



NORTH CAROLINA
SOCIAL WORK CERTIFICATION AND LICENSURE BOARD

Post Office Box 1043
Asheboro, North Carolina 27204

Phone (336) 625-1679
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Website: www.ncswboard.org

LCSW SHORT-FORM APPLICATION

(Three-Part Document)

PART I: Affirmation and Signature

Note: This document to be used only by LCSW Associates who have completed all requirements for LCSW licensure:

1. 3000 hours of paid supervised clinical experience **in a period no less than 2 years** or more than 6 years;
2. Minimum of 100 hours of clinical supervision; **It must be 2 years since date of 1st supervised practice.**
3. Passed the ASWB Clinical level exam _____ (date of exam).
4. Documentation of continuing education at the required rate of 40 hours within a two-year licensing period, with at least 4 hours of continuing education focused on ethics in social work practice. [Refer to the Board's Position Statement on Continuing Education for information on pro-rated continuing education for licensure periods less than two years.]

****You will need to include a final Six-Month Review Form with this Short Form application to document all supervised clinical practice experience obtained since your last review.**

____ I affirm that I have completed the necessary requirements to obtain licensure in North Carolina as a Licensed Clinical Social Worker and that the information provided herein is accurate.

____ I affirm that I have reviewed the North Carolina General Statute GS § 90B, the Social Worker Certification and Licensure Act, and Title 21, Chapter 63 of the North Carolina Administrative Code, including the Administrative Rules, Ethical Guidelines, and Disciplinary Procedures; and I hereby agree to fully comply with them. (Please reference the Board's website at www.ncswboard.org for the most current edition)

____ I affirm that I have not violated any of the North Carolina Social Work Certification and Licensure Board governing rules or statutes, including the *Ethical Guidelines*.

____ I affirm that I have not been convicted of a crime (excluding minor traffic violations other than DWI/DUI) since my initial application for associate licensure. (Attach letter of explanation if applicable)

Full Name _____ LCSWA license # _____

Home Address _____
Street/P.O. Box _____ City/State/Zip _____

Work Address _____
Street/P.O. Box _____ City/State/Zip _____

Home Phone# _____ Work Phone# _____

****All correspondence will be mailed to your home address unless otherwise noted.**

Enclose a non-refundable fee of \$115.00 (personal check, cashier's check or money order) payable to NCSWCLB.

Signature _____ Date _____

LCSW Supervisor Signature _____ Date _____

LCSW Supervisor to check appropriate space below:

____ I recommend continued supervised clinical practice at the LCSWA level.

____ I recommend this LCSWA for LCSW licensure (applicable only after completing all minimum requirements).

PART II: CONTINUING EDUCATION LOG: A minimum of 40 CE hours (4 Ethics) is required for the Short Form for a full two years. If you renewed your LCSWA less than 2 years ago, please refer to the Board's Position Statement on Continuing Education for pro-rated CE hours needed. No more than 1/2 your hours (maximum of 20 hrs) may be through Distance Learning courses.

You may duplicate this form or attach your own if necessary. Please sign and date all attachments.

List all training (include date attended) and **check the appropriate column where applicable for Ethics or Distance Learning.** PLEASE TOTAL YOUR HOURS TO HELP EXPEDITE PROCESSING.

Date	Course Title	√ Distance Learning	√ Ethics Course	Total Hours

PRINTED NAME _____ LICENSE # _____

SIGNATURE _____ DATE _____

TOTAL

BOARD SIGNATURE _____

PUBLIC NOTICE STATEMENT

I certify that I have read and understand the “public notice statement” maintained by the N.C. Industrial Commission, Employee Classification Section on their website at www.ic.nc.gov.

Further, I certify that I have ____ / have not ____ (*check one*) been investigated for employee misclassification within the past twelve (12) months for initial applicants or since my last renewal.

Printed Name

Signature

Date (mm/dd/yyyy)

Applicants who have been investigated for employee misclassification shall attach a copy of the investigation results with their application. Failure to comply with this certification statement and disclosure requirement shall result in denial of your application for certification/licensure/renewal.