

North Dakota Board of Social Work Examiners

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LCSW Reciprocity – Applicant Affidavit

N.D.C.C. 43-41-04. Requires applicants for licensure as a licensed clinical social worker to demonstrate the successful completion of three thousand hours of supervised post-master's clinical social work experience. Furthermore, the applicant may demonstrate to the board's satisfaction that experience in the practice of clinical social work meets or exceeds the minimum supervisory requirements of the board.

In order to process an application for licensure by reciprocity at the LCSW level, the board requires documentation and affirmation that the applicant's supervised clinical practice and social work practice meets or exceeds the minimum supervisory requirements of N.D.C.C.

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Total social work practice _____ months or hours (circle one)

Total supervised clinical practice _____ months or hours (circle one)

Total LCSW level clinical practice _____ months or hours (circle one)

Under penalty of perjury, I _____, the undersigned, do hereby affirm that all information above and on the résumé or curriculum vitae provided to the NDBSWE is true and accurate and meets or exceeds the minimum supervisory requirements of N.D.C.C.

Affiant's signature _____ Date _____

The notary public verifies only the identity of the affiant and not the truthfulness, accuracy, or validity of the information provided.

State of _____

County of _____

On the ____ (day) of _____ (month) of 20____, the affiant _____ personally appeared before me and proved to me based on satisfactory evidence to be the person named above.

Signature of Notary Public _____

My commission expires _____