

Board of Licensed Social Workers State of Oklahoma

Post Office Box 18817
Oklahoma City, OK 73154
(405) 521-3712



3700 N. Classen Blvd., Suite 162
Oklahoma City, OK 73118
(405) 521-3715

APPLICATION FOR FOR SOCIAL WORK LICENSURE

Check ONLY One Licensure Type

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. ALL application materials MUST be received three weeks prior to the next 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: SSN:

Current Address (If PO Box, Must provide street Address as well)

Permanent Mailing Address (if different from above):

Employing Agency Name:

Agency Address: (Street, City, State, Zip)

Preferred Address for Website Current Permanent Employing Agency None

Note: You MUST select one. The preferred mailing address will be available to the public.

OTHER NAMES USED: include aliases, maiden, pseudo, nicknames or any other names formerly used.

Place of Birth (list City, County, State or other Jurisdiction, Country): Date of Birth MM/DD/YY Male Female

Contact Information

Work Phone:

Personal E-Mail Address:

Cell Phone:

Home Phone:

Employing Agency E-Mail Address:

Fax Number (optional):

Citizenship: Are you a United States Citizen?: Yes No Citizenship Affidavit form: http://www.ok.gov/socialworkers/documents/Immigration_Affidavit_Nov_2007_SWB.pdf

Race (optional): Hispanic or Non-Hispanic (optional):

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-reciprocity; 3-endorsement; 4-grandparent/waiver provision) 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/Jurisdiction/ Province	Title of License	License Number/Name on License (If different from this application)	Date of Issuance (Original/Initial)	How License Obtained (list applicable number from above)	If license is not current and in good standing, explain below or on separate paper
State/Province of Original (Initial) Licensure:						
State/Province of Current Licensure (most recently 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 Note: If an Examination is administered in parts, list each part separately	State/Province	Date of Examination	Passed/Failed/Other (If Other, please explain)

Applicant's Name

Personal History Information

Please answer each of the following questions by putting an "x" in the appropriate box to 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 include a cover sheet noting the date of your previous submission.

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 other 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. Have you ever been listed as a respondent in any administrative hearing conducted by a Board in this or any other state, jurisdiction or province?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Have you ever been the subject of an investigation of a Board in this or any other state, jurisdiction or province that did not resolve in any formal action or hearing by the Board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Has your social work license (any licensure level) ever been revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. 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 or licensed facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. 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
14. Have you ever had any other professional license revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. 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

Application for Licensure

Applicant's Name

16. To your knowledge, do you have any unresolved or pending complaints that have 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
17. 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
18. Have you ever been charged and/or 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
19. Have you ever been pardoned from a felony (or criminal) conviction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Have you ever been charged and/or 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
21. 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
22. 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
23. 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 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
24. 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
25. 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
26. Have you ever been terminated from any employer? If YES, please identify the name(s) of the employer and offer an explanation as to the circumstances of the termination.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Have you ever been court martialled or discharged other than honorably from the armed service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. If you do not currently reside in the state of Oklahoma, please state your reasons for desiring licensure by this Board.	<input style="width: 100%; height: 60px;" type="text"/>	

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:	<input type="text"/>	Job Title:	<input type="text"/>
Address of Business/ Institution:	<input type="text"/>	Description of Duties Performed:	<input type="text"/>
Phone of Business/ Institution:	<input type="text"/>		
Name of Supervisor:	<input type="text"/>		
Date of Employment:		Hours Worked per Week:	<input type="text"/>
From:	<input type="text"/>	Type of Employment:	Reason for Employment termination/resignation
To:	<input type="text"/>	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	

2. Name of Business/ Institution:	<input type="text"/>	Job Title:	<input type="text"/>
Address of Business/ Institution:	<input type="text"/>	Description of Duties Performed:	<input type="text"/>
Phone of Business/ Institution:	<input type="text"/>		
Name of Supervisor:	<input type="text"/>		
Date of Employment:		Hours Worked per Week:	<input type="text"/>
From:	<input type="text"/>	Type of Employment:	Reason for Employment termination/resignation
To:	<input type="text"/>	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	

Application for Licensure

Applicant's Name

3. Name of Business/ Institution:	<input type="text"/>	Job Title:	<input type="text"/>
Address of Business/ Institution:	<input type="text"/>	Description of Duties Performed:	<input type="text"/>
Phone of Business/ Institution:	<input type="text"/>		
Name of Supervisor:	<input type="text"/>		
Date of Employment:	Hours Worked per Week: <input type="text"/>	Reason for Employment termination/resignation	<input type="text"/>
From: <input type="text"/>	Type of Employment:		
To: <input type="text"/>	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		

4. Name of Business/ Institution:	<input type="text"/>	Job Title:	<input type="text"/>
Address of Business/ Institution:	<input type="text"/>	Description of Duties Performed:	<input type="text"/>
Phone of Business/ Institution:	<input type="text"/>		
Name of Supervisor:	<input type="text"/>		
Date of Employment:	Hours Worked per Week: <input type="text"/>	Reason for Employment termination/resignation	<input type="text"/>
From: <input type="text"/>	Type of Employment:		
To: <input type="text"/>	<input type="checkbox"/> Full-Time <input type="checkbox"/> Full-Time		

Application for Licensure

Applicant's Name

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

Attach here a
photograph taken in
the last twelve (12)
months.

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

(Seal)

Notary Public

My Commission Expires:

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 (these may be submitted in advance of the application so we can get them processed). If you are turning in your fingerprint cards with your application, you may send everything in the same envelope.** Below is a recommended sequence for completing your application:

1. Complete the Application for Licensure. Page five/six is to verify your 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. WE DO NOT NEED ANOTHER TRANSCRIPT IF WE HAVE ONE ON FILE FOR YOU.
4. If you are or have been licensed in another jurisdiction you must contact that jurisdiction and request a Verification of Licensure is mailed to the Board office.
5. If supervision was not obtained in Oklahoma, submit copies of all supervision verification forms documenting supervision experience. If you do not have this documentation, please call the Board office for further instruction.
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. **Make checks or money order payable to the OSBSLW.**
8. For your own protection:
 - a. Photocopy all the documents you have submitted.
 - b. 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, and submit them in one envelope to:

Any questions about the application: Please contact the Oklahoma State Board of Licensed Social Workers at:

Oklahoma State Board of Licensed Social Workers
3700 N. Classen Blvd. STE 162
Oklahoma City, OK 73118
(405) 521-3712 or (405) 521-3715
(405) 521-3713 (Fax)
www.ok.gov/socialworkers (website)