



Mike Beebe
Governor

STATE OF ARKANSAS
SOCIAL WORK LICENSING BOARD

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Ruthie Bain
Executive Director
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Email: swlb@arkansas.gov
Website: www.arkansas.gov/swlb

Applicant's Name: (as to appear on license) _____

LICENSE LEVEL BEING APPLIED FOR: _____ Licensed Social Worker (LSW)
_____ Licensed Master Social Worker (LMSW)
_____ Licensed Certified Social Worker (LCSW)

INSTRUCTIONS: (1) Type or print (2) Complete application in its entirety (3) Enclose check or money order for \$100 (4) Request official transcript and certification from your academic institution (5) Request verification of LCSW supervision if applying for LCSW licensure (6) It is the responsibility of the applicant to verify that all required information has been mailed to the Board. Note: The application will not be processed until all materials have been received.

NAME: _____		_____	_____	_____	_____
Last		First	Middle	Maiden or other names used	
Name as it appears on your driver's license _____				Place of Birth (City and State) _____	
Address _____			Social Security Number _____		
_____		_____	_____	_____	
City		State	Zip + Four	Date of Birth	
County of Residence _____			Gender _____	Ethnicity _____	Race _____
Home Phone _____		Work Phone _____	Cell Phone _____	Email Address _____	

FOR BOARD USE ONLY - DO NOT WRITE BELOW THIS LINE

Date Application Received: _____	\$ 100.00	_____
	Fee	Receipt Number
Date Received	Item	For Reciprocity Only
_____ YES _____ NO	Transcript	License Current _____ YES _____ NO
_____ YES _____ N/A	CSWE accreditation	Qualifies? _____ YES _____ NO
	Background Check forms	State(s) _____
	Supervision (LCSW only)	ASWB Exam Level _____
NOTES: _____		Provisional Issued? _____ YES _____ NO
Date Reviewed _____		<input type="radio"/> Approved <input type="radio"/> Denied

Board Member Signature _____ Board Member Signature _____ (Revised 12/09)

EDUCATION

School Name Location Major Graduation Date Degree

Undergraduate _____

Graduate _____

Please complete the Request for Transcript and Certification Form and send it to your appropriate school.

EMPLOYMENT HISTORY

Current Employer _____ From _____ to present

Address _____

Work Phone _____

Work Email _____

Position Title _____

Months in Position _____

Supervisor _____

Supervisor's Degree _____

Job Duties/Responsibilities _____

Is this position (please check) Full Time Part Time

PAST EMPLOYMENT HISTORY

Include at least 2 years previous employment.

Employer _____ From _____ To _____

Address _____

Work Phone _____

Work Email _____

Position Title _____

Months in Position _____

Supervisor _____

Supervisor's Degree _____

Job Duties/Responsibilities _____

Please check one: Full Time Part Time

PAST EMPLOYMENT HISTORY

Include at least 2 years previous employment.

Employer _____ From _____ To _____

Address _____

Work Phone _____

Work Email _____

Position Title _____

Months in Position _____

Supervisor _____

Supervisor's Degree _____

Job Duties/Responsibilities _____

Please check one: Full Time Part Time

PAST EMPLOYMENT HISTORY

Include at least 2 years previous employment.

Employer _____ From _____ To _____
Address _____
Work Phone _____ Work Email _____
Position Title _____ Months in Position _____
Supervisor _____ Supervisor's Degree _____
Job Duties/Responsibilities _____

Please check one: Full Time Part Time

BACKGROUND INFORMATION

1. Are you currently licensed in Arkansas and applying for a change in level of licensure?
 YES NO If yes, give current license number: _____

2. Have you previously held a social work license or provisional license in Arkansas?
 YES NO

3. Are you applying for licensure through reciprocity with another state or jurisdiction?
 YES NO

4. Please provide the following information for each state or jurisdiction in which you currently hold or have held a social work license:

State	License Number	Level of Licensure	Issue Date	Expiration Date	Level of Exam Taken

5. Have you ever been denied a professional license because of disciplinary proceedings in Arkansas or any other state or jurisdiction?
 YES NO

6. Have you been refused renewal of a professional license pursuant to disciplinary proceedings?
 YES NO

7. Have you ever had a professional license suspended or revoked?
 YES NO

8. Have you ever voluntarily surrendered a professional license?
 YES NO

9. Are you currently or have you ever been under any investigation regarding your professional practice?
 YES NO

continued

10. Have you ever pleaded guilty or nolo contendere to, or been found guilty of, any of the offenses listed in Arkansas Code Annotated (A.C.A.) § 17-103-307? Yes () No () (A copy of A.C.A. § 17-103-307 may be found at www.arkansas.gov/swlb, under Laws and Regulation, Arkansas Code.)
 YES NO

If you answered yes to questions 5-10, you must attach a detailed explanation.

APPLICANT'S AFFIDAVIT

I, the undersigned, do hereby apply for a license under the terms of the Social Work Licensing Law (A.C.A. 17-103-101 et. seq.), and I do solemnly swear that all statements contained in this application are true and correct to the best of my knowledge. I fully understand that all statements made in this application may be subject to verification and that any false and misleading answer may be grounds for refusal, or subsequent revocation or suspension of my license.

I also understand that in accordance with Arkansas Code Annotated 17-1-104, applicants for social work licensure must include their Social Security number on the application for licensure, and that my name, address and social security number will be forwarded to the Office of Child Support Enforcement on a quarterly basis.

A check or money order for the application fee of \$100.00 is enclosed, and I hereby acknowledge that fee is non-refundable.

Signature of Applicant

Printed Name of Applicant

Date

Please Note

It is the responsibility of the applicant to make sure all documentation is submitted an/or received by the Board.