THE ALABAMA STATE BOARD OF SOCIAL WORK EXAMINERS

APPLICATION FOR SOCIAL WORK LICENSURE

I AM APPLYING FOR A SOCIAL WORK LICENSE AS:

☐ **Independent Clinical Social Worker**

Important Notice:
Completion of this application form is necessary for consideration for certification under Code of Alabama 1975, §34-30-1 - §34-30-58. Disclosure of this information is voluntary. However, failure to disclose all requested information may result in this form not being processed and may subsequently result in denial of this application. ***All candidates for certification have an obligation to update and supplement the information and responses on this application if they change.*** Failure to supplement the information and responses provided on this application may result in denial or other appropriate action. All information provided must be accurate. Please note that the information provided on this application is subject to the public information laws of this jurisdiction.

Carefully follow the directions on this application form. In addition, note the following:

1. Type or print legibly with black or blue ink only.
2. The licensure and application fees are NOT refundable.
3. The Applicant must apply for the highest level for which they qualify.
4. Disclosure of your U.S. social security number is mandatory. This disclosure is mandated by Code of Alabama 1975, Section 30-3-194. The social security number will be provided to the Department of Human Resources to assist in the identification of persons who are delinquent in complying with a child support order, spousal support/alimony order or in the repayment of educational loans.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit proof of legal name change – a copy of your marriage license, divorce decree, affidavit or court order will be required.

Supporting Documentation and Fees:
Submit the following documents and fees with your application:

- *Applicable Fee - $75 money order, cashier check or business check- non refundable fee,* ***no other form of payment is accepted.***
- *Certification of Education -* ***Official transcript must be sent directly from the school to the Board's Office. We will not accept faxed or emailed transcripts.***
- *Immigration Compliance Form*
- *Re-examination fee is $75 money order, cashier check or business check also.* ***Please do not resubmit your official transcript or Immigration Compliance Form if you have applied within the last five years.***
- *Certification of supervision (form attached).*

Your application is **NOT** considered complete until all supporting documents and fee have been received by the Alabama State Board of Social Work Examiners. Should you fail the exam and wish to sit again a 90 day waiting period is required as well as re-payment of fees to the Board ($75) and ASWB for the exam. Applications expire 12 months from the date of approval.

_____
Applicant's Signature

PART I: Applicant Identifying Information

Complete this section of the form by providing all of the requested information. Please print your name exactly as you wish it to be on your license. You must notify the Board of Social Work Examiners, in writing, of any address or name changes after you file this application in order to receive any further information.

1. Last Name	2. First Name	3. Middle	4. Suffix	5. Social Security Number

6. Current Address (If PO Box, Must provide street address as well)

_____

7. Permanent Mailing Address including postal code (if different from Current address listed above)

8. Business Mailing Address

_____

9. Please list County if in Alabama: _____

Identify Preferred mailing address. ❑ **Current** ❑ **Permanent** ❑ **Business**

Note: The preferred mailing address shall be available to the public.

10. Identify any maiden name, surname, or any other names or aliases you have been known by or used and identify the reason for your name change.

11. Place of Birth (List City, County, State or other Jurisdiction, Country)	12. Date of Birth MM/DD/YYYY	13. ❑ Male ❑ Female

14. Contact Information

(a) Telephone Numbers:

Daytime:

Evening:

(b) E-mail address (optional):

(c) Fax number (optional):

PART II: Education Information

1. High School attended:	2. School location (city, and state jurisdiction)	3. Date of Graduation: _____ Or Date of GED _____ (check one) Jurisdiction where earned (State): _____ _____/_____ Month Year

4. Post Secondary Education History:
Starting with your undergraduate education, list ALL schools, colleges and universities attended, whether completed or not in chronological order.

COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (city, state, country)	DATES OF ATTENDANCE		GRADUATED? YES/NO If no, number of credit hours earned?	DEGREE EARNED/MAJOR
		FROM:	TO:		
		Month/Year	Month/Year		

PART III: Record of Licensure Information

If you have ever been licensed, certified or registered to practice in the profession for which you are now making application, or held *any other* professional license, certification or registration complete the information requested below. You must identify the method by which you obtained your professional license(s) – i.e. 1. licensure by examination, 2. score transfer, 3. endorsement, 4. grandparent/waiver provision, or 5. reciprocity – in the appropriate column. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. You must include jurisdictions both within and outside the United States. Failure to disclose all licenses, certifications or registrations held may result in denial of your application or other appropriate action.

Jurisdiction	Title of License	License Number/ Name on License	How License Obtained (List applicable number from above)	Date of Original (*Initial*) Issuance	If license is not current and in good standing, explain below or on a separate sheet
Jurisdiction of original (Initial) licensure:					
Jurisdiction of current licensure where you most recently have been practicing:					
Other jurisdictions of licensure:					

PART IV: Record of Licensure Examination

If you have ever taken a licensure examination, in this state or any other state, for the profession for which you are now making application, you must complete the information requested below. Each examination attempt must be shown. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

Name of Examination	Jurisdiction (State)	Date of Examination	Passed/Failed/Other (If other, please explain)

PART V: Work History/Practical Experience

Complete each of the following items. List all employment chronologically since graduation from an accredited college or university to the present, beginning with the date of graduation. If you have never been employed, insert "N/A" for Not Applicable in Box 1. You are authorized to photocopy this form if additional space is required.

Explain any breaks in employment history of greater than 6 months.

1. Name of Business/ Institution:		Job Title:
Address/Phone Number of Business/Institution:		Description of Duties Performed:
Date of Employment: FROM: ___ ___ / ___ ___ TO: ___ ___ / ___ ___	Hours worked per week: Type of employment: ❑ Full-time ❑ Part-time	Reason for employment termination/resignation?
2. Name of Business/ Institution:		Job Title:
Address/Phone Number of Business/Institution:		Description of Duties Performed:
Date of Employment: FROM: ___ ___ / ___ ___ TO: ___ ___ / ___ ___	Hours worked per week: Type of employment: ❑ Full-time ❑ Part-time	Reason for employment termination/resignation?
3. Name of Business/ Institution:		Job Title:
Address/Phone Number of Business/Institution:		Description of Duties Performed:
Date of Employment: FROM: ___ ___ / ___ ___ TO: ___ ___ / ___ ___	Hours worked per week: Type of employment: ❑ Full-time ❑ Part-time	Reason for employment termination/resignation?
4. Name of Business/ Institution:		Job Title:
Address/Phone Number of Business/Institution:		Description of Duties Performed:
Date of Employment: FROM: ___ ___ / ___ ___ TO: ___ ___ / ___ ___	Hours worked per week: Type of employment: ❑ Full-time ❑ Part-time	Reason for employment termination/resignation?

PART VI: Personal History Information

Please answer each of the following questions by putting a check (✔) in the appropriate box on the right. You must answer each question with a "Yes" or "No" response as no other response is acceptable. All "Yes" answers (except question 27) MUST be explained in detail in a separate SIGNED and NOTARIZED affidavit. The affidavit should include all relevant dates and identify the relevant jurisdiction and/or entity involved. Failure to disclose any of the requested information may result in the denial of your application or other appropriate action.

1. Have you ever had any application for any professional license refused or denied by any licensing authority?	YES ❑ NO ❑ YES, Affidavit on file ❑
2. Have you ever been refused or denied the privilege of taking an examination required for any professional licensure?	YES ❑ NO ❑ YES, Affidavit on file ❑
3. Have you ever been dropped, suspended, placed on probation, expelled, fined or requested to resign from any post secondary educational program in which you were enrolled?	YES ❑ NO ❑ YES, Affidavit on file ❑
4. Have you ever been placed on probation, restrictions, suspension, revocation, modification, allowed to resign, requested to leave temporarily or permanently, or otherwise acted against by any professional training program prior to completing the training?	YES ❑ NO ❑ YES, Affidavit on file ❑
5. Have you ever voluntarily surrendered your Social Work license?	YES ❑ NO ❑ YES, Affidavit on file ❑
6. Have you ever allowed your Social Work license to lapse, or had a limited license issued by any licensing authority?	YES ❑ NO ❑ YES, Affidavit on file ❑
7. Have you ever voluntarily surrendered any other professional license?	YES ❑ NO ❑ YES, Affidavit on file ❑
8. Have you ever allowed any other professional license to lapse, or had a limited license issued by any other licensing authority?	YES ❑ NO ❑ YES, Affidavit on file ❑
9. Has your Social Work license ever been revoked?	YES ❑ NO ❑ YES, Affidavit on file ❑
10. Have you ever been the subject of disciplinary action with regard to your Social Work practice?	YES ❑ NO ❑ YES, Affidavit on file ❑
11. Has your Social Work practice ever been restricted or terminated by any licensing authority, association, licensed medical facility, or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures?	YES ❑ NO ❑ YES, Affidavit on file ❑
12. Have you ever had any other professional license revoked?	YES ❑ NO ❑ YES, Affidavit on file ❑
13. Have you ever been the subject of disciplinary action by any licensing agency with regard to any other professional license?	YES ❑ NO ❑ YES, Affidavit on file ❑
14. To your knowledge have any unresolved or pending complaints ever been filed against you with any Social Work licensing agency, Health association, or hospital/clinic?	YES ❑ NO ❑ YES, Affidavit on file ❑
15. Is there any disciplinary action pending against you by any licensing jurisdiction, the USDA, Drug Enforcement Agency, or any state drug enforcement authority? If YES, where and when?	YES ❑ NO ❑ YES, Affidavit on file ❑
16. Have you ever been charged with or convicted (including a nolo contendere plea or guilty plea) of a felony (or criminal offense) in any state or in federal court (other than minor traffic violations) whether or not sentence was imposed or suspended? If YES, in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature of the offense date of discharge, if applicable, as well as a statement from the probation or parole officer.	YES ❑ NO ❑ YES, Affidavit on file ❑
17. Have you ever been pardoned from a felony or any criminal conviction?	YES ❑ NO ❑ YES, Affidavit on file ❑
18. Have you ever had a record expunged from a felony or any criminal conviction?	YES ❑ NO ❑ YES, Affidavit on file ❑
19. Have you ever been charged with or convicted (including a nolo contendere plea or guilty plea) of child/adult abuse whether or not sentence was imposed or suspended?	YES ❑ NO ❑ YES, Affidavit on file ❑
20. Have you ever been charged with or convicted (including a nolo contendere plea or guilty plea) of a violation of any federal or state drug law(s) or rule(s) whether or not sentence was imposed or suspended?	YES ❑ NO ❑ YES, Affidavit on file ❑

21. Have you ever been named as a defendant to a civil suit related to your profession *(i.e. malpractice)*?	**YES ❑ NO ❑ YES, Affidavit on file ❑**
22. Have you ever been court-martialed or discharged other than honorably from the armed service?	**YES ❑ NO ❑ YES, Affidavit on file ❑**
23. Have you ever been terminated from a position with a city, county, state or federal entity?	**YES ❑ NO ❑ YES, Affidavit on file ❑**
24. Have you ever been asked or chosen to resign in order to avoid termination?	**YES ❑ NO ❑ YES, Affidavit on file ❑**
25. Since becoming a licensed social worker, have you been out of compliance with the Code of Ethics?	**YES ❑ NO ❑ YES, Affidavit on file ❑**
26. MILITARY SPOUSE RECIPROCITY APPLICANTS ONLY: If applying for reciprocity and are a military spouse, please check the box that best applies: Are you married to and living with an active duty member of the United States Armed Forces who is or will be relocated to and stationed in the State of Alabama under official military orders?	**YES ❑ NO ❑**
27. Are you a U.S. Citizen either by birth or naturalization?	**YES ❑ NO ❑**

PART VII: Certifying Statement

"By virtue of filing this application, I do solemnly swear or affirm that I am of good moral character, and that I understand the instructions and terms as set forth in this application form, that I have personally completed this form, that the information given in this application is true, correct, and complete to the best of my knowledge. I hereby authorize the Alabama State Board of Social Work Examiners to verify any and all information contained in this application, including information maintained in applicable data banks, and to transmit this information to the licensing authority of the state to which this application is made. I authorize the licensing authority of the state where application is submitted to review state files pertaining to my licensure/certification and practice, and all law enforcement records, administrative records, motor vehicle records, and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the licensing authority. **I further certify that I have read the Code of Ethics as prescribed by the Alabama State Board of Social Work Examiners and will adhere to said code of ethics from this date forward."**

_____
Signature of Applicant (Do not print)

_____
Printed Name of Applicant

_____
Date

Send signed application and application fee (money order or cashier's check) to:

ALABAMA STATE BOARD OF SOCIAL WORK EXAMINERS
PO BOX 301620
MONTGOMERY, AL 36130-1620

IMMIGRATION COMPLIANCE REQUIREMENTS

(This original form and required attachments must be submitted to the Board)

IMMIGRATION:

Act No. 2011-535 as amended by Act No. 2012-491 and now codified as Section 31-13-1, et seq., of the Code of Alabama 1975 is referred to as Alabama's Immigration Law or the Beason-Hammon Act and imposes certain requirements on persons applying for or renewing a professional license. Specifically, Section 31-13-29 of the Code of Alabama 1975 requires that applicants applying for or renewing a professional license must demonstrate his or her United States citizenship, or if not a United States Citizen, his or her lawful presence in the United States. The Immigration Law also provides that a citizen shall not be required to demonstrate citizenship for subsequent transactions. Please see the reverse side of this form for two lists of documents, one to demonstrate a person's United States citizenship or the other to demonstrate lawful presence in the United States. You must select your appropriate status, choose the appropriate document(s) from the list of documents, staple a copy of the selected document(s) to this form and return all this information to this office before your application can be approved.

Check the appropriate section for US citizen or non-citizen, ***and*** *check the document that you are submitting to prove US citizenship or lawful presence in the US.*

NAME: _____ **SS#**_____ _____

_____ **I am a United States (US) Citizen. I am submitting the attached copy of my document to prove citizenship:**

_____ Driver's License or Non-Driver's Identification (ID) card issued by Alabama (AL) Dept of Public Safety or equivalent governmental agency of another state within US, provided that the governmental agency of another state requires proof of lawful presence in US as condition of issuance

_____ Birth Certificate indicating birth in US or one of its territories

_____ Pertinent pages of a valid or expired US Passport identifying the person and person's passport number, or the person's US passport

_____ US Naturalization documents or number of the certificate of naturalization

_____ Other documents or methods of proof of US citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, as amended

_____ Bureau of Indian Affairs card number, tribal treaty card number or tribal enrollment number

_____ Consular report of birth abroad of a citizen of the US

_____ Certificate of citizenship issued by the US Citizenship and Immigration Services

_____ Certification of report of birth issued by US Dept of State

_____ An American Indian card, with KIC classification, issued by US Dept of Homeland Security

_____ Final adoption decree showing person's name and US birthplace

_____ Official US military record of service showing applicant's place of birth in the US

_____ Extract from a US hospital record of birth created at the time of the person's birth indicating the place of birth in the US

_____ AL-verify

_____ Valid Uniformed Services Privileges and ID Card

_____ Other form of ID that the AL Dept of Revenue authorizes, through an administrative rule promulgated pursuant to the AL Admin Procedure Act, to be used to demonstrate or confirm a person's US citizenship or lawful presence in US as condition of issuance

_____ **I am NOT a United States Citizen. I am submitting the attached copy of my document to prove lawful presence:**

_____ Valid, unexpired (a) Alabama driver's license or (b) Alabama non-driver ID card

_____ Valid tribal enrollment card or other form of tribal ID bearing a photograph or other biometric identifier

_____ Any valid US federal or state government issued ID document bearing a photograph or other biometric identifier, including a valid Uniformed Services Privileges and ID Card if issued by an entity that requires proof of lawful presence in US before issuance. Please specify

_____

_____ Foreign passport with an unexpired US Visa and a corresponding stamp or notation by the US Dept of Homeland Security indicating the bearer's admission to the US

_____ Foreign passport issued by a visa waiver country with the corresponding entry stamp and unexpired duration of stay annotation or an I-94W form by US Dept of Homeland Security indicating bearer's admission to US

I certify under penalty of perjury that all representations made on this form and attachments are true and accurate.

REQUIRED SIGNATURE: _____ **DATE:** _____