure obtained prior to 1984 are not required to submit proof of having passed the examination. At its discretion, the Board may waive the requirement of Conditional licensure if the applicant has met the conditions for Conditional licensure in another state.

FEE SCHEDULE:

All application and license fees must accompany your application for licensure. You may combine fees payable into one check. Checks should be made payable to: **Treasurer State of Maine**. Fees will be charged for the following:

Application	\$10.00
Licensed Conditional Social Worker	\$25.00
Licensed Social Worker	\$25.00
Licensed Master Social Worker	\$50.00
Licensed Master Social Worker Conditional Clinical	\$50.00
Transfer from LMSW to LMSW Cond. Clinical	\$25.00
Licensed Clinical Social Worker	\$75.00

EXAMINATION:

- The Association of Social Work Boards (ASWB) provides a Social Work Licensing Examination Candidate Handbook. You may contact us at (207) 624-8609 to obtain one. The Candidate Handbook provides you with all the information needed to register for the examination. **Please note:** You **do not** need permission from the State of Maine Board of Social Worker Licensure to take the examination. **Please read thoroughly.**
- To register for the examination by telephone, please contact **1-888-579-3926.**
- Study Guides can be ordered by contacting **1-800-225-6880.**
- ASWB Website: www.aasswb.org



STATE OF MAINE
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Board of Social Worker Licensure
 35 STATE HOUSE STATION
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 TTY/HEARING IMPAIRED (207) 624-8563

ANGUS S. KING, JR.
 GOVERNOR

ANNE L. HEAD
 DIRECTOR

APPLICATION FOR LICENSURE

The following statement is made pursuant to the Privacy Act of 1974,§7(B). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for Tax Administration purposes pursuant to 36 M.R.S.A. §175 as authorized by the Tax Reform Act of 1975 (42 U.S.C. §405(C)(2)(C)(I)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. §191.

LICENSE TYPE:

- | | |
|---|---|
| <input type="checkbox"/> Licensed Social Worker Conditional | <input type="checkbox"/> Licensed Master Social Worker Conditional Clinical |
| <input type="checkbox"/> Licensed Social Worker (LSW) | <input type="checkbox"/> Licensed Clinical Social Worker (LCSW) |
| <input type="checkbox"/> Licensed Master Social Worker (LMSW) | <input type="checkbox"/> Licensure without Examination |

Please Read Application Guide Prior to Completing this Application.			
Name			
Mailing Address			
City	State		Zip Code
County	Home Telephone	Work Telephone	
Social Security #:	-	-	Date of Birth

EDUCATION

Please list the name of undergraduate institution, graduate school of social work, graduation date, major, clinical or non-clinical track (graduate only), and degree awarded.

NAME OF SCHOOL	DATE GRADUATED	MAJOR	DEGREE RECEIVED
Undergraduate Institution			
Graduate School of Social Work		Clinical/Non Clinical	

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Do you currently hold or have you previously held a State of Maine Social Worker License?

Yes No If yes, please complete the following:

License # _____ Date Issued _____ Expiration _____

2. Have you ever been licensed in another state or jurisdiction?

Yes No

If yes, please complete the following:

State _____ License # _____

Date Issued _____ Expiration _____

3. Have you ever taken a social work examination in any other state?

Yes No

If yes, please complete the following:

State _____ Date _____

Name of Examination Service _____ Examination Level _____

4. Has your application for examination or for licensure ever been denied by any state board governing the practice of social work? Yes No If yes, please attach an explanation.

5. Has your license ever been suspended, revoked, or subject to any disciplinary action by any state or jurisdiction? Yes No If yes, please attach an explanation.

6. Have you ever been convicted of a crime other than a minor traffic violation? Yes No
If yes, please describe in detail the date(s), crime(s), and submit a copy of the court judgment(s) as well as a letter from you explaining the circumstances surrounding your conviction.

By my signature, I affirm that all information provided in connection with this application is true to the best of my knowledge and belief, with the understanding that any omissions, inaccuracies, or failure to make full disclosure may be deemed sufficient reason to suspend or recommend revocation of a license issued by the Department. I further authorize all law enforcement agencies and officials thereto to release to the Department any and all criminal history record information pertaining to myself.

Signature of Applicant

Date



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AGREEMENT TO PROVIDE CONSULTATION FOR CONDITIONAL LICENSURE

This is to notify the Board of Social Worker Licensure that _____
 has agreed to provide social work consultation.

The above named consultant is accountable for the professional development of the consultee. The consultant will assume responsibility for the assessment of the competence and ethics of the consultee during the consultation period. The consultant has an obligation to assess the consultee and to share this assessment with the Board. The above named consultant agrees to return the Verification of Consultation Form to the consultee when the required consultation is completed.

Consultant Data

Name of Consulting Social Worker		
Mailing Address		
City	State	Zip Code
License Number	Work Telephone	
Type of Social Work Degree		

Consultee Data

Name of Consultee		
Mailing Address		
City	State	Zip Code
License Number (If Applicable)	Work Telephone	

Employment Data

Place of Employment		
Mailing Address		
City	State	Zip Code
Telephone Number	Beginning Date of Employment	
Signature of Agency Supervisor		Date

Please read the statement below and sign and your testament to the information provided on this form. ↗

We have read, understood, and accepted the conditions of this relationship as defined by the Rules of the Board of Social Worker Licensure and by the Statute of the State of Maine. Since the consultee is practicing social work by virtue of the services provided by the consultant, any changes in the relationship must be registered with the Board.

Consultant Signature: _____ Date: _____

Consultee Signature: _____ Date: _____



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VERIFICATION OF CONSULTATION FORM

IMPORTANT: Use a separate form for each person verifying experience and for each employment setting. If more space is needed, attach an additional sheet. Please print clearly.

Licensee Data --To be Completed in Full by Licensee

Name of Licensee		License Number
Mailing Address		
City	State	Zip Code
Work Telephone	Original Licensure Date	
Place of Employment during Consultation Period		

Consultant Data--To be Completed in Full by Consultant

Name of Consultant		License Number
Mailing Address		
City	State	Zip Code
Work Telephone	Home Telephone	
Consultant's Education -- School		
Year Graduated	Degree Awarded	

Licensee Consultation Information--To be Completed in Full by Consultant

Total Number of Hours Licensee Worked Per Week _____

Total Number of Hours Per Month **Individual** Supervision/Consultation Was Given _____

Total Number of Hours Per Month **Group** Supervision/Consultation Was Given _____

Total Number of Hours Licensee Worked During the Period Listed Below _____

Dates the Applicant was Under your Supervision: From _____ To _____
month/day/year month/day/year

1. Please describe licensee's specific functions in terms of social work. If consultation was provided to a Master's level Social Worker, please describe applicant's functions in terms of prevention, diagnosis and treatment of mental illness/disorders and psychosocial treatment:

2. Please state briefly licensee's personal character, ethical conduct, and competence:

3. Do you recommend that this person be re-licensed? Yes No
If not, please describe why:

I hereby certify that the information given above is correct to the best of my knowledge. I also agree to return this form to the licensee for mailing to the Board of Social Worker Licensure.

Signature of Consultant: _____ Date: _____



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Verification of Licensure

The applicant listed below is applying for licensure to practice as a social worker in the State of Maine. The Maine Board of Social Worker Licensure requests written verification from each state that applicant holds or has held any certification, licensure, or credential. This is your authority to release any information in your files, favorable or otherwise. Please mail this verification directly to the Maine Board of Social Worker Licensure at the above listed address.

The section below is to be completed by the applicant and forwarded to the State Board in which you hold or have held a license to practice social work. Any associated fees are the responsibility of the applicant. If Verification of Licensure is needed for more than one state, please copy form as needed.

Name		
Mailing Address		
City	State	Zip Code
License Number	State	Date of Issue
Signature of Applicant		Date

This section to be completed by the State Licensing Board where the applicant holds or has held a license to practice social work. Please submit any copies of verification of supervision received after applicant received their MSW license, if available.

Name of Licensee _____

License # _____ Licensure Level _____

Original License Date _____ Expiration Date _____

Have there ever been any disciplinary actions taken against this license? Yes No

If yes, please explain _____

Please verify which of the following requirements have been met in your state:

BSW from CSWE accredited school _____

MSW from CSWE accredited school _____

Two (2) years post MSW experience _____

Exam taken: PES AASSWB/ASI Other _____

Date exam passed _____ Level of exam taken _____

If no examination was taken, how was licensure obtained?

Grandfathered Endorsement from which state _____

Signed _____

Printed name and title _____

State Seal

State _____

Date _____



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CHANGE OF NAME AND/OR ADDRESS FORM

NOTE: WE DO NOT REQUIRE THAT YOU USE THIS FOR ANY NAME AND/OR ADDRESS CHANGES, **BUT** WE DO REQUIRE THIS INFORMATION IN WRITING FROM YOU.

OLD ADDRESS

Name			License Number
Address			
City	State	County	Zip Code
Daytime Telephone			

NEW ADDRESS

Name			License Number
Address			
City	State	County	Zip Code
Daytime Telephone			

OFFICE PHONE: (207)624-8609



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FAX: (207)624-8637

OFFICES LOCATED AT: 122 NORTHERN AVENUE,
 GARDINER, MAINE



ANGUS S. KING, JR.
GOVERNOR

STATE OF MAINE
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Board Social Worker Licensure
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04333-0035

ANNE L. HEAD
DIRECTOR

TO: PROSPECTIVE APPLICANT
FROM: OFFICE OF LICENSING & REGISTRATION
RE: CRIMINAL RECORDS CHECK

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

CRIMINAL HISTORY RECORDS CHECK PROCEDURE

Please complete the applicant information section and return it to the Board with your completed application and supporting documentation as may be necessary.

You must provide a separate check in the amount of \$8.00, made payable to Maine State Treasurer, as payment for your criminal history record check in addition to the licensing fees presently required. The Department of Public Safety will not accept Visa or MasterCard as payment for the Criminal History Record Check. Please note that the criminal history record will be returned to the licensing board, not the applicant.

Public Law Chapter 401, sec. W-1, amends Title 25 §1541, sub-§6 to allow the State Bureau of Identification to charge a fee to government organizations for services provided. Therefore, as of October 1, 1999 all criminal background checks of individuals are subject to a fee as determined by the Commissioner of Public Safety.

(Clerk Name and Phone Number)

**Jacqueline Thibodeau
(207) 624-8609**

OFFICE PHONE: (207)624-8609



FAX: (207)624-8637

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(207)624-8653 (TTY/HEARING IMPAIRED)
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DIRECTOR

CRIMINAL HISTORY RECORD CHECK FEE: \$8.00

Make checks payable to: Treasurer, State of Maine
Submit this Application with License Application

APPLICANT INFORMATION

Name: _____		
Last	First	Middle
Address: _____		
Social Security/Federal I.D. #: _____		Date of Birth: _____
Any other names used: _____		

Please return the criminal history record information or a notice of no record to the following:

REQUESTING AGENCY INFORMATION

(Office Use Only)

Date: _____	Contact Person: Board Clerk
Agency Name & Address:	Office of Licensing and Registration Board of Social Worker Licensure 35 State House Station Augusta, Maine 04333-0035

OFFICE PHONE: (207)624-8609



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AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name: (applicant fees being paid for)		
Mailing Address: (applicant fees being paid for)		
City:	State:	Zip Code:
County:		Telephone #: (____) _____ - _____
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

Visa MasterCard _____
Card number

Expiration date: ____/____/____ in the amount of: \$ _____

Signature: _____ Date: ____/____/____

OFFICE PHONE: (207)624-8609



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