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 Certificate Number _____
 Date Issued _____
 Applicant No. _____

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

237 Coliseum Drive • Macon, Georgia 31217 • (404) 424-9966

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 Incomplete applications will be withdrawn after sixty (60) days.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 thru 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.
- REFERENCES:** Georgia law, Board rules require two (2) references by teachers or supervisors who are familiar with their experience in Social Work.

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.

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

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APPLICATION FOR LICENSE AS A MASTER SOCIAL WORKER

Application Fee \$110 (non-refundable)

(Application fee includes a \$10 mail in application processing fee)

Checks returned for insufficient funds will be assessed a \$40.00 service charge pursuant to O.C.G.A. §16-9-20.

Applicant is applying for above referenced license by:

- () Examination
- () Examination Waiver (only if you have already taken the master's or intermediate exam thru ASWB)

Name _____
 Last First Middle

Legibly print your legal name (in order to be eligible to take the ASWB exam the name used on the license application must exactly match the name on the valid government issued I.D. used for identification for the ASWB exam.) Failure to comply with this will result in ASWB refusing test entrance to applicant.

Name as shown on exam records or transcripts (if different):

 Last First Middle

***Social Security Number** _____ **Date of Birth** _____

*This information is authorized to be obtained & disclosed to State & Federal agencies pursuant to O.C.G.A. §19-11-1 & O.C.G.A. §20-3-295, 42 U.S.C.A. §551 & 20 U.S.C.A. § 1001.

Physical Address _____
 (P.O. Box not acceptable) Number and Street Apt. No City/State Zip

Mailing Address _____
 (If different) Number and Street Apt. No City/State Zip

 Telephone Number Day Telephone Number Evening ***Email Address (Print Clearly)

*** Acknowledgement of your application will be sent by e-mail. Also, if any additional information is needed, e-mail is the most efficient way for the Board staff to contact you so that your application can be processed in the most efficient manner. Please notify the Board of any e-mail address change, or you can update your contact information yourself online.

YOUR E-MAIL ADDRESS WILL NOT BE SHARED WITH ANY THIRD PARTY.

Please check this box if you are a military spouse or a transitioning service member of the United States armed forces (including the National Guard).

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.

If you answered "Yes" to questions 7 and/or 8, print out the "Background Investigation Consent" form found on the same webpage as this application. Failure to submit this form with application may result in delayed processing of the application.

- 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

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APPLICATION FOR MASTER SOCIAL WORKER LICENSURE
REFERENCE FORM * FORM D

- Please type or print legibly.
- Applicants must have references from **two (2) teachers or supervisors** who are familiar with their experience in Social Work.
- **APPLICANT** - Complete Part I, provide this form to your references.
REFERENCE - Complete Part II and return this form to the GA Board Office. The completed form can be mailed, faxed or e-mailed to the Board office. Please submit to GA Board by ONLY one of the preceding methods. The Board assumes that in recommending this applicant, references will interpret or substantiate to the Board your recommendation if the Board needs to contact you at a later date.

PART I - APPLICANT

Name: _____

PART II - REFERENCE

Name: _____

Address: _____

Day Phone: () () ()

Other Phone: () () ()

Relationship to Applicant:

Teacher

Supervisor

Dates of Teaching/Supervisory Relationship: FROM:

Month/Day/Year

TO:

Month/Day/Year

PROFESSIONAL POSITION WHEN TEACHING OR SUPERVISING APPLICANT:

Title: _____

Agency/Institution: _____

Address: _____

RECOMMENDATION: I Recommend Do Not Recommend the Applicant for licensure.

ADDITIONAL COMMENTS:

[Please write any comments that would assist the Board in making a decision on this Applicant for licensure.]

Date

Signature of Reference



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

- **Applicant** - Complete Part I.
- Provide the form to the Licensure Board or Agency of each state or jurisdiction by which you are currently, or ever have been, licensed or certified as a Professional Counselor, Social Worker (any level) or Marriage and Family Therapist.
- Request the Licensure Board or Regulatory Agency complete Part II and send this form to the Georgia Board by mail, fax or e-mail. Please submit to GA Board by ONLY one of the preceding methods. Entities may also submit the verification on their own form, or by electronic means.
- **State Licensure Board or Regulatory Agency** - Complete Part II.

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