

Board of Licensed Social Workers State of Oklahoma

Post Office Box 18817
Oklahoma City, OK 73154



4545 N. Lincoln Blvd., Suite 162
Oklahoma City, OK 73105

APPLICATION FOR SOCIAL WORK LICENSURE

LSWA
 LMSW
 LSW
 LCSW
 LSW-Adm

Complete this section of the form by providing all information requested. You must notify the Board office in writing of any address changes after you file this application. Application materials MUST be received two weeks prior to the scheduled Board meeting. If not received within that time frame, applications will not be processed until the next scheduled Board meeting.

Last Name	First Name	MI	Suffix (Jr.)	Social Security Number
Current Address (If PO Box, Must provide street address as well)				
Permanent Mailing Address including postal code (if different from current address listed above)				
Employing Agency Name and Mailing Address				
Identify Preferred mailing address. <input type="checkbox"/> Current <input type="checkbox"/> Permanent <input type="checkbox"/> Employing Agency Note: You MUST select one. The preferred mailing address shall be available to the public				
Identify any maiden name, surname, or any other names or aliases you have been known by or used and identify the reason for your name change. Submit proof of legal name change - a certified copy of your marriage license, divorce decree, affidavit or court order.				
Place of Birth (List City, County, State or other Jurisdiction, Country)	Date of Birth MM/DD/YYYY	<input type="checkbox"/> Female <input type="checkbox"/> Male		
Contact Information Daytime Telephone: _____ Evening Telephone: _____ Cell Telephone: _____ Fax Number: (optional) _____		Personal E-Mail address: _____ Employing Agency E-Mail address: _____		
Citizenship Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Complete Citizenship Affidavit form attached				

Application for Licensure

Applicant's Name: _____

Record of Licensure Information

If you have ever been licensed, certified or registered to practice in the social work profession or held *any other* professional license, certification or registration complete the social work information requested below. You must identify the method by which you obtained your professional license(s) - i.e. (1) licensure by examination; (2) score transfer; (3) endorsement; (4) grandparent/waiver provision; or (5) reciprocity - in the appropriate column. If you have ever held a temporary, trainee, provisional, or apprenticeship license or permit, it must be listed below as well. You must include jurisdictions both within and outside the United States. Failure to disclose all licenses, certifications or registrations held may result in denial of your application or other appropriate action.

State/Province	Title of License	License Number/ Name on License (If different from this application)	Date of Issuance (Original/Initial)	How License Obtained (List applicable no. from above)	If license is not current and in good standing, explain below or on separate sheet of paper
State/Province of Original (Initial) Licensure:					
State/Province of Current Licensure where you most recently have been practicing:					
Other State/Province of Licensure:					

Record of Licensure Examination

If you have ever taken a licensure examination, in this state or any other state, for the social work profession, you must complete the information requested below. Each examination attempt must be shown. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

Name of Examination <i>Note:</i> If an Examination is administered in parts, each part should be listed separately	State/Province	Date of Examination	Passed/Failed/Other (If Other, please explain)

Application for Licensure

Applicant's Name: _____

Personal History Information

Please answer each of the following questions by putting an "X" in the appropriate box on the right. You must answer each question with a "Yes" or "No" response as no other response is acceptable. All "Yes" answers MUST be explained in detail in a separate SIGNED and NOTARIZED affidavit. The affidavit should include all relevant dates and identify the relevant jurisdiction and/or entity involved. Failure to disclose any of the requested information may result in the denial of your application or other appropriate action.

NOTE: If you answer "Yes" to any of the questions below and you have already submitted a detailed affidavit to this licensing authority explaining your response, you need not submit another detailed affidavit. Please note the date of your previous submission next to the applicable question(s).

1. Have you ever had any application for any professional license refused or denied by any licensing authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever been refused or denied the privilege of taking an examination required for any professional licensure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever been dropped, suspended, placed on probation, expelled, fined or requested to resign from any post secondary educational program in which you were enrolled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever been placed on probation, restrictions, suspension, revocation, modification, allowed to resign, requested to leave temporarily or permanently, or otherwise acted against by any professional training program prior to completing the training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you ever voluntarily surrendered a social work license (any licensure level)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you ever allowed your license to lapse, or had a limited license issued by any licensing authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have you ever voluntarily surrendered any other professional license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you ever allowed any other professional license to lapse, or had a limited license issued by any other licensing authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Has your social work license (any licensure level) ever been revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Have you ever been the subject of disciplinary action with regard to your social work license, been sanctioned by any social work licensing authority, social work association, licensed facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Have your privileges ever been restricted or terminated by any social work licensing authority, social work association, licensed facility, or staff of such facility; or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid impositions of such measure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Have you ever had any other professional license revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Have you ever been the subject of disciplinary action by any licensing agency with regard to any other professional license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. To your knowledge have any unresolved or pending complaints ever been filed against you with any social work licensing agency, association, hospital/clinic, or staff of such hospital/clinic?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Application for Licensure

Applicant's Name: _____

15. Is there any disciplinary action pending against you by any licensing state/province? If YES, where and when?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Have you ever been convicted (including a nolo contendere plea or guilty plea of a felony (or criminal offense) in any state or in federal court (other than minor traffic violations whether or not sentence was imposed or suspended? If YES, in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature of the offense, date of discharge, if applicable, as well as a statement from the probation or parole officer.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Have you ever been pardoned from a felony (or criminal) conviction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Have you ever been convicted (including a nolo contendere plea or guilty plea) of a violation of any federal or state drug law(s) or rule(s), to include DUI and DWI, whether or not sentence was imposed or suspended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Are you now or have you in the last five (5) years been addicted to any chemical substance, including alcohol (excluding tobacco and caffeine)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Are you now being treated or have you in the last five (5) years been treated for a drug or alcohol addiction or participated in a rehabilitation program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. Do you currently have any disease or condition that interferes with your ability to competently and safely perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e. (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; and/or (3) physical disease or condition, that may presently interfere with your ability to competently and safely perform the essential functions involved in practice as a social worker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. Have you ever been named as a defendant to a civil suit related to your profession (i.e. malpractice)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. Do you operate a social work practice under a general or limited partnership? If YES, how long has the partnership been in existence? List all partners on attached sheet.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. Have you ever been terminated from any employer? If YES, please identify the name(s) of the terminating employer below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. Have you ever been court martialled or discharged other than honorably from the armed service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. If you do not currently reside in the state of Oklahoma, please state your reasons for desiring licensure by this Board.		

Application for Licensure

Applicant's Name: _____

Work History/Practical Experience

Complete each of the following items. List all employment chronologically since graduation to the present, beginning with the date of graduation. If you have never been employed, insert "N/A" for Not Applicable in Box 1. You are authorized to photocopy this form if additional space is required.

Explain any breaks in employment history of greater than three (3) months.

1. Name of Business/Institution:		Job Title:	
Address/Phone Number of Business/Institution:		Description of Duties Performed:	
Name of Supervisor:			
Date of Employment:	Hours Worked Per Week:	Reason for employment termination/resignation?	
FROM: _____	Type of Employment:		
TO: _____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		

2. Name of Business/Institution:		Job Title:	
Address/Phone Number of Business/Institution:		Description of Duties Performed:	
Name of Supervisor:			
Date of Employment:	Hours Worked Per Week:	Reason for employment termination/resignation?	
FROM: _____	Type of Employment:		
TO: _____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		

Application for Licensure

Applicant's Name: _____

3. Name of Business/Institution:		Job Title:	
Address/Phone Number of Business/Institution:		Description of Duties Performed:	
Name of Supervisor:			
Date of Employment:	Hours Worked Per Week:		
FROM: _____	Type of Employment: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Reason for employment termination/resignation?	
TO: _____			

4. Name of Business/Institution:		Job Title:	
Address/Phone Number of Business/Institution:		Description of Duties Performed:	
Name of Supervisor:			
Date of Employment:	Hours Worked Per Week:		
FROM: _____	Type of Employment: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Reason for employment termination/resignation?	
TO: _____			

Application for Licensure

Applicant's Name: _____

Certifying Statement

By virtue of filing this application, I do solemnly swear or affirm that I am of good moral character, and that I understand the instructions and terms as set forth in this application form, that I have personally completed this form, that the information given in this application is true, correct, and complete to the best of my knowledge, and that the photograph attached hereto is a true likeness of myself. I hereby authorize the Oklahoma State Board of Licensed Social Workers to verify any and all information contained in this application, including information maintained in applicable databanks, and to transmit this information to the licensing authority of the state to which this application is made. I authorize the licensing authority of the state where administrative records, motor vehicle records, and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the licensing authority.

Applicant's Signature

Printed Name of Applicant

Date



Subscribed and sworn to before me this _____ day of _____, 20_____.

(SEAL)

Notary Public

My Commission Expires:

Board of Licensed Social Workers State of Oklahoma

Post Office Box 18817
Oklahoma City, OK 73154



4545 N. Lincoln Blvd., Suite 162
Oklahoma City, OK 73105

Instructions for making application for any level of licensure

SUBMISSION OF APPLICATION: Your Application for Licensure must be returned by mail to the Social Workers Licensure Board in a packet. This means that all forms, university transcript(s) and fee must be submitted together in one envelope **with the exception of the Background Check** Below is a recommended sequence for completing your application:

1. Complete the Application for Licensure. Page five/six is to verify your social work employment history. If you are applying for the Licensed Master Social Worker, the supervisor information requested will not be applicable to your Application.
2. Review procedures for the Background Check process as noted on the agency website.
3. University transcript - request that an official copy of your transcript with your degree posted be mailed to you from the university registrar. The transcript must be in a sealed envelope with the registrars stamp over the flap. Include the unopened envelope from the registrar in your packet.
4. If you are or have been licensed in another jurisdiction you must contact that jurisdiction and request a Verification of Licensure be mailed to the Board office.
5. If supervision was not obtained in Oklahoma, submit copies of all supervision verification forms documenting supervision experience.
6. If you have been licensed in another jurisdiction and were required to take the ASWB exam, contact the ASWB (www.aswb.org or 1-800-225-6880) and request an exam score transfer. The ASWB will mail this form directly to the Board office.
7. Complete the application form and affix your personal check, money order, cashier's check or credit card authorization form for the application fee of \$150.00.
8. For your own protection:
 - a. Photocopy all the documents you have submitted.
 - b. Double check to ensure that all forms are completed per instructions, transcript(s) are in a sealed envelope from the registrar and that all forms are signed. Failure to comply with the instructions will cause a delay in the processing of your Application.
9. Assemble all the above materials, **with the exception of the Background Check** and submit them in one envelope to:

Oklahoma State Board of Licensed Social Workers

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4545 North Lincoln Boulevard, Suite 162
Oklahoma City, OK 73154

Board of Licensed Social Workers

State of Oklahoma

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CHAPTER 10. LICENSURE REQUIREMENTS

Section

- 675:10-1-1. Purpose
 - 675:10-1-1.1 Approved Social Work Programs
 - 675:10-1-1.2. Requirements for Licensed Clinical Social Worker
 - 675:10-1-1.3 Requirements for Licensed Master's Social Worker
- 675:10-1-2. Requirements for Licensed Social Worker
 - 675:10-1-2.1. Requirements for Licensed Social Worker-Administration
- 675:10-1-3. Requirements for Licensed Social Work Associate
 - 675:10-1-3.1. License required
- 675:10-1-4. Requirements for Private or Independent Social Work Practice
- 675:10-1-5. Titles of licenses
- 675:10-1-6. Continuing Education
- 675:10-1-7. Exceptions to Experience & Examination Requirements (Revoked)
- 675:10-1-8. Issuance of License
- 675:10-1-9. Form of Application
- 675:10-1-10. Examinations
- 675:10-1-11. Non-Residence
- 675:10-1-12. Fees (Revoked)
 - 675:10-1-12.1. Renewal of licenses
- 675:10-1-13. Lapsed licenses
 - 675:10-1-13.1. Addition of specialty to license (Revoked)
- 675:10-1-14. Previous Registration Allowing Licensure (Revoked)
- 675:10-1-15. Reciprocity - Endorsement
- 675:10-1-16. Provisional license
 - 675:10-1-16.1. Complaint procedure (Revoked)
- 675:10-1-17. Procedures for Denials, Revocations, Suspensions (Revoked)

[Authority: 59 O.S. Supp. 1980, Sections 1250.1-1273]

[Source: Codified 12/31/91]

675:10-1-1. Purpose

This chapter describes the requirements for licensure.

[Source: Amended at 21 Ok Reg, eff 11-14-03 (emergency); Amended at 21 Ok Reg, eff 7-1-04]

675:10-1-1.1. Approved Social Work Programs

The Board approves social work programs that are accredited by the Council on Social Work Education (CSWE). For international programs, a decision will be made on a case by case basis in consultation with and in conjunction with the CSWE.

[Source: Added at 21 Ok Reg, eff 11-14-03 (emergency); Added at 21 Ok Reg, eff 7-1-04]

675:10-1-1.2. Requirements for Licensed Clinical Social Worker

The Board shall authorize the issuance of licenses to persons who qualify as follows: (1) as a LCSW who has a master's degree in social work from a Board approved social work program and has two (2) years of full-time post degree experience or the equivalent thereto of part-time experience, a total of 4,000 hours, of experience in the practice of clinical social work under professional supervision of a licensed clinical social worker. This experience shall include at least 100 hours of face-to-face educational supervision by the supervisor. Ratings on the final evaluations completed by supervisor(s) must document performance at a level meeting or exceeding expectations as defined on the forms approved by the Board, in all areas of evaluation, (2) passed the examination provided for under the provisions of Section 675:10-1-10, and (3) is of good moral character.

[Source: Added at 21 Ok Reg, eff 11-14-03 (emergency); Added at 21 Ok Reg, eff 7-1-04]

675:10-1-1.3. Requirements for Licensed Master's Social Worker

The Board shall authorize the issuance of licenses to persons who qualify as follows: (1) as a Licensed Social Worker who has a master's degree in social work from a Board approved social work program, (2) passed the examination provided for under the provisions of Section 675:10-1-10, and (3) is of good moral character.

[Source: Added at 21 Ok Reg, eff 11-14-03 (emergency); Added at 21 Ok Reg, eff 7-1-04]

675:10-1-2. Requirements for Licensed Social Worker

The Board shall authorize the issuance of licenses to persons who qualify as follows: (1) as a Licensed Social Worker who has a master's degree in social work from a Board approved social work program and has two (2) years of full-time post degree experience or the equivalent thereto of part-time experience, a total of 4,000 hours, of experience in the practice of social work under professional supervision of a licensed clinical social worker or licensed social worker with administration specialty. This experience shall include at least 100 hours of face-to-face educational supervision by the supervisor. Ratings on the final evaluations completed by supervisor(s) must document performance at a level meeting or exceeding expectations as defined on the forms approved by the Board, in all areas of evaluation, (2) passed the examination provided for under the provisions of Section 675:10-1-10, and (3) is of good moral character.

[Source: Amended at 21 Ok Reg, eff 11-14-03 (emergency); Added at 21 Ok Reg, eff 7-1-04]

675:10-1-2.1. Requirements for Licensed Social Worker-Administration

The Board shall authorize the issuance of licenses to persons who qualify as follows:

- (1) as a LSW-Adm who has a master's degree in social work from a Board approved social work program and has two (2) years of full-time post degree experience or the equivalent thereto of part-time experience, a total of 4,000 hours of experience in the administrative practice of social work under professional supervision of a licensed social worker with administration specialty. This experience shall include at least 100 hours of face-to-face educational supervision by the supervisor. Ratings on the final evaluations completed by supervisor(s) must document performance at a level meeting or exceeding expectations as defined on the forms approved by the Board, in all areas of evaluation,
- (2) passed the examination provided for under the provisions of Section 675:10-1-10, and
- (3) is of good moral character.

[Source: Added at 21 Ok Reg, eff 11-14-03 (emergency); Added at 21 Ok Reg, eff 7-1-04]

675:10-1-3 . Requirements for Licensed Social Work Associate

The Board shall authorize the issuance of licenses to persons who qualify as follows:

- (1) as a Licensed Social Work Associate who has a baccalaureate degree in social work from a Board approved social work program and has two (2) years of full-time experience or the equivalent thereto of part-time experience, a total of 4,000 hours of experience, in the practice of social work under the professional supervision of a licensed social worker, licensed clinical social worker or licensed social worker with administration specialty. This experience shall include at least 100 hours of face-to-face educational supervision by the supervisor. Ratings on the final evaluations completed by supervisor(s) must document performance at a level meeting requirements as defined on the forms approved by the Board, in all areas of evaluation or who has a master's degree in social work from a Board approved social work program and has passed the examination provided for under Section 675:10-1-10
- (2) passed the examination provided for under the provisions of Section 675:10-1-10, and
- (3) is of good moral character.

[Source: Amended at 21 Ok Reg, eff 11-14-03 (emergency); Amended at 21 Ok Reg, eff 7-1-04]

675:10-1-3.1. License required

No person shall engage in the practice of social work as defined by law without having the legal possession of a current license.

[Source: Added at 21 Ok Reg, eff 11-14-03 (emergency); Added at 21 Ok Reg, eff 7-1-04]

675:10-1-4. Requirements for Private or Independent Social Work Practice

No person may engage in the private or independent practice of social work unless:

- (1) licensed under this act as a LSW-Adm or LCSW,
- (2) has had 100 hours of face-to-face educational supervision in no less than two (2) years of full-time or the equivalent thereto of part-time experience, a total of 4,000 hours, supervised experience certified by the Board in the method to be offered in private practice and met the requirements set by the Board, and
- (3) shall continue to meet continuing education requirements set by the Board.

[Source: Amended at 21 Ok Reg, eff 11-14-03 (emergency); Amended at 21 Ok Reg, eff 7-1-04]

675:10-1-5. Titles of licenses

(a) Licensed Clinical Social Worker.

(1) **Definition.** Clinical social work is defined as practice which focuses on rendering services to individuals, families, or groups of individuals that involve the evaluation, diagnosis, treatment, and prevention of emotional disorders and mental illness as related to the total health of the client system according to social work theory and methods, providing services of a psychosocial nature pertaining to personality adjustment, behavior problems, interpersonal dysfunctioning and deinstitutionalization. Such practice is based on knowledge of psychodynamics, human relations, human development, personality development, crisis intervention, psychopathology, and group dynamics to effect change in human behavior, emotional responses, and social conditions.

(2) **Setting.** Clinical social work is practiced within a private office or under the auspices of public, voluntary, or proprietary agencies and institutions addressing familial, economic, health, recreational, religious, penal, judicial and educational concerns.

(3) **Model of clinical social work practice.** Within the practice setting, the problem is identified, and a plan of intervention is designed and implemented with the client. The plan is supported by securing historical facts and clues to the latent forces within the individual that shape personality. Individual strengths in conjunction with community resources are activated and utilized to implement the client plan.

(4) **Education and experience criteria.** A master's degree in social work from a Board approved social work program; official transcripts must be received from all applicable schools attended; two (2) years of full-time or the equivalent thereto of part-time experience, a total of 4,000 hours, of post graduate practice experience under the supervision of a licensed social worker with a clinical social work practice specialty which includes at least 3,000 hours of direct client contact; this experience shall include at least 100 hours of face-to-face educational supervision in no less than two (2) years of full-time related employment or the equivalent thereto of part-time employment. Ratings on the final evaluations completed by supervisor(s) must document performance at a level meeting or exceeding expectations as defined on the forms approved by the Board, in all areas of evaluations.

(b) Licensed Master's Social Worker.

(1) **Definition.** The practice of a Licensed Master's Social Worker (LMSW) means the application of social work theory, knowledge, methods and ethics and the professional use of self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families, groups, organizations and communities. Master's Social Work practice requires the application of specialized knowledge and advanced practice skills in the areas of assessment, treatment planning, implementation and evaluation, case management, information and referral, counseling, consultation, education, research, advocacy, community organization and the development, implementation, and administration of policies, programs and activities.

(2) The LMSW shall not engage in private practice or practice independently.

(c) **Licensed Social Worker.**

(1) The Licensed Social Worker (LSW) shall be able to perform the following functions:

(A) provide counseling to individuals, couples, families and groups directed toward specific goals;

(B) assist in helping individuals or groups with difficult day-to-day problems, such as finding employment, locating sources of assistance, or organizing community groups to work on a specific problem;

(C) consult with other agencies on problems and cases served in common and coordinate services among agencies helping multi-problem families;

(D) conduct basic data gathering on social problems;

(E) serve as an advocate for those clients or groups of clients whose needs are not being met by available programs or by a specific agency;

(F) assess, evaluate and formulate a plan of action based on client need;

(G) provide training to community groups, agencies and other professionals about health-care issues and community problems; and

(H) maintain familiarity with professional and self-help systems in the community and will assist the client in using those services when necessary.

(2) The LSW shall not engage in private practice or practice independently.

(d) **Licensed Social Worker-Adm.**

(1) **Definition.** Social work administration is defined as practice which focuses primarily on directing the development and/or management of social service delivery systems. Such practice is based on knowledge of organization theory, policy development, program management, personnel management, fiscal management, and public relations. Such practice is based on skills necessary for organizing, directing, supervising, staffing, program planning and program evaluating.

(2) **Setting.** Social work administration is practiced within a private setting or under the auspices of public, voluntary or proprietary agencies or institutions addressing familial, economic, health, recreational, religious, penal, judicial and educational concerns.

(3) **Model of social work administration practice.** Within the practice setting, supervises program directors and program staff to insure that personnel, program and/or licensing standards are met and maintained and that staff members grow in skill and efficiency; develops program goals and insures that all program activities and procedures comply with regulations; interprets the services and promotes the image of the programs through regular communication with appropriate groups and individuals in order to maintain a broad base of support; manages budgets to insure a balanced and fiscally sound program is maintained.

(4) **Education and experience criteria.** A master's in social work from a school of social work approved by the Board; official transcripts must be received from all applicable schools attended; two years of full-time post master's degree related experience or the equivalent thereto of part-time experience, a total of 4,000 hours, in the delivery of social work administration. This experience shall include at least 100 hours of face-to-face educational supervision under a Licensed Social Worker with a Social Work Administration specialty in no less than two (2) years of full-time related employment or the equivalent thereto of part-time employment. Ratings on the final evaluations completed by supervisor (s) must document performance at a level meeting or exceeding expectations as defined on the forms approved by the Board, in all areas of evaluations.

(e) **Licensed Social Worker Associate.**

- (1) The practice of a Licensed Social Worker Associate (LSWA) means the application of social work theory, knowledge, methods, ethics and the professional use of self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families, groups, organizations and communities. LSWA basic generalist practice that includes assessment, planning, intervention, evaluation, case management, information and referral, counseling, consultation, education, advocacy, community organization, and the development, implementation, and administration of policies, programs and activities.
- (2) The LSWA shall not engage in private practice or practice independently .

[Source: Amended at 21 Ok Reg, eff 11-14-03 (emergency); Amended at 21 Ok Reg, eff 7-1-04]

675:10-1-6. Continuing education

(a) **Continuing education.**

- (1) As a requirement for license renewal, sixteen (16) clock hours of continuing education units shall be required for each license held. These hours must have been obtained during the previous renewal period (January through December) and approved by the Board. At least 3 hours must be categorized as ethics training as defined by the Board.
- (2) Approval of continuing education shall be at the discretion of the Oklahoma State Board of Licensed Social Workers and shall be in accordance with standards acceptable to the profession of social work.
- (3) A licensee called to active duty in the armed forces of the United States for a period of time exceeding one hundred and twenty (120) consecutive days during a calendar year shall be exempt from obtaining the continuing education required during that calendar year.
- (4) A licensee experiencing physical disability, illness or other extenuating circumstances may request partial or complete exemption from the continuing education requirements. The licensee shall provide supporting documentation for the Board's review. Such hardship cases will be considered by the Board on an individual basis.
- (5) Effective January 1, 2004 licensees who have passed the examination during the months of July through December may receive eight (8) hours of continuing education for that year. The required eight (8) hours must be in category 1 and include three (3) hours of ethics.

(b) **Audit/Verification.**

- (1) Each applicant for renewal of license shall certify that he/she has completed the requisite hours of continuing education.
- (2) The Board staff may, each year, randomly or for cause select licensees to be audited for verification that continuing education requirements have been met.
- (3) Licensees selected for audit must submit verification of meeting the continuing education requirement with the renewal application.
- (4) Failure to submit such records shall constitute an incomplete application and shall result in the application being returned to the licensee and the licensee being unable to practice.
- (5) A license renewed through misrepresentation shall result in Board action.

[Source: Amended at 21 Ok Reg, eff 11-14-03 (emergency); Amended at 21 Ok Reg, eff 7-1-04]

675:10-1-7. Exceptions to experience and examination requirements (Revoked)

[Source: Revoked at 21 Ok Reg, eff 11-14-03 (emergency); Revoked at 21 Ok Reg, eff 7-1-04]

675:10-1-8. Issuance of license

The Board will issue an appropriate license to all applicants who meet the requirements for licensure in order to identify the social workers to the public as a LCSW, LMSW, LSW, LSW-Adm or LSWA.

[Source: Amended at 21 Ok Reg, eff 11-14-03 (emergency); Amended at 21 Ok Reg, eff 7-1-04]

675:10-1-9. Form of application

(a) Applicants for licensure as a LCSW, LMSW, LSW, LSW-Adm or LSWA shall make such application on the most current form prescribed by the Board, shall submit the required fee and shall supply appropriate documentation as required by the Board to validate the facts which are claimed as a part of the licensing process. Such items to include but not be limited to:

- (1) official transcript
 - (2) notarized photograph taken within the last 12 months
 - (3) record of work experience
 - (4) certification by employers as to the facts or an affidavit attesting to the facts by the applicant
 - (5) notarized signature
 - (6) signed consent authorizing the Board to conduct a criminal background check and/or receive criminal history information on the applicant
 - (7) verification of supervision
- (b) The fee for the criminal background check shall be paid separately from the license application fee by the applicant at the time application is made.
- (c) The use of false or fraudulent information by an applicant may be grounds for denial of a license.

[Source: Amended at 21 Ok Reg, eff 11-14-03 (emergency); Amended at 21 Ok Reg, eff 7-1-04]

675:10-1-10. Examinations

- (a) The Board accepts the following licensure examinations administered by the ASWB:
- (1) Basic or Bachelors
 - (2) Intermediate or Master
 - (3) Advanced or Advanced Generalist
 - (4) Clinical
- (b) Upon approval by the Board to take the examination and issuance of a provisional license, the applicant may apply through the ASWB to sit for the examination.
- (c) In the event of failure to pass the examination, the applicant may retake the examination every ninety (90) days during the year the provisional license is valid.

[Source: Amended at 9 Ok Reg, eff 7-27-92; Amended at 21 Ok Reg, eff 11-14-03 (emergency); Amended at 21 Ok Reg, eff 7-1-04]

675:10-1-11. Non-residence

Persons not residing in Oklahoma may apply for, receive and renew a license provided they otherwise meet the requirements and submit appropriate documentation to the Board. However, their reasons for desiring licensure must be documented and the Board will assume no responsibility for their licensure except when such practice occurs within the State of Oklahoma.

[Source: Amended at 21 Ok Reg, eff 11-14-03 (emergency); Amended at 21 Ok Reg, eff 7-1-04]

675:10-1-12. Fees (Revoked)

[Source: Amended at 21 Ok Reg, eff 11-14-03 (emergency; Revoked at 21 Ok Reg, eff 7-1-04)]

675:10-1-12.1. Renewal of licenses

- (a) All licenses shall expire at the end of each calendar year and shall be subject to renewal on the first day of the next calendar year.
- (b) All licensees must submit a complete renewal package, including fee, postmarked by December 31 of the calendar year. Only renewals submitted on the most current forms provided by the Board will be accepted.
- (c) Licenses will lapse on the last day of the calendar year. Such lapsed licenses shall be renewed upon receipt of a complete renewal application and payment of the renewal fee plus a late fee as set forth in 675:1-1-9 if submitted within ninety (90) days from the first day of the new calendar year. Licensees that submit documentation for renewals postmarked after December 31 of the calendar year will be assessed the late renewal fee.

[Source: Added at 21 Ok Reg, eff 11-14-03 (emergency); Added at 21 Ok Reg, eff 7-1-04]

675:10-1-13. Lapsed licenses

- (a) Licenses lapsed beyond the ninety (90) day period from the first day of the new calendar year will be treated as a new application after March 31 of each calendar year. A new application must be submitted with appropriate documentation as required by the Board. All current requirements, including re-examination, must be met by the applicant.
- (b) Lapsed licenses must be surrendered to the Board.

[Source: Amended at 9 Ok Reg, eff 7-27-92; Amended at 21 Ok Reg, eff 11-14-03 (emergency); Amended at 21 Ok Reg, eff 7-1-04]

675:10-1-13.1. Addition of specialty to license (Revoked)

[Source: Added at 9 Ok Reg, eff 7-27-92; Revoked at 21 Ok Reg, eff 11-14-03 (emergency); Revoked at 21 Ok Reg, eff 7-1-04]

675:10-1-14. Previous registration allowing licensure (Revoked)

[Source: Revoked at 21 Ok Reg, eff 11-14-03 (emergency); Revoked at 21 Ok Reg, eff 7-1-04]

675:10-1-15. Reciprocity - Endorsement

- (a) Any person who becomes a resident of Oklahoma and who is or has been, immediately preceding his residency in this state, licensed in good standing to practice social work by another state which grants a like privilege or reciprocity and who meets the educational and work experience qualifications for licensure in Oklahoma may, upon payment of the necessary fee and submission of documentation as required by the Board, be licensed under these provisions.
- (b) Reciprocity-endorsement shall be based upon an evaluation of the licensing criteria of the other state to determine if criteria is equal to or more stringent than Oklahoma licensing requirements.

[Source: Amended at 21 Ok Reg, eff 11-14-03 (emergency); Amended at 21 Ok Reg, eff 7-1-04]

675:10-1-16. Provisional license

Persons who have met all qualifications for licensure under the provisions of this Chapter, except passage of the required examination, shall, upon payment of the necessary fee and submission of documentation as required by the Board, be issued a provisional license as provided in 59 O.S., § 1261.5. A provisional license may not be issued for longer than one year.

[Source: Amended at 21 Ok Reg, eff 11-14-03 (emergency); Amended at 21 Ok Reg, eff 7-1-04]

675:10-1-16.1. Complaint procedure (Revoked)

[Source: Added at 9 Ok Reg eff 7-27-92; Revoked at 21 Ok Reg, eff 11-14-03 (emergency); Revoked at 21 Ok Reg, eff 7-1-04]

675:10-1-17. Procedures for denials, revocations, suspensions (Revoked)

[Source: Revoked at 21 Ok Reg, eff 11-14-03 (emergency); Revoked at 21 Ok Reg, eff 7-1-04]

675:10-1-18 Facility [REVOKED]