



**Board of Behavioral Sciences**  
1625 North Market Blvd., Suite S200, Sacramento, CA 95834  
(916) 574-7830  
www.bbs.ca.gov



## LICENSED CLINICAL SOCIAL WORKER APPLICATION FOR LICENSURE IN-STATE\* Applicants

➔ Use this application when you are ready to have your supervised experience evaluated to qualify to take the ASWB Clinical Exam

➔ This application can be submitted before you pass the LCSW Law and Ethics Exam

➔ Your hours of experience must have been gained within the six (6) years prior to the date your application is received by the Board

Thank you for your interest in becoming a California Licensed Clinical Social Worker (LCSW). This packet contains the following:

1. Application Instructions
2. Application Checklist
3. Important Information for Applicants
4. Application for Licensure (In-State)
5. Experience Verification (In-State)

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**\* Submit this IN-STATE application if either of the following apply to you:**

- ➔ You hold a California Associate Registration; OR
- ➔ You have an Out-of-State degree and have gained experience hours in California (You may have coursework to complete - refer to the notice sent upon approval of your Associate application).

## **APPLICATION INSTRUCTIONS**

### **In-State Applicants**

#### **READ ALL PAGES CAREFULLY BEFORE SUBMITTING YOUR APPLICATION**

Submit your completed application to: Board of Behavioral Sciences  
1625 North Market Blvd., Suite S200  
Sacramento, CA 95834

- ➔ **Be sure to submit an accurate and complete application package and ensure that all required original documents are furnished to the Board.**
  - ➔ *All items are mandatory unless otherwise indicated.*
- ➔ **Use the Application Checklist included in this packet to help avoid deficiencies.**

#### **EXPEDITED REVIEW**

The Board is required to expedite the licensure process for the following applicants (*all expedite forms available at [www.bbs.ca.gov](http://www.bbs.ca.gov)>Applicants>LCSW>Forms/Pubs*):

- **Honorably Discharged Veterans of the U.S. Armed Forces** pursuant to Business and Professions Code (BPC) section 115.4. Download the request form from the Board's [website](#) and include it ON TOP OF your application.
- **Spouses/Partners of Persons on Active Duty Military** pursuant to BPC section 115.5. A \$250 application fee waiver is also available to these applicants. Download the request form from the Board's [website](#) and include it ON TOP OF your application.
- **Refugees / Asylees / Special Immigrant Status Holders ("SI" or "SQ")** pursuant to BPC section 135.4. Download the request form from the Board's [website](#) and include it ON TOP OF your application.

#### **PROOF OF RECEIPT OF APPLICATION**

If you would like to know whether the Board has received your application, you will need to mail your application using a method that includes tracking. You can also check with the bank to see if your check or money order has been cashed by the Board.

## A. APPLICATION FORM

Instructions	Document(s) Required
<ul style="list-style-type: none"> <li>• Complete all sections of the <i>Application for Licensure</i> in ink.</li> <li>• The application must have your original signature.</li> <li>• You must use your legal name. Your “legal name” is the name established legally by your birth certificate, marriage or domestic partnership certificate, or divorce decree (for example).</li> <li>• <u>Name Change</u>: If you have registered with the Board previously and have changed your legal name without notifying the Board, submit a <a href="https://www.bbs.ca.gov/pdf/forms/change_name.pdf">Notification of Name Change</a> form with your application packet along with the required documentation (access at <a href="https://www.bbs.ca.gov/pdf/forms/change_name.pdf">https://www.bbs.ca.gov/pdf/forms/change_name.pdf</a>).</li> <li>• <u>Email Address</u>: Provide your email address if you have one. This address is not subject to public disclosure.</li> </ul>	<p><b>Completed and signed <i>Application for Licensure</i></b></p>

## B. FEE

Instructions	Document(s) Required
<p>Attach a \$250.00 check or money order made payable to the Behavioral Sciences Fund. This application fee is an earned fee for evaluation of your application and is NOT REFUNDABLE.</p>	<p><b>\$250 check or money order payable to Behavioral Sciences Fund</b></p>

## C. ADDITIONAL COURSEWORK

Instructions	Document(s) Required
<p>The courses listed in the chart on pages 6-7 must be completed prior to approval of your <i>Application for Licensure</i>. A course description or syllabus will be required if the course content is not easily identifiable by the course title. See the Board’s <a href="#">website</a> for information on <b>acceptable course providers</b> (access at <a href="http://www.bbs.ca.gov">www.bbs.ca.gov</a> &gt;Licensees&gt;Continuing Education&gt;Where to find CE Courses).</p>	<p><b>Proof of completion of all additional coursework listed on pages 6-7</b></p> <p><i>(Note: If submitted with an Associate application, it is not necessary to resubmit)</i></p>

## D. SUPERVISED EXPERIENCE

Instructions	Document(s) Required
<p>Supervised post-degree work experience must total at least <b>two years</b> (104 weeks) and 3,000 hours. All experience must have been obtained within the six (6) years immediately preceding the date on which your <i>Application for Licensure</i> is received by the Board.</p> <p>EXPERIENCE VERIFICATION: Each supervisor of your experience hours must verify your experience on an <i>Experience Verification</i> form. An <i>In-State Experience Verification</i> form is provided in this packet for this purpose. Must contain an original signature. <i>If you have any Out-of-State experience, use an <a href="#">Out-of-State Experience Verification</a> form.</i> NOTE: <i>The documents listed below are NOT required for out-of-state experience.</i></p> <p>WORKSHOPS, SEMINARS, TRAINING AND CONFERENCES: If you completed any of these activities as part of your supervised experience, include those hours on your <i>Experience Verification</i> forms. Do not submit other proof of completion.</p> <p>WRITTEN AGREEMENT: Submit a signed written oversight agreement for each supervisor and each employer, if applicable. See <a href="#">BPC section 4996.23.3</a> to determine whether required. See sample letter <a href="#">online</a> (access at <a href="http://www.bbs.ca.gov">www.bbs.ca.gov</a>&gt;Applicant&gt;LCSW&gt; Forms/Pubs).</p> <p>W-2s: If you were employed while gaining hours, you must submit a copy of your W-2 for each year you are claiming experience and for each employer. If your W-2 is not available, you must obtain a duplicate. If a W-2 is not available for the current year, attach a copy of a current pay stub. If your W-2 statement does not match the name of your employer as stated on your verification of experience form, an explanation is required. If you are submitting a 1099 form in accordance with <a href="#">BPC section 4996.23.2</a>, an explanation is required.</p> <p>VOLUNTEER LETTER: If you volunteered while gaining hours, attach a copy of the letter from your employer verifying your voluntary status on your employer's letterhead. The letter must state the time frame (date range) during which you volunteered. See <a href="#">sample letter</a> (access at <a href="http://www.bbs.ca.gov">www.bbs.ca.gov</a>&gt;Applicant&gt;LCSW&gt;Forms/Pubs).</p> <p>SUPERVISOR RESPONSIBILITY STATEMENT OR SUPERVISION AGREEMENT: Submit the initial original <i>Supervisor Responsibility Statement</i> or <i>Supervision Agreement</i> signed by each supervisor. Must contain an original signature.</p> <p>SUPERVISORY PLAN: Submit the initial original <i>Supervisory Plan</i> signed by each initial supervisor. Must contain an original signature. . NOTE: For those submitting a <i>Supervision Agreement</i>, a <i>Supervisory Plan</i> is part of that agreement and does not need to be submitted separately.</p>	<p><b>Original Experience Verification form(s)</b></p> <p><b>Signed/dated letter(s) of agreement (if applicable)</b></p> <p><b>Copies of W-2 Form(s)/Check Stub for Current Year (if applicable)</b></p> <p><b>Volunteer Letter(s) (if applicable)</b></p> <p><b>Original Supervisor Responsibility Statement(s) or Supervision Agreement(s)</b></p> <p><b>Original Supervisory Plan(s)</b></p>

## E. EXAMINATIONS

Instructions	Document(s) Required
<p>If you have not previously passed the LCSW Law and Ethics Exam, you must first pass this exam before proceeding with the Association of Social Work Boards (ASWB) Clinical Exam.</p> <p>You will be eligible to take your initial exam after your <i>Application for Licensure</i> has been approved, and will receive information on how to register at that time. You will be provided with a one-year window in which to participate in the exam (IMPORTANT: if you miss your one-year exam deadline, your application will be closed and you will have to submit a new <i>Application for Licensure</i> and fee, and would lose any hours that are more than 6 years old).</p> <p>The Board does not administer the ASWB Clinical Exam, and your exam fees must be paid by you directly to the exam administrator (ASWB). Additional information is provided under the Exams tab on the Board's <a href="#">website</a>.</p>	<p>None at this time</p>

## F. SUICIDE RISK ASSESSMENT AND INTERVENTION TRAINING

Instructions	Document(s) Required
<p>Six (6) hours of coursework or applied experience in Suicide Risk Assessment and Intervention is required. If this content was included within your supervised experience, and you can obtain a written certification from the program's director of training, or from your primary supervisor stating that the training was included within your supervised experience, it may be accepted in lieu of a course.</p> <p>If this content was included within your qualifying degree program, you will need to obtain a written certification from the registrar or training director of your school or program stating that this coursework was included within the curriculum required for graduation, or within the coursework that was completed by you.</p> <p>Otherwise, this requirement may be met by taking a six-hour course from a school that holds a regional or national institutional accreditation recognized by the U.S. Department of Education, a school approved by the California Bureau for Private Postsecondary Education, or an acceptable <a href="#">continuing education</a> provider.</p>	<p><b>Proof of completion</b></p>

## G. TELEHEALTH COURSEWORK

Instructions	Document(s) Required
<p>Three (3) hours of coursework in the provision of mental health services via telehealth is required. This coursework must include law and ethics related to telehealth. If this content was included within your qualifying degree program, submit a written certification from the registrar or training director of your school or program stating that this coursework was included within the curriculum required for graduation, or within the coursework that was completed by you.</p> <p>Otherwise, this requirement may be met by taking a three-hour course from a school that holds a regional or national institutional accreditation recognized by the U.S. Department of Education, a school approved by the California Bureau for Private Postsecondary Education, or an acceptable <a href="#">continuing education</a> provider (access at <a href="https://www.bbs.ca.gov/licensees/cont_ed.html">https://www.bbs.ca.gov/licensees/cont_ed.html</a>).</p>	<p><b>Proof of course completion</b></p>

## H. APPLY FOR INITIAL LICENSE ISSUANCE

Instructions	Document(s) Required
<p><b>After</b> you have met all requirements for licensure, you must submit a <a href="#">Request for Initial License Issuance</a> and \$200 initial licensure fee (access at <a href="https://www.bbs.ca.gov/pdf/forms/initial_lic_iss.pdf">https://www.bbs.ca.gov/pdf/forms/initial_lic_iss.pdf</a>).</p> <p><b>Do not submit the form or fee until you have passed both exams – if you submit it too early it will be rejected.</b></p>	<p>AFTER you pass BOTH exams, submit a <i>Request for Initial License Issuance</i> and \$200 fee</p>

**FROM SECTION C: ADDITIONAL COURSEWORK LIST**

**COURSES REQUIRED OF ALL APPLICANTS**

<b>Course</b>	<b>Length</b>	<b>Content Required</b>
<b>1. Telehealth</b>	3 hours	Provision of mental health services via telehealth, including law and ethics related to telehealth
<b>2. Suicide Risk Assessment and Intervention</b>	6 hours	Course must cover suicide risk assessment and intervention. See the Board's website at <a href="http://www.bbs.ca.gov/pdf/suicide_prevention.pdf">www.bbs.ca.gov/pdf/suicide_prevention.pdf</a> for information on how to provide documentation of completion if this content was contained within your degree program, or if it was met as part of your applied experience.
<b>3. Child Abuse Assessment and Reporting in California</b>	7 hours	Detailed knowledge of the California Child Abuse Neglect and Reporting Act (CANRA). It must also include assessment and methods of reporting of sexual assault, neglect, severe neglect, general neglect, willful cruelty or unjustifiable punishment, corporal punishment or injury, and abuse in out-of-home care. The training shall also include physical and behavioral indicators of abuse, crisis counseling techniques, community resources, rights and responsibilities of reporting, consequences of failure to report, caring for a child's needs after a report is made, sensitivity to previously abused children and adults, and implications and methods of treatment for children and adults.
<b>4. Human Sexuality</b>	10 hours	The study of physiological, psychological, and social-cultural variables associated with sexual behavior, sexual dysfunctions, sexual orientation, gender identity, and gender dysphoria.
<b>5. Alcoholism and Chemical Substance Abuse &amp; Dependency</b>	15 hours	<ul style="list-style-type: none"> <li>• The definition of alcoholism, substance abuse, and other chemical dependency, and the evaluation of the client.</li> <li>• Medical aspects of alcoholism, substance abuse, and other chemical dependency.</li> <li>• Current theories of the etiology of substance abuse.</li> <li>• The role of persons and systems that support or compound the abuse.</li> <li>• Major treatment approaches to alcoholism, substance abuse, and chemical dependency.</li> <li>• Legal aspects of substance abuse.</li> <li>• Knowledge of certain populations at risk with regard to substance abuse.</li> <li>• Community resources offering assessment, treatment, and follow-up for the client and family.</li> <li>• The process of referring affected persons.</li> <li>• Prevention of substance abuse.</li> </ul>

*Continued on next page*

## COURSES REQUIRED OF MOST APPLICANTS

### *Applicants who entered their MSW program on or after January 1, 2004:*

Course	Length	Content Required
<b>Aging, Long Term Care and Elder/Dependent Adult Abuse</b>	10 hours	The biological, social, and psychological aspects of aging, and the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

### *Applicants who entered their MSW program on or after January 1, 1995:*

Course	Length	Content Required
<b>Spousal/Partner Abuse Assessment, Detection, and Intervention</b>	<ul style="list-style-type: none"> <li>• No specific number of hours for those who entered a MSW program prior to 12/31/03, but must be of sufficient length to cover the topics of assessment, detection and intervention</li> <li>• 15 hours for those who entered a MSW program after 1/1/2004 and must cover all content listed in the next column</li> </ul>	Spousal or partner abuse assessment, detection, and intervention strategies, including knowledge of community resources, cultural factors, and same gender abuse dynamics

## COURSE REQUIRED OF APPLICANTS WITH AN OUT-OF-STATE DEGREE

Course	Length	Content Required
<b>California Cultures and the Social and Psychological Implications of Socioeconomic Position</b>	15 hours or 1 semester unit	Instruction must include an understanding of various California cultures and the social and psychological implications of socioeconomic position.

## ACCEPTABLE COURSE PROVIDERS

If you need to complete any of the additional coursework listed on this page or the prior page, courses must be taken at the graduate level from an [accepted continuing education provider](http://www.bbs.ca.gov/Licensees/Continuing%20Education) (access at [www.bbs.ca.gov](http://www.bbs.ca.gov)>Licensees>Continuing Education).



# **APPLICATION CHECKLIST**

## **In-State Application for Licensure**

**Avoid application deficiencies!**

Carefully read the preceding *Application Instructions* to ensure all requirements are met pertaining to the documents listed below:

- Completed Application (form number 37A-200)
- Additional Coursework – proof of completion (if not previously submitted)
- Telehealth Coursework – proof of completion
- Suicide Risk Assessment and Intervention Training– proof of completion (if not previously submitted)
- Experience Verification form(s)
- Supervisor Responsibility Statement AND Supervisory Plan OR Supervision Agreement (for each supervisor)
- W-2 or letter verifying voluntary employment status (for each employer)
- Written Oversight Agreement (if applicable)
- \$250.00 check or money order payable to the Behavioral Sciences Fund

# **Important Information for LICENSED CLINICAL SOCIAL WORKER APPLICANTS**



## **1. AVOID YOUR FILE BEING CLOSED BY MEETING THE TIME FRAMES BELOW**

In accordance with Title 16, California Code of Regulations (CCR) section 1806, an application shall be deemed abandoned and be closed in any of the following circumstances:

- You do not submit evidence that you have cleared the deficiencies specified in the deficiency letter within one (1) year from the date of the initial deficiency letter.
- You fail to sit for examination within one (1) year after being notified of eligibility.
- You fail to pay the initial license fee within one (1) year after notification by the board of successful completion of examination requirements.

To re-open an abandoned application, you must submit a new application, fee and all required documentation, as well as meet all current licensure requirements in effect at the time the new application is submitted.

## **2. EXAMINATIONS**

Once the Board evaluates your application, you will receive one of the following:

- A notice describing any deficiencies in your application OR
- A notice of eligibility to take your required examination(s).
  - You will not be eligible to take the National Association of Social Work Boards (ASWB) Clinical Examination until you have passed the LCSW California Law and Ethics Exam.
  - You will receive information on registering for each exam upon approval of your application.

The examinations contain objective multiple-choice questions and are offered at locations throughout California and in other states. Upon receipt of your notice of eligibility, it is your responsibility to contact the testing administrator to schedule your examination. Further information about the examination process is provided under the Exams tab on the Board's [website](https://www.bbs.ca.gov/exams) (access at <https://www.bbs.ca.gov/exams>).

### **3. REQUEST FOR TESTING ACCOMMODATION – DISABILITY OR ENGLISH AS A SECOND LANGUAGE**

Refer to the Board's [website](https://www.bbs.ca.gov) for information on how to apply for testing accommodations (access at <https://www.bbs.ca.gov/exams>).

### **4. NONDISCRIMINATION AND ADA COORDINATOR**

The Executive Officer of the Board has been designated to coordinate and carry out the Board's compliance with the nondiscrimination requirements of Title II of the Americans with Disabilities Act (ADA). Information concerning the provisions of the ADA, and the rights provided thereunder, are available from the ADA coordinator.

### **5. PUBLIC ADDRESS**

The address you enter on your application is public information and will be placed on the Internet pursuant to BPC section 27. If you do not want your home or work address available to the public, use an alternate mailing address such as a post office box. Email addresses are not subject to public disclosure.

### **6. EMAIL AND MAILING ADDRESS CHANGES**

You are required to maintain a current mailing address with the Board. You are also required to maintain a current email address with the Board if you have one. When you have a change in your mailing or email address, be sure to update it ASAP online at [www.breeze.ca.gov](http://www.breeze.ca.gov).

### **7. STATUTES AND REGULATIONS**

To obtain a copy of the Board's *Statutes and Regulations*, please access it from the Board's [website](http://www.bbs.ca.gov) (go to [www.bbs.ca.gov](http://www.bbs.ca.gov)>Applicant and scroll to the bottom of the page).

### **8. SOCIAL SECURITY NUMBER OR OTHER TAXPAYER IDENTIFICATION NUMBER**

Disclosure of your tax identification number on your application is mandatory. You may provide either your Social Security Number, your Federal Employer Identification Number, or Individual Taxpayer Identification Number, as applicable. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of these tax identification numbers. Your tax identification number will not be deemed a public record and shall not be open to the public. Your tax identification number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting

state. If you fail to disclose your tax identification number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

## 9. STATE TAX OBLIGATION

Pursuant to Business and Professions Code section 31(e), the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board. If a licensee or applicant does not pay their state tax obligation, their license or registration may be suspended.

## 10. NOTICE OF COLLECTION OF PERSONAL INFORMATION:

Please see the [Notice on Collection of Personal Information](#) (access at [www.bbs.ca.gov](http://www.bbs.ca.gov)>About Us>About the Board>Other Information>Policies).

## 11. QUESTIONS?

Please visit the **Contact Us** link at [www.bbs.ca.gov](http://www.bbs.ca.gov) and select an option under “Message the Board.”

APPLICATION FOR LICENSURE  
**LICENSED CLINICAL  
 SOCIAL WORKER**  
**In-State Applicant**



Office Use Only:

**Carefully read the Application Instructions FIRST**

**Attach \$250 Fee**

ASW Number: \_\_\_\_\_

SSN or ITIN*		Birth Date: mm/dd/yyyy		E-Mail Address	
Legal Name** Last		First		Middle	
Public Address of Record*** Number and Street					
City		State	Zip Code	Phone	
Have you ever served in the United States Armed Forces or the California National Guard? (OPTIONAL)				Yes, Currently <input type="checkbox"/> No <input type="checkbox"/>	
				Yes, Previously <input type="checkbox"/>	
If you have ever been known by another name, list the full name(s) and dates of use below (attach any additional names and dates):					
Full Name				Dates of Use (from/to)	
Full Name				Dates of Use (from/to)	

\* Disclosure of your tax identification number is mandatory. You may provide either your Social Security Number, your Federal Employer Identification Number, or Individual Taxpayer Identification Number, as applicable. This number must match the number you provide on your fingerprint forms. See Important Information for Applicants for more information about how your tax identification number is used.

\*\* You must use your legal name. Your "legal name" is the name established legally by your birth certificate, marriage or domestic partnership certificate, or divorce decree (for example).

\*\*\* The address you enter on this application is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. All correspondence from the Board will be mailed to this address. If you do not want your home or work address available to the public, use an alternate mailing address such as a post office box.

Applicant Name: Last	First	Middle
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1. Have you ever applied for or been issued a license, registration or certificate to practice clinical social work or any other health care profession in California or any other state? Yes  No

*If YES, provide the information requested below (continue on an additional sheet if needed):*

State	Type of License, Registration or Certificate	License, Registration or Certificate Number	Date Issued	Status

2. Within the 7 years preceding your submission of this application, were you denied a professional health care license (“license” includes registrations, certificates, or other means to engage in practice) OR had a professional health care license or privilege suspended, revoked, or otherwise disciplined, OR voluntarily surrendered any such license in California or any other state or territory of the United States, or by any other governmental agency or a foreign country? Yes  No

*If YES, we recommend that you complete the [Background Statement](#) form, available on the Board’s website, to facilitate processing of your application.*

*We recommend that you answer “Yes” even if you have previously reported it to the Board, and indicate the type of professional license that was denied, suspended, disciplined, or surrendered, including the date(s) of the denial, suspension, disciplinary action, You do not need to resubmit documentation previously on file.*

3. Have you completed the following? See *Application Instructions* for specific requirements. If coursework or training is not identified on transcripts, submit a copy of certificate of completion.

A. Child Abuse Assessment and Reporting in California (7 hours)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B. Human Sexuality (10 hours)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
C. Alcoholism & Other Chemical Dependency (15 hours)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
D. Spousal or Partner Abuse Assessment, Detection and Intervention (See <i>Application Instructions</i> for number of hours required)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
E. Aging, Long-Term Care & Elder/Dependent Adult Abuse (10 hours)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
F. Suicide Risk Assessment and Intervention (6 hours)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
G. Provision of Mental Health Services via Telehealth (3 hours)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Applicant Name: Last	First	Middle
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4. Were you a paid employee for all or a portion of your supervised experience? Yes  No   
*If YES, attach a copy of your W-2(s) as described in the Application Instructions.*

5. Were you a volunteer for any of your supervised experience? Yes  No   
*If YES, attach a copy of the letter from your employer verifying voluntary status.*

**BACKGROUND INFORMATION – RESPONSE IS VOLUNTARY**

Some criminal convictions will appear on the Board's background check and may require additional investigation prior to a licensing determination. For information on which convictions the Board is permitted to consider, see the [Criminal Conviction FAQ](#). All currently pending criminal actions will appear on the Board's background check and may require additional investigation prior to a licensing determination.

You are not required to disclose any past convictions or pending criminal cases on this application. In some cases, voluntarily providing information with the application about convictions that the Board is permitted to consider may help an application get processed more quickly. You may therefore choose to complete the [Background Statement](#) form and submit it with your application along with evidence of rehabilitation. The form is available on the Board's website, and includes areas to report convictions the board is permitted to consider, or pending criminal actions.

You can also submit the *Background Statement* form and evidence of rehabilitation after you submit your application or in response to inquiries from the Board. You may seek legal assistance from a lawyer or legal aid organization before providing any information about your criminal history. The Board will not deny your application because you exercised your right not to provide criminal history information in your initial application.

***NOTE: Knowingly making a false statement of fact that is required to be revealed in this application may be grounds for denial of this application***

***Signature of Applicant:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_



**Board of Behavioral Sciences**  
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 Telephone: (916) 574-7830  
[www.bbs.ca.gov](http://www.bbs.ca.gov)



## CLINICAL SOCIAL WORKER IN-STATE EXPERIENCE VERIFICATION

This form is to be completed by the applicant's California supervisor and submitted by the applicant with their *Application for Licensure*. All information on this form is subject to verification.

- Use a separate form for each supervisor and employment setting.
- Ensure that this form is complete and correct prior to signing.
- Supervisor must initial any changes.
- Do not submit Weekly Log forms unless specifically requested

### APPLICANT NAME:

Last	First	Middle	Associate Number ASW
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### SUPERVISOR INFORMATION:

Supervisor's Name		Email Address	
Business Phone	License Type	License Number	Date First Licensed*

- Physicians: Were you certified in Psychiatry by the American Board of Psychiatry and Neurology during the entire period of supervision?  N/A  No  Yes: Date Certified: \_\_\_\_\_  
 Certification Number: \_\_\_\_\_

*\*If licensed in California for less than two years on the first date of experience claimed by the applicant, attach your out-of-state license information*

Were you (the supervisor) employed by the supervisee's employer?  Yes  No

If NO, did you and the supervisee's employer sign a written agreement pertaining to oversight of the supervisee?  Yes  No

### APPLICANT'S EMPLOYER INFORMATION:

Name of Applicant's Employer:		Business Phone		
Address:	Number and Street	City	State	Zip Code



Applicant: Last	First	Middle
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**APPLICANT'S EMPLOYER INFORMATION (continued):**

1. Was this experience gained in a private practice or professional corporation setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Was the applicant receiving pay? <i>If YES, attach a copy of the applicant's W-2 statement for each year experience is claimed. If a W-2 has not yet been issued for this year, attach a copy of the current paystub. If applicant volunteered, submit a letter from the employer verifying volunteer status.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**EXPERIENCE INFORMATION:**

1. Dates of experience being claimed: From: _____ <i>mm/dd/yyyy</i>	To: _____ <i>mm/dd/yyyy</i>
2. How many supervised weeks of experience are being claimed? _____ Weeks	
3. Total hours in individual or triadic supervision:	
4. Total hours in group supervision:	
5. Average hours worked per week:	
6. Total hours of clinical psychosocial diagnosis, assessment, and treatment, including individual or group psychotherapy or counseling ( <i>Minimum 2,000 overall</i> ):	<b>A.</b>
<ul style="list-style-type: none"> <li>Of the above hours, how many were gained performing face-to-face individual or group psychotherapy, provided in the context of clinical social work services? (<i>Minimum 750 overall</i>):</li> </ul>	
7. Total hours of client-centered advocacy, consultation, evaluation, research, workshops, seminars, training sessions or conferences and direct supervisor contact* ( <i>Maximum 1,000 overall</i> ):	<b>B.</b>
8. Total hours of experience: <b>(A + B = C)</b>	<b>C.</b>

**NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of the application. The Board may take disciplinary action on a licensee who helps an applicant obtain a license by fraud, deceit or misrepresentation.**

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

ORIGINAL OR ELECTRONIC SIGNATURE REQUIRED