

Application for Licensure

NOTICE

All NDBSWE Files are Subject
to the North Dakota
Open Records Law

The \$25 application fee must be sub-
mitted with completed application.

North Dakota Board

of Social Work Examiners

P.O. Box 914

Bismarck, ND 58502-0914

www.ndbswe.com

FOR OFFICE USE ONLY

I. Identifying Information Phone (701) 222-0255 (Type or Print)

Name: _____
Last First Middle

Other Names Used: _____

Home Address: _____
Street City State Zip

Office Telephone: _____ Home Telephone: _____

Statistical Information: Sex: _____ Birthdate: _____

Social Security Number: _____ Email: _____

Name as you wish it inscribed on license: _____

NOTE: Please read the 'Instructions For Licensure Application Process' for further instructions before proceeding with the application. The instructions are in the packet sent by the Board or on the Board's above website on the Licensure page.

I am applying for a:

___ Initial License (Check here if you are a new grad, upgrading your license to a new level, have never been licensed in a state or were grandfathered into licensure)

___ License by Reciprocity (Check here only if you are currently licensed in another jurisdiction)

LICENSE BY RECIPROCIITY APPLICANTS ONLY MUST SUBMIT THE FOLLOWING:

- Verification from the licensing authority in another jurisdiction that you are currently licensed and in good standing. You must request this information from another jurisdiction and have them send it.
- A copy of the law and rules from the jurisdiction in which you are licensed, which were in effect at the time you were initially licensed in that jurisdiction. The laws and rules must include the requirements for obtaining and maintaining a license in that jurisdiction.
- Reciprocity applicants are not required to complete the reference section or submit references.

Level of license requested:

_____ LSW -- Licensed Social Worker (Baccalaureate degree in social work)

_____ LCSW -- Licensed Certified Social Worker (Master's or Doctoral degree in social work)

_____ LICSW -- Licensed Independent Clinical Social Worker (Masters or Doctoral degree in social work, and 3000 hours supervised clinical experience earned within 2 to 4 years)

Are you currently licensed as a LSW or LCSW in North Dakota? _____ What is your license number? _____

II. ADA Request For Examination Accommodations

Please send me the application for disability accommodations

III. Educational Information

Name and location of Colleges or Universities attended. Please indicate in reverse chronological order -- the most recent should be listed first. This section relates to degree programs only. Please request the Registrar of the College or University from which you received your most advanced degree in social work to send an official transcript directly to the Board. Until your transcript is received the Board cannot act on your application.

a.	Name of School	Location of School
	Year Graduated	Yes _____ No _____ Accredited by CSWE* At Time of Graduation
b.	Name of School	Location of School
	Year Graduated	Yes _____ No _____ Accredited by CSWE* At Time of Graduation

*Council on Social Work Education

IV. Code of Ethics and Violations The North Dakota Law States:

43-41-10. Grounds for disciplinary proceedings. The Board may deny, refuse to renew, suspend, revoke, or place on probationary status any license issued under this chapter on proof at a hearing that the applicant or licensed person:

1. Has been convicted of an offense determined by the Board to have a direct bearing upon that individual's ability to practice social work or is not sufficiently rehabilitated as determined by the Board in accordance with section 12.1-33-02.1.
2. Is addicted to the habitual use of alcoholic beverages, narcotics, or stimulants to such an extent as to incapacitate that individual from the practice of social work.
3. Has been grossly negligent in the practice of social work.
4. Has violated one or more of the rules and regulations of the Board.
5. Has violated the code of social work ethics adopted by the Board.

1. I have read and understand the NDBSWE Rules & Regulations and agree to adhere to the code of ethics:
Yes _____ No _____

2. Have you ever been convicted of an offense other than minor traffic violations?
Yes _____ No _____ (Offenses include minor in possession, DUI, trespassing, and theft.)

If yes, please attach a written explanation including the nature of the offense, action taken, and a copy of the criminal judgment.

3. Have you ever abused alcohol or drugs or experienced any mental health difficulties which could impair your ability to practice social work?
Yes _____ No _____

If yes, please attach a written explanation.

4. Have you ever been sanctioned/disciplined or been found to be in violation of either a professional association's code of ethics or a state licensing/credentialing agency's rules and regulations or statutes?
Yes _____ No _____

If yes, please attach a written explanation.

VIII. Examination Candidates

PLEASE READ THE FOLLOWING!!

If you are applying for a license under the examination provision, please refer to your ASWB Candidate Handbook (available from the Board office or at the ASWB website, www.aswb.org) and the NDBSWE application cover letter for instructions.

Once you have been informed that you have passed the examination, please submit the \$75 licensing fee and any remaining documents to the North Dakota Board of Social Work Examiners. The Board will not approve your license until all requirements for licensure have been met. If all requirements are not met within twelve months of the exam date, the applicant's file will be considered abandoned and inactivated. After the twelve-month time lapse, the applicant will be required to retake the examination and submit a new application and \$25 fee to be reconsidered for licensure.

IX. Confidentiality

Do you want your personal information* maintained by the NDBSWE to be closed to the public, except for your home address which may be disclosed in the discretion of the NDBSWE to continuing education providers and individuals performing research?

_____ Yes _____ No

*Personal information means a person's home address, home telephone number; photograph; medical information; motor vehicle operator's identification number; social security number; payroll deduction information; the name, address, phone number, date of birth, and social security number of any dependent or emergency contact; any credit, debit, or electronic fund transfer card number; and any account number at a bank or other financial institution.

X. Notarized Affidavit

This section must be completed by you and a Notary Public found at most banks.

State of _____ County _____

I, being duly sworn, state that I am the person who is referred to in the foregoing application for license as a licensed social worker/licensed certified social worker in the state of North Dakota, that the statements contained herein are strictly true in every respect, and that I have read and understand this affidavit.

Signature of Applicant

Subscribed and sworn before me this _____ day of _____ 20 _____.

My Commission expires _____ 20 _____.

Notary Public

****The \$25.00 application fee is due at the time this application for licensure is submitted.****

Have you completed the application and sent the \$25? If any section of the application that requires your completion is left incomplete or if the fee is not submitted, the application will be returned to you.

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