



Board of Behavioral Sciences
1625 North Market Blvd., Suite S200, Sacramento, CA 95834
Telephone: (916) 574-7830 TTY: (800) 326-2297
www.bbs.ca.gov



LICENSED CLINICAL SOCIAL WORKER APPLICATION FOR LICENSURE AND EXAMINATION

Dear Applicant:

Thank you for your interest in becoming a California Licensed Clinical Social Worker (LCSW). Included in this packet are:

1. Application Instructions
2. Important Information for Applicants
3. Information for Out-of-State LCSW Applicants
4. LCSW Application for Licensure and Examination
5. In-State Experience Verification
6. Out-of-State Experience Verification
7. Out-of-State License or Registration Verification
8. Examination Security Notice

BOARD OF BEHAVIORAL SCIENCES



Board of Behavioral Sciences
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APPLICATION INSTRUCTIONS

LICENSED CLINICAL SOCIAL WORKER

APPLICATION FOR LICENSURE AND EXAMINATION

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

Carefully read the following instructions to ensure an accurate and complete application package and that all required original documents are furnished to the Board. *All items are mandatory unless otherwise indicated.* Any omission may result in the application being deficient or delayed.

A. APPLICATION

- Complete all sections of the application in ink.
- The application must have your original signature.
- 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).
- Name Change: If you have registered with the Board previously and have changed your legal name without notifying the Board, complete and submit [Notification of Name Change](#) form with your application packet along with required documentation.
- Email Address: Though providing your email address is optional, the Board strongly recommends submission to facilitate communication.

B. PHOTOGRAPH

Should measure approximately 2" X 2" and be taken within 60 days of the filing of this application. Photograph must be of passport quality of your head and shoulders only. Attach the photograph to the application in the space provided.

C. EXAMINATION SECURITY AGREEMENT

The *Examination Security Agreement* must be completed and signed in ink. Failure to complete the notice will affect your eligibility to take the examination.

D. FEE

IN-STATE APPLICANTS: Submit a \$100.00 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.

OUT-OF-STATE APPLICANTS: Submit a \$200.00 check or money order made payable to the Behavioral Sciences Fund. The \$200.00 fee consists of a \$100.00 application fee and a \$100.00 exam fee. The application fee is an earned fee for evaluation of your application and is NOT REFUNDABLE.

E. VERIFICATION OF REQUIRED TRAINING

Provide proof of completion of the following required courses with your application, unless the training is identified on transcripts previously submitted for ASW registration.

| Course | Required of: | Length | Content Required |
|---|---|----------|---|
| 1. Child Abuse Assessment and Reporting | All applicants | 7 hours | <ul style="list-style-type: none">• See BPC section 28• Course must be based on California law |
| 2. Human Sexuality | All applicants | 10 hours | 16 CCR section 1807.2 |
| 3. Alcoholism and Chemical Substance Abuse & Dependency | All applicants | 15 hours | 16 CCR section 1810 |
| 4. Aging, Long Term Care and Elder/Dependent Adult Abuse | Applicants who entered a MSW program after 1/1/2004 | 10 hours | BPC section 4996.25(a) |
| 5. California Law & Professional Ethics | OUT-OF-STATE applicants ONLY | 18 hours | BPC section 4996.17 |
| 6. Spousal/Partner Abuse Assessment, Detection, and Intervention | OUT-OF-STATE applicants | 15 hours | BPC 4996.2(f) |

(continued on next page)

| Course | Required of: | Length | Content Required |
|---|--|--|-----------------------|
| 6. Spousal/Partner Abuse Assessment, Detection, and Intervention <i>(continued)</i> | ALL IN-STATE applicants EXCEPT for those who entered a MSW program prior to 01/01/1995 | <ul style="list-style-type: none"> • 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 • 15 hours for those who entered a MSW program after 1/1/2004 | BPC section 4996.2(f) |

F. IN-STATE APPLICANTS: VERIFICATION OF SUPERVISED EXPERIENCE

- 1) IN-STATE EXPERIENCE VERIFICATION: Each supervisor of your experience hours must verify your experience. An *In-State Experience Verification* form is provided in this packet for this purpose. Supervised post-degree work experience must total at least **two years** (104 weeks) and 3,200 hours. The supervised experience must have been obtained within the six (6) years immediately preceding the date on which your *LCSW Application for Examination and Licensure* is received by the Board.
- 2) WRITTEN AGREEMENT: If your employer did **not** employ your supervisor, attach a copy of the signed written agreement as required by BPC section 4996.23(n). A sample agreement is available on the Board's [website](#).
- 3) W-2s: If you were employed, you must submit copies of your W-2s for each year you are claiming experience and for each employer. If W-2s are not available for this 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, an explanation is required.
- 4) VOLUNTEER LETTER: If you volunteered, attach a copy of the letter from your employer verifying your voluntary status. Be sure that the letter states the time frame (date range) during which you volunteered. A sample letter is available on the Board's [website](#).
- 5) SUPERVISOR RESPONSIBILITY STATEMENT: Submit the original *Supervisor Responsibility Statement* signed by each supervisor.

6) SUPERVISORY PLAN: Submit the initial original *Supervisory Plan* signed by each initial supervisor.

G. OUT-OF-STATE APPLICANTS

1) FINGERPRINTING

Disregard this section if you are currently registered in California as an Associate Clinical Social Worker. The Board requires a Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) criminal history background check on all applicants, as follows:

If you currently reside in California: Download the *Request for Live Scan Service Applicant Submission* from our web site. The information on this form must match the information you provide on your application. The second copy of this form, with box 6 completed, must be submitted with your application. **DO NOT COMPLETE FINGERPRINTS MORE THAN 60 DAYS PRIOR TO SUBMITTING YOUR APPLICATION.** Fingerprint results without an application on file will only be held for 6 months.

If you currently reside out of state: You must use the "hard card" fingerprint method unless you can access a California Live Scan Service operator. To request fingerprint hard cards, send an email to BBS.Fingerprint@dca.ca.gov with "Fingerprint Hard Cards" in the subject line, and we will mail them to you. **DO NOT SUBMIT YOUR FINGERPRINTS TO THE BOARD UNTIL YOU HAVE SUBMITTED YOUR APPLICATION** – we are unable to process them until your application is received. The DOJ processing time for hard card fingerprints is a minimum of 8 to 12 weeks. To avoid processing delays and additional costs that result from invalid fingerprint cards, the Board recommends fingerprints be taken at a law enforcement agency in the state of residence.

2) VERIFICATION OF EDUCATION

If you never registered with the Board as an Associate Clinical Social Worker (ASW), you must provide official transcript(s) verifying your master's degree from a program accredited by the Commission on Accreditation of the Council on Social Work Education. The degree title and date of conferral must be posted. **TRANSCRIPTS MUST BE IN AN ENVELOPED SEALED BY THE EDUCATIONAL INSTITUTION.**

3) DEGREE EARNED OUTSIDE OF THE UNITED STATES

If you never registered with the Board as an Associate Clinical Social Worker, you **must** obtain a comprehensive evaluation of your degree in order to determine equivalency to a master's from a program accredited by the Council on Social Work Education. The Board has the right to request additional

information and to make the final determination of whether a degree meets all requirements including coursework, regardless of evaluation or accreditation. THE EVALUATION MUST BE IN AN ENVELOPE SEALED BY THE EVALUATING AGENCY. In addition to the evaluation, a transcript is required as stated in #2 above.

4) EXAMINATIONS

- CALIFORNIA LAW AND ETHICS EXAMINATION

Upon approval of your application, you will receive information on registering for the LCSW California Law and Ethics Exam.

- ASSOCIATION OF SOCIAL WORK BOARDS' (ASWB) CLINICAL LEVEL EXAMINATION

If you already took the ASWB Clinical Exam for another state, the Board may accept your passing score as follows:

- If you do not currently hold a license in another state, your passing score must be less than seven (7) years old;
- If you currently hold a license in another state and the license is in good standing, a passing score of any age will be accepted;
- You must provide the Board official proof to verify your passing score. Download an *Official Score Transfer Request* form from the Association of Social Work Boards' website. Your score verification must arrive in an envelope that has been SEALED by the ASWB.

If you have not yet taken the ASWB Clinical exam, see the "Examination" section of the attached *Important Information for LCSW Applicants*.

- Additional information about the examination process is provided on the Board's [website](#).

5) OUT-OF-STATE LICENSE OR REGISTRATION VERIFICATION

Include a certified statement from each state where you have held a license to practice clinical social work, or a registration for the purpose of gaining supervised experience. An *Out of State License or Registration Verification* form is provided in this packet for this purpose. This verification may be sent to the Board directly or enclosed with the application. Either way, the verification must be IN AN ENVELOPE SEALED BY THE STATE BOARD/LICENSING AGENCY.

6) VERIFICATION OF OUT-OF-STATE EXPERIENCE

a. Applicants Licensed for Four (4) or More Years in Another State:

You do not need to submit verification of experience if you **currently** hold an **active**, equivalent LCSW license in another state, and have held that license

for a minimum of four (4) years immediately preceding the date of your California application.

b. Applicants Licensed for Less than Four (4) Years in Another State:

You do not need to submit verification of experience if you **currently** hold an **active**, equivalent LCSW license in a state that requires at least 3,200 hours of supervised experience. If your state required less than 3,200 hours, you may be able to make up the deficit using time actively licensed. You may count up to 100 hours for each month actively licensed, for a maximum of 1,200 hours. You do not need to submit verification of this experience.

If additional hours are still needed, you must document additional supervised experience to bring your total to 3,200 hours. An *Out-of-State Experience Verification* form is included in this packet for this purpose. If additional hours will be gained in California, you must be registered as an Associate Clinical Social Worker (ASW) while gaining those hours.

c. Unlicensed Applicants:

Supervised experience gained in another state must be substantially equivalent to California's experience requirements to be accepted. California requires at least 104 supervised weeks and 3,200 hours, obtained within the six (6) years immediately preceding the date on which your *LCSW Application for Licensure and Examination* is received by the Board. Submit verification of your experience as described below:

- **Experience Gained Outside of California:**

Each supervisor of your experience hours must verify your experience. An *Out-of-State Experience Verification* form is provided in this packet for this purpose.

If you held a registration while gaining this supervised experience, the out-of-state board/licensing agency must verify your registration. The attached *Out of State License or Registration Verification* form is provided in this packet for this purpose. Additional documentation of out-of-state experience (such as the *Supervisor Responsibility Statement*, *Supervisory Plan*, etc.) are not required.

In addition, your supervisor's license must be verified. An *Out-of-State License or Registration Verification* form, to be completed by the out-of-state board/licensing agency, is provided in this packet for this purpose.

- **Experience Gained Within California:**

If you gained supervised experience while registered as an ASW in California, you must comply with all of the requirements listed in Section F of these instructions.

H. BACKGROUND QUESTIONS (A - D)

If you answered YES to application questions A, B, C or D, complete the *Background Statement*, available on the Board's [website](#). Please be aware that your processing time will be longer than normal and will also be dependent on your providing all information required by the Board.



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IMPORTANT INFORMATION FOR LICENSED CLINICAL SOCIAL WORKER APPLICANTS

1. VETERANS HONORABLY DISCHARGED RECEIVE EXPEDITED REVIEW

The board is required to expedite the licensure process for an applicant who is a honorably discharged veteran 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](http://www.bbs.ca.gov) and include it ON TOP OF your application.

2. SPOUSES OR PARTNERS OF PERSONS ON ACTIVE MILITARY DUTY RECEIVE EXPEDITED REVIEW

The board is required to expedite the licensure process for an applicant whose spouse, domestic partner or partner by way of another legal union, is an active duty member of the U.S. Armed Forces and meets other criteria, pursuant to BPC section 115.5. Download the request form from the Board's [website](http://www.bbs.ca.gov) and include it ON TOP OF your application.

3. RECEIPT OF APPLICATION

If you would like to know whether the Board has received your application, the Board recommends that you mail your application in a manner that includes tracking. You can also check with the bank to see if your check or money order has been cashed. Another option is to include a self-addressed stamped postcard or envelope ON TOP OF your application, which will be mailed back to you upon receipt.

4. ABANDONMENT OF LICENSURE APPLICATION

An application shall be deemed abandoned in any of the circumstances described below. Abandonment could have major consequences, including the loss of any experience hours more than six (6) years old at the time of application. Per Title 16, California Code of Regulations Section 1806, an application shall be deemed abandoned when:

- Applicant does not submit evidence that he or she has removed the deficiencies specified in the deficiency letter within one (1) year from the date of the deficiency letter.
- Applicant fails to sit for examination within one (1) year after being notified of eligibility.
- Applicant fails 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 requirements in effect at the time the new application is submitted.

5. EXAMINATION

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 the examination
 - 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 on the Board's [website](#).

6. REQUESTS FOR TESTING ACCOMMODATIONS

Pursuant to Title II of the Americans with Disabilities Act (ADA) and California law, the Board will provide reasonable accommodations to qualified candidates with mental disabilities, physical disabilities, or other qualifying medical conditions which limit a major life activity or a major bodily function.

Accommodations may be made to the regular testing environment, and auxiliary aids and services may be provided that allow applicants with disabilities to demonstrate their true aptitude. However, the Board will not provide accommodations that fundamentally alter the measurement of the skills or knowledge the examination is intended to test.

- Candidates do NOT need to request an accommodation for a physically accessible exam site, as all sites are physically accessible.
- A testing accommodation CANNOT be provided at the examination site unless prior approval has been granted. DO NOT SCHEDULE YOUR EXAMINATION UNTIL YOUR ACCOMMODATION HAS BEEN APPROVED. Otherwise, the testing vendor will be unable to provide your requested accommodation.
- A candidate who seeks an accommodation is responsible for submitting the request and providing reasonable documentation to substantiate the need for accommodation. Refer to the *Candidate Request for Testing Accommodation* packet, available on the Board's [website](#), for instructions on how to submit your request, or contact the Board directly to request the packet be mailed to you.
- PROCESSING TIME WILL VARY DEPENDING ON THE VOLUME OF REQUESTS RECEIVED FROM APPLICANTS.

7. 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 hereunder, are available from the ADA coordinator.

8. EXAM REQUIREMENT FOR RENEWAL OF ASW REGISTRATION

If you continue to hold an ASW registration after submitting your licensure application, you will be required to take the LCSW California Law and Ethics Exam in order to renew. A registration will not be renewable until the exam has been taken. For more information, see the Board's website.

9. INITIAL LICENSE APPLICATION AND FEE

Once you have passed both examinations, you will be required to submit a *Request for Initial License* form, along with the fee indicated on the form, in order to have your license issued. This form is available on the Board's [website](#), or you may request one be mailed to you.

10. PUBLIC ADDRESS and CHANGE OF ADDRESS

The address you enter on any Board form is public information and will be placed on the Internet pursuant to Business and Professions Code 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. California law requires all persons regulated by the Board to [notify the Board in writing](#) within 30 days of any change of address.

11. STATUTES AND REGULATIONS

To obtain a copy of the *Board's Statutes and Regulations*, please download it from the Board's [website](#) or submit a written request to the Board.

12. MANDATORY REPORTER

Under California law each person licensed by the Board of Behavioral Sciences is a "mandated reporter" for both child, elder and/or dependent adult abuse or neglect purposes. California Penal Code section 11166 and Welfare and Institutions Code section 15630 require that all mandated reporters make a report to an agency specified [generally law enforcement, state, and/or county adult protective services agencies, etc...] in Penal Code section 11165.9 and Welfare and Institutions Code section 15630(b)(1) whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child, elder and/or dependent adult whom

the mandated reporter knows or reasonably suspects has been the victim of child abuse or elder abuse or neglect.

The mandated reporter must make a report of such abuse or neglect immediately, or as soon as practically possible, in the manner specified in Penal Code Section 11166 (for child abuse or neglect) or in Welfare and Institutions Code Section 15630 (for elder or dependent adult abuse or neglect).

Failure to comply with the requirements of Penal Code Section 11166 or Welfare and Institutions Code Section 15630 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000), or by both imprisonment and fine. For further details about these requirements, consult Penal Code sections 11164 and Welfare and Institutions Code section 15630, and subsequent sections.

13. 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.

14. STATE TAX OBLIGATION – EFFECTIVE JULY 1, 2012

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 registrant does not pay his or her state tax obligation, the individual's license or registration may be suspended.

15. NOTICE OF COLLECTION OF PERSONAL INFORMATION:

The Board of Behavioral Sciences of the Department of Consumer Affairs collects the personal information requested in the *LCSW Application for Licensure and Examination* packet as authorized by Business and Professions Code Sections 27, 30, 114.5, 480, 4990.38, as well as sections 4996.2, 4996.6, 4996.17, 4996.18, 4996.23, 4996.25, 4996.26; Title 16 of the California Code of Regulations Sections 1805, 1806, 1870 and 1870.1, and the Information Practices Act.

The Board uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses and registrations, and enforce licensing standards set by statutes and regulations.

Mandatory Submission. Submission of the requested information is mandatory. The Board cannot consider your application for registration, licensure or renewal unless you provide all of the requested information (unless requested information is identified as voluntary or optional).

Access to Personal Information. You may review the records maintained by the Board of Behavioral Sciences that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information. For questions about this notice or access to your records, you may contact the Board at (916) 574-7830 or by email at BBS.info@dca.ca.gov. For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, you may contact the Department of Consumer Affairs, 1625 North Market Blvd., Sacramento, CA 95834, (800) 952-5210 or email dca@dca.ca.gov.



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Information for Out of State Licensed Clinical Social Worker Applicants

The Board of Behavioral Sciences (BBS) does not have reciprocity with any other state licensing board. Any person seeking a license in California will need to meet all requirements mandated by California law prior to being issued a LCSW license.

The application process for an out-of-state applicant, as well as the qualifications required, may differ depending on the following:

1. Whether you are licensed at an equivalent level in another state and for how long;
2. The amount of supervised experience you have completed and whether it is substantially equivalent to California's requirements; and,
3. Whether you have passed the Association of Social Work Boards Clinical Exam.

The information in this document is only provided as a general guide. For additional details and instructions, see the "Application Instructions" section of the *LCSW Application for Licensure and Examination (Application Instructions)*. For more information about requirements pertaining to LCSW licensure, see the Board's [Statutes and Regulations](#).

For questions about **educational** requirements, contact: bbs.asw@dca.ca.gov

For questions about supervised **experience** requirements, contact: bbs.lcsw@dca.ca.gov

EXAMINATION REQUIREMENTS

LCSW California Law and Ethics Exam:

You may sign up to take the California Law and Ethics Exam after one of the following occurs: (1) after your registration as an Associate Clinical Social Worker (ASW) has been issued; **or** (2) after approval of your *LCSW Application for Licensure and Examination* (if you are not applying for ASW registration).

Association of Social Work Boards (ASWB) Clinical Exam:

If you need to take the ASWB Clinical Exam, you may sign up to take it after both (1) passing the California Law and Ethics Exam, **and** (2) approval of your *LCSW Application for Licensure and Examination*. If you have already taken and passed the ASWB Clinical Exam for another jurisdiction, the Board **may** be able to accept your passing score. Refer to the *Application Instructions*, section G.4, for qualifying details.

SUPERVISED EXPERIENCE REQUIREMENTS

| | |
|---|---|
| <p>If you <u>currently</u> hold an <u>active</u> license as an LCSW in another state, and have held that license for four (4) or MORE years immediately preceding the date of your California application:</p> | <p>You do not need to provide documentation of your supervised experience.</p> |
| <p>If you <u>currently</u> hold an <u>active</u> license as an LCSW in another state, and have held that license for LESS than four (4) years:</p> | <p>The vast majority of applicants in this category do not need to provide documentation of supervised experience, as most states also require at least 3,200 hours of supervised experience.</p> <p>If your license was issued in a state that required less than 3,200 hours, you may count up to 100 hours for each month actively licensed, for a maximum of 1,200 hours. If you are still short, you must document additional experience on the <i>Out-of-State Experience Verification</i> form to total 3,200 hours (or gain in-state supervised experience while registered as an ASW).</p> |
| <p>If your out-of-state license is not current or active at the time of application:</p> | <p>Contact your state board to see if you can reinstate your license to an active status prior to submitting your application to the Board of Behavioral Sciences. If you are unable to do so, you must follow the instructions for unlicensed applicants.</p> |
| <p>If you are unlicensed:</p> | <p>You will need to submit verification of substantially equivalent supervised experience totaling 3,200 hours and 104 supervised weeks. This experience must have been gained within the six (6) years prior to your California application. If any experience will be obtained in California, you must register as an ASW first. See the <i>Application Instructions</i> for more information.</p> |

The following scenarios will help you determine your specific requirements, which are in addition to a qualifying Master’s degree in Social Work (MSW):

SCENARIOS

UNLICENSED OUT-OF-STATE APPLICANTS

Scenario A

Applicant is unlicensed and has completed LESS THAN 3,200 hours (or less than 104 supervised weeks) of post-degree supervised experience that is substantially equivalent to California's requirements

NOTE: Experience (gained in-state or out-of-state) may be accepted only if it is less than 6 years old as of the date you submit your LCSW Application for Licensure and Examination.

Steps to take:

1. Have the supervisor(s) of your out-of-state experience provide verification of your experience. An *Out-of-State Experience Verification* form should be used for this purpose.
2. Have the other state's licensing agency verify the registration you held while gaining supervised experience. An *Out-of-State License or Registration Verification* form should be used for this purpose.
3. Have the other state's licensing agency verify your supervisor's license. An *Out-of-State License or Registration Verification* form should be used for this purpose.
4. Take an 18-hour course in California Law and Ethics.
5. Register as an Associate Clinical Social Worker (ASW).
6. After your ASW registration is issued, sign up to take the LCSW California Law and Ethics Exam.
7. Gain experience to total 3,200 hours of supervised experience and 104 supervised weeks.
8. Complete all other additional coursework requirements (see *Application Instructions*).
9. Complete and submit the *LCSW Application for Licensure and Examination*
10. After passing the Law and Ethics Exam, pass the ASWB Clinical Exam. If you already passed the ASWB Clinical Exam for another jurisdiction and your passing score is less than seven (7) years old, the Board may be able to accept your passing score. See *Application Instructions* section G.4 for more information.

UNLICENSED OUT-OF-STATE APPLICANTS

Scenario B

Applicant is unlicensed and has completed supervised post-degree experience out-of-state that FULLY satisfies California's requirements

NOTE: Experience (gained in-state or out-of-state) may be accepted only if it is less than 6 years old as of the date you submit your LCSW Application for Licensure and Examination.

Steps to take:

1. Have the supervisor(s) of your out-of-state experience provide verification of your experience. An *Out-of-State Experience Verification* form should be used for this purpose.
2. Have the other state's licensing agency verify the registration you held while gaining supervised experience. An *Out-of-State License or Registration Verification* form should be used for this purpose.
3. Have the other state's licensing agency verify your supervisor's license. An *Out-of-State License or Registration Verification* form should be used for this purpose.
4. Complete all additional coursework requirements (see *Application Instructions*).
5. Complete and submit the *LCSW Application for Licensure and Examination*, and once approved, pass the LCSW California Law and Ethics Exam, and the ASWB Clinical Exam. If you already passed the ASWB Clinical Exam for another jurisdiction and your passing score is less than seven (7) years old, the Board may be able to accept your passing score. See application instructions section G.4 for more information.

LICENSED OUT-OF-STATE APPLICANTS

Scenario C

- Applicant currently holds an active LCSW license in another state, and has held this license for LESS than four (4) years **AND**
- The state that issued the applicant's license requires LESS THAN 3,200 hours of supervised experience

Steps to take:

1. Take an 18-hour course in California Law and Ethics.
2. Have the other state's licensing agency verify your license. An *Out-of-State License or Registration Verification* form should be used for this purpose.
3. Determine whether you have enough time actively licensed out-of-state to meet the requirement of 3,200 hours of supervised experience (you may count 100 hours per month of licensure, for a maximum of 1,200 hours).
4. If you still have less than 3,200 hours, you must register as an ASW and gain additional supervised experience to total 3,200 hours.
5. Complete all additional coursework requirements (see *Application Instructions*).
6. Complete and submit the *LCSW Application for Licensure and Examination*, and once approved:
 - Pass the LCSW California Law and Ethics Exam. (Note: If you register as an ASW you can apply to take the Law and Ethics Exam as soon as your registration is issued).
 - Pass the ASWB Clinical Exam. You can sign up to take the ASWB after approval of your *LCSW Application for Licensure and Examination* **and** after passing the Law and Ethics Exam. If you have already passed the ASWB Clinical Exam, see application instructions section G.4 for information on accepting your passing score.

LICENSED OUT-OF-STATE APPLICANTS

Scenario D

- Applicant currently holds an active LCSW license in another state, and has held this license for LESS than four (4) years **AND**
- The state that issued the applicant's license requires 3,200 hours OR MORE of supervised experience

OR

Scenario E

Applicant currently holds an active LCSW license in another state, and has held this license for four (4) or MORE years immediately preceding the date of the California application.

Steps to take:

1. Take an 18-hour course in California Law and Ethics.
2. Have the other state's licensing agency verify your license. An *Out-of-State License or Registration Verification* form should be used for this purpose.
3. Complete all additional coursework requirements (see *Application Instructions*).
4. Complete and submit the *LCSW Application for Licensure and Examination*, and once approved:
 - Pass the LCSW California Law and Ethics Exam; AND
 - Pass the ASWB Clinical Exam. You can sign up to take the ASWB after approval of your *LCSW Application for Licensure and Examination* **and** after passing the Law and Ethics Exam. If you have already passed the ASWB Clinical Exam, see application instructions section G.4 for information on accepting your passing score.

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| Applicant Name: Last | First | Middle |
|----------------------|-------|--------|

12. Have you ever applied for or been issued a license, registration or certificate to practice clinical social work or any other healing art 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 |
|-------|--|---|-------------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

13. Have you completed the following courses? See application instructions #E for specific requirements. If coursework or training is not identified on transcripts, submit a copy of the certificate of completion.

| | | |
|--|------------------------------|-----------------------------|
| A. Child Abuse Assessment & Reporting (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 Application Instructions, Section E 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. California Law & Ethics (18 hours for applicants with out-of-state education ONLY) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

14. Are you an in-state applicant who was 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

15. Are you an in-state applicant who was a volunteer for all or a portion of your supervised experience? Yes No

If YES, attach a copy of the letter from your employer verifying your voluntary status.

| | | |
|----------------------|-------|--------|
| Applicant Name: Last | First | Middle |
|----------------------|-------|--------|

16. Have you passed the National Association of Social Work Board's (ASWB) Clinical Level Examination? *If YES, provide documentation as described in the application instructions.* Yes No

BACKGROUND QUESTIONS

A. Have you been convicted of, pled guilty to, or pled nolo contendere to any misdemeanor or felony in the United States, its territories, or a foreign country? Convictions dismissed under sections 1203.4, 1203.4a, or 1203.41 of the Penal Code (or equivalent non-California law) must be disclosed. If you have obtained a dismissal of such a conviction, submit a certified copy of the court order.

DO NOT INCLUDE:

- Convictions prior to your 18th birthday, unless you were charged as an adult;
- Charges dismissed under section 1000.3 of the Penal Code;
- Convictions under sections 11357(b), (c), (d), (e) or section 11360(b) of the Health and Safety Code which are two (2) years or older;
- Traffic violations for which a fine of \$500 or less was imposed; or
- Infractions

Yes No

If YES, you must complete Part A of the [Background Statement](#) form, available on the Board's website.

You must disclose convictions even if previously reported to the Board. However, it is not necessary for you to resubmit documentation previously on file. Instead, provide a written statement indicating that you believe the information is already on file.

B. Is any criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict?

DO NOT INCLUDE:

- Traffic violations for which a fine of \$500 or less was imposed; or
- Infractions

Yes No

If YES, you must complete Part B of the [Background Statement](#) form, available on the Board's website.

| | | |
|----------------------|-------|--------|
| Applicant Name: Last | First | Middle |
|----------------------|-------|--------|

C. Have you ever been denied a professional license (“license” includes registrations, certificates, or other means to engage in practice) OR had a professional license 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, you must complete Part C of the [Background Statement](#) form, available on the Board’s website.

Disclosure is required even if previously reported to the Board. However, it is not necessary for you to resubmit documentation previously on file. Instead, provide a written statement indicating that you believe the information is already on file.

D. Does your current use of chemical substances in any way impair or limit your ability to interact safely with the public while engaging in the practice of clinical social work?

Yes No N/A

If YES, you must complete Part D of the [Background Statement](#) form, available on the Board’s website.

NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of this application. The board has the right to refuse to issue any registration or license, or may suspend or revoke the license or registration of any registrant or licensee if the applicant secures the license or registration by fraud, deceit, or misrepresentation.

Signature of Applicant: _____ **Date:** _____

** 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 sent 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 PO box.**

***** 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. 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.**

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LICENSED CLINICAL SOCIAL WORKER IN-STATE EXPERIENCE VERIFICATION

Have your supervisor complete this form as follows:

- Use a separate form for each supervisor and employer
- Provide an original signature in ink and have the signer initial any changes
- Make sure this form is complete and correct prior to signing
- Submit with your *Application for Licensure and Examination*

APPLICANT NAME: _____ **ASW Number:** _____

APPLICANT'S EMPLOYER INFORMATION

| | | | | |
|--|-------------------|-----------|-------|----------|
| Name of Applicant's Employer: | | Telephone | | |
| Address: | Number and Street | City | State | Zip Code |
| <p>1. Did this setting lawfully and regularly provide clinical social work, mental health counseling or psychotherapy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Did this setting provide oversight to ensure the ASW's work met the experience requirements and was within the scope of practice? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | | |

SUPERVISOR INFORMATION

| | | | | | |
|---|----------------|-----------|---------------------|--------------------------|--|
| Supervisor's Name | | Telephone | | Email Address (OPTIONAL) | |
| License Type | License Number | State | Date First Licensed | | |
| <p>If a physician, were you certified in Psychiatry by the American Board of Psychiatry and Neurology during the entire period of supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p style="text-align: center;">If YES, provide certificate number: _____</p> | | | | | |

APPLICANT NAME: _____ ASW#: _____

SUPERVISOR INFORMATION (continued)

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

If NO, did you and the supervisee's employer sign a letter of agreement wherein you agreed to take supervisory responsibility for the associate's social work services? Yes No

EXPERIENCE INFORMATION: Dates of experience: From _____ to _____
(mm/dd/yyyy) (mm/dd/yyyy)

| | |
|---|---|
| 1. Total supervised weeks (Minimum 104 overall): | |
| 2. Total hours in individual supervision (Minimum 52 overall): | |
| 3. Total hours in group supervision: | |
| 4. Average hours worked per week (Maximum 40): | |
| 5. Total hours of clinical psychosocial diagnosis, assessment, and treatment, including individual or group psychotherapy / counseling (Minimum 2,000 overall): | A. |
| 6. Of the above hours, how many were gained performing face-to-face individual or group psychotherapy/counseling (Minimum 750 overall): | |
| 7. Total hours of client-centered advocacy, consultation, evaluation, research, workshops, seminars, training sessions or conferences and direct supervisor contact* (Maximum 1,200 overall): | B. |
| 8. Total hours of experience (Minimum 3,200 overall): (A + B = C) | C. |
| 9. Was one (1) <u>additional</u> hour of face-to-face individual OR two (2) <u>additional</u> hours of face-to-face group supervision provided for every week in which <u>more than</u> 10 hours of face-to-face psychotherapy was performed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

*A maximum of six (6) hours of direct supervisor contact per week may be counted toward the 1,200 hours.

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. All information on this form is subject to verification.

Signature of Supervisor: _____ Date: _____

ORIGINAL SIGNATURE REQUIRED



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LICENSED CLINICAL SOCIAL WORKER OUT OF STATE EXPERIENCE VERIFICATION

Have your out-of-state supervisor complete this form as follows:

- Use a separate form for each supervisor and employer
- Provide an original signature in ink and have the signer initial any changes
- Make sure this form is complete and correct prior to signing
- Submit with your *Application for Licensure and Examination*

APPLICANT NAME: _____

APPLICANT'S EMPLOYER INFORMATION

| | | | | |
|------------------------------|-------------------|-----------|-------|----------|
| Applicant's Employer's Name: | | Telephone | | |
| Address: | Number and Street | City | State | Zip Code |

SUPERVISOR INFORMATION

| | | | | | |
|---|----------------|-----------|--|--------------------------|--|
| Supervisor's Name | | Telephone | | Email Address (OPTIONAL) | |
| License Type | License Number | State | | Date First Licensed | |
| <p><u>Physicians:</u> Were you certified in Psychiatry by the American Board of Psychiatry and Neurology during the entire period of supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">If YES, provide certificate number: _____</p> | | | | | |

APPLICANT NAME: _____

EXPERIENCE INFORMATION

Dates of experience: From _____ to _____
(mm/dd/yyyy) (mm/dd/yyyy)

| | |
|---|-----------------------|
| 1. Total supervised weeks <i>(Minimum 104 overall)</i> : | |
| 2. Total hours in individual supervision <i>(Minimum 52 overall)</i> : | |
| 3. Total hours in group supervision: | |
| 4. Hours worked per week <i>(Maximum 40)</i> : | |
| 5. Total hours of clinical psychosocial diagnosis, assessment, and treatment, including individual or group psychotherapy / counseling <i>(Minimum 2,000 overall)</i> : | A. |
| 6. Of the above hours, how many were gained performing face-to-face individual or group psychotherapy/counseling <i>(Minimum 750 overall)</i> : | |
| 7. Total hours of client-centered advocacy, consultation, evaluation, research, workshops, seminars, training sessions or conferences and direct supervisor contact* <i>(Maximum 1,200 overall)</i> : | B. |
| 8. Total hours of experience <i>(Minimum 3,200 overall)</i> : | (A + B = C) C. |

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. All information on this form is subject to verification.

Signature of Supervisor: _____ Date: _____
ORIGINAL SIGNATURE REQUIRED



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LICENSED CLINICAL SOCIAL WORKER OUT-OF-STATE LICENSE OR REGISTRATION VERIFICATION

APPLICANT: Complete this section authorizing release of information by another state board or licensing agency. Mail this form and any necessary fees to that state board/licensing agency.

Verification For: Applicant Applicant's Supervisor

Name of California Applicant:

| Last | First | Middle | Date of Birth |
|------|-------|--------|---------------|
| | | | |

Name of Individual to be Verified:

| Last | First | Middle | License Number |
|------|-------|--------|----------------|
| | | | |

I hereby authorize the release of my information to the California Board of Behavioral Sciences

Signature of individual to be verified: _____ Date: _____

STATE BOARD/LICENSING AGENCY: Please return the completed form to the above address.

- Full name as shown in your records: _____
- License or Registration Title: _____
- License or Registration Status: _____
 Issue Date: _____ Expiration Date: _____
- Any complaints or disciplinary action? Yes No If YES, attach an explanation.
- Experience:
 - Total hours of supervised experience: _____
 - Total years of supervised experience: _____
 - Number of direct client contact hours: _____

 Signature of Person Completing Form Date

 Printed Name and Title

State Board/Licensing Agency
 Stamp Here

 State Board or Licensing Agency Name

 State Phone Number

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EXAMINATION SECURITY AGREEMENT

California statutes authorize state agencies to maintain the security of their licensing examinations. Section 123 of the Business and Professions Code states:

“It is a misdemeanor for any person to engage in any conduct which subverts or attempts to subvert any licensing examination or the administration of an examination...”

Conduct that subverts or attempts to subvert a licensing examination includes:

- Removal of examination materials from the examination room;
- Unauthorized reproduction of any and all portions of a licensing examination;
- Acquisition of examination materials before, during, or after the examination;
- Preparation or instruction of applicants for the examination with the aid of examination material;
- Paying or using professional examination takers to reconstruct any portions of a licensing examination;
- Buying, selling, or receiving future, current, or previously administered examination materials;
- Communicating with other candidates during the examination or permitting one's answers to be copied by another candidate;
- Impersonating another candidate or having another person take the examination on one's behalf.

A person found guilty of any of these acts is liable for damages sustained by the agency administering the examination in an amount not to exceed \$10,000, plus the costs of litigation. In addition, a board may deny, suspend, revoke, or otherwise restrict the license of an applicant or a licensee who has violated the above.

COMPLETE THIS SECTION

I have read and fully understand the above requirements and hereby certify that I am the person named below who applied for licensure with the Board of Behavioral Sciences.

License Application Type: LCSW MFT LEP LPCC

Candidate's Name: _____
 (print) Last First Middle

Date of Birth: _____

Candidate's
 Signature: _____ Date _____