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Applicant No. _____

GEORGIA STATE BOARD OF PROFESSIONAL COUNSELORS, SOCIAL WORKERS AND MARRIAGE & FAMILY THERAPISTS

237 Coliseum Drive • Macon, Georgia 31217 • (404) 424-9966 * ExamBoards-Healthcare@sos.ga.gov
Board of Professional Counselors, Social Workers, and Marriage & Family Therapists | Georgia Secretary of State (ga.gov)

APPLICATION FOR LICENSURE AS A MASTER SOCIAL WORKER

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Social Work in the State of Georgia. Visit the Board's web site for information.

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Please allow up to twenty-five (25) business days for processing of a complete application. Incomplete applications will be withdrawn after sixty (60) days.

Application Checklist

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a **COMPLETE** application.

- NOTARIZED APPLICATION** The application must be mailed to the Board's office at the address listed above along with your **FEE**. All questions must be answered. Any question answered "yes" may require additional documentation to be submitted such as: official court documents and a written explanation of any criminal convictions and/or charges, or disciplinary sanctions by another state licensing or regulatory board. All documents must be received at least fourteen (14) days prior to the next scheduled Board meeting to be considered for Board review. Approval of licensure is at the Board's discretion.
- ASWB EXAM SCORES:** If you have not taken the MSW exam through ASWB, you will receive the exam approval letter with information after Board approval. All applicants are required to pass the Association of Social Workers Board ASWB national Master Social Work Examination. If you have taken the ASWB MSW exam, please contact the National Board Administrative Offices at 1-888-579-3926 and have them certify your scores to Georgia.
- DEGREE TRANSCRIPT:** All applicants for licensure must have earned a master's degree in social work and graduated from an institution accredited by the Council on Social Work Education. An **official** college transcript certifying the grades, degree conferred, and the date awarded must be received in this office directly from the Registrar of the college/school. Transcript can be sent electronically directly to the Board office: ExamBoards-Healthcare@sos.ga.gov
- GEORGIA DOES NOT OFFER ENDORSEMENT OR RECIPROCITY LICENSURE FOR A SOCIAL WORK LICENSE:** If you have taken the Master Social Work exam thru ASWB, you would apply for license by exam waiver and request an official score transfer from ASWB. If you have not taken the Master Social Work exam thru ASWB, you would apply for license by exam.
- OTHER STATE LICENSURE CERTIFICATION:** If you are currently, or have ever been, licensed in another State(s) or jurisdiction, please have that/those State(s) or jurisdictions officially verify your license directly to the Georgia Board's office by USPS or e-mail to verifications@sos.ga.gov

❑ **BACKGROUND INFORMATION:** Please provide details in a letter of explanation for any arrest or conviction; any plea of guilty, nolo contendere, or having been sentenced under the “First Offender Act” for any felony, misdemeanor or any offense other than a minor traffic violation? DWI or DUI are not minor traffic violations. Also, you must report any disciplinary action or investigation involving any professional license you may hold or have held, in any state, jurisdiction or territory, and, submit copies of the court or other official document(s) which indicate the final disposition of any reported incidents reported. You are expected to read each question carefully and completely and to notify the Board of any changes in the background information provided on this application.

❑ **IMPORTANT:** Applicants: please note when accessing your application status on our website under the Online Services tab’s link, “Check the Status of an Application”, that checklist items that indicate “completed” only means that those documents have been received. This tool is to be used as an option for you to monitor your application for items received as you are going through the licensure process.

Only the Georgia Composite Board of Professional Counselors, Social Workers and Marriage & Family Therapists have the authority to approve or deny an application for licensure. Every application file must be submitted to the Board for review. The Board meets monthly to review applications and conduct other Board business. Once your application file has been reviewed by the Board, you will receive written communication of the Board’s decision within fifteen to twenty business days following the Board meeting.

New – Effective July 1, 2022

NATIONWIDE FINGERPRINT BACKGROUND CHECK RESULTS:

Each applicant for licensure as a master social worker by examination, examination waiver or by reinstatement of this license type shall register and provide fingerprints for a nationwide criminal background check to be conducted at the applicant’s expense. **The instructions and vendor** for the background check can be found in the document on the Board’s website (same location you downloaded this application from) and linked to on the on the Board’s homepage - “Background Fingerprint Instructions.”

- **Do not register for the background check prior to submission of your application. Fees paid may not be refundable. Register a few days after submission of the application.**
- **This background check registration is NOT required for the renewal of any license.**
- **Notify the Board of your registration for the background check – ExamBoards-Healthcare@sos.ga.gov. Staff will be checking the website and approving applicants as quickly as possible.**

*NOTE: This is a new requirement under O.C.G.A. 43-10A-5(i) and O.C.G.A. 43-10A-8(5) Failure to comply with this requirement will delay the processing of this application for licensure and may result in the application being denied.

PLEASE DO NOT SUBMIT THESE TWO INSTRUCTION PAGES WITH YOUR APPLICATION AND SUPPORTING DOCUMENTS.

PART II - PROFESSIONAL BACKGROUND

PROFESSIONAL BACKGROUND: ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTIONS. IF "YES," TO 1 THROUGH 9, ATTACH A DETAILED LETTER OF EXPLANATION AND SUPPORTING COURT DOCUMENTS.

- Yes No 1. Are you unable to practice safely as a result of use of alcohol or other drugs?
- Yes No 2. Have you been denied professional licensure or renewal because of a license disciplinary proceeding?
- Yes No 3. Have you ever had a license to practice social work, counseling, marriage and family therapy, or any other profession revoked, suspended or annulled or otherwise sanctioned, including by private order, by any board or agency in Georgia or any other state, territory, or country?
- Yes No 4. Have you been subject to disciplinary action or had your membership revoked by any professional organization?
- Yes No 5. Have you knowingly failed to renew a license during an investigation of a disciplinary matter against you?
- Yes No 6. To the best of your knowledge, is there any disciplinary action or investigation pending against you by any licensing board, agency, or professional organization?
- Yes No 7. Have you ever been convicted of any criminal offense?
- Yes No 8. Have you ever been arrested or convicted of a felony, misdemeanor (other than a minor traffic violation), crime involving moral turpitude, or a crime violating federal or state law relating to controlled substances or dangerous drugs? (DUI and DWI are not minor traffic violations.) For purposes of this question, a "conviction" includes a finding of verdict of guilty, plea of guilty, a plea of nolo contendere, or first offender treatment, and also includes adjudication of guilt or sentence withheld or not entered on the charge (s). NOTE: The answer to this question is "YES" if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled & completed probation under First offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record.

If "yes," please include a certified copy of the court records and final disposition from the court with your application. In the event the file no longer exists, you must submit documentation from the court stating that fact. Also include a personal letter of explanation regarding each incident.

- Yes No 9. Have you been the defendant in a malpractice suit and either entered into a settlement agreement or paid court awarded expenses?
- Yes No 10. Do you now hold or have you ever held a license as a social worker in any jurisdiction? If "yes" complete the following:
Jurisdiction _____ License No. _____
Date Issued _____ Expiration _____
Please request each licensing board submit verification of license to Georgia
- Yes No 11. Have you previously applied for the same license for which you are currently applying?
If "yes" name under which application was submitted: _____
- Yes No 12. Did you receive a Master's Degree in Social Work (MSW) from a Council on Social Work Education (CSWE) accredited school? Name of School _____
Date Degree Received _____
- Yes No 13. Did you complete a practicum or internship as part of your MSW Degree Program?
- Yes No 14. **Veterans Preference Points:** Have you ever served on active duty in the Armed Forces, the Reserves or the National Guard during wartime or during any conflict when military personnel were committed by the President? If "Yes," you may be eligible for Veterans' Preference Points to be added to your examination score. Submit your DD214 Form to the Board office. **APPLICABLE TO EXAM APPLICANTS ONLY.**



GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS,
 SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS
 237 Coliseum Drive, Macon, Georgia 31217-3858
 (404) 424-9966 (Phone) * 866-888-7127 (Fax) * E-Mail: ExamBoards-Healthcare@sos.ga.gov
 Board of Professional Counselors, Social Workers, and Marriage & Family Therapists | Georgia Secretary of State (ga.gov)

**APPLICATION FOR MASTER SOCIAL WORKER LICENSURE
 VERIFICATION OF LICENSURE - FORM N**

- Please type or print legibly. NOTE: The GA Board will also accept this verification of licensure on any form or format the issuing state(s) may utilize or prefer.
- **Applicant** - Complete Part I. Mail a form to the Board or Agency of each state or jurisdiction by which you are currently licensed or certified as a Master Social Worker.
- **State Licensure Board or Regulatory Agency** - Complete Part II.
- Then either e-mail this form, or the issuing states form, to verifications@sos.ga.gov, or mail to address above.

PART I - APPLICANT

Full Name (MUST match Name on Page 3):

Address:

GEORGIA LICENSE APPLIED FOR - CHECK ONLY ONE: Clinical Social Worker Master Social Worker

State/Jurisdiction of Issuance:

License Number:

Title of License:

Date Issued:

Expiration Date:

TO WHOM IT MAY CONCERN:

I, the undersigned applicant, am applying for a license with the Georgia Composite Board of Professional Counselors, Social Workers and Marriage and Family Therapists. I hereby consent to the release of any information, favorable or otherwise, which you may have concerning my license or practice. Please return the completed form directly to the Georgia Board at the above address.

Date

Signature of Applicant

PART II - LICENSURE BOARD OR REGULATORY AGENCY CERTIFICATION

I, _____, Board Chair or Designated Official

of the _____ (Name of Board or Regulatory Agency) certify that the information

provided above by this applicant does does not conform with that in our record.

If "does not", please explain: _____

According to our record, the applicant has has not been disciplined by this or any other Board, state agency, or professional organization. **If the applicant has been disciplined, please explain and attach a copy of the Order or Decree:**

Date

Signature of Board Chair/Designated Official

Title of Board

Street Address

City/State/Zip Code

BOARD SEAL