



# Arkansas Department of Health

## Social Work Licensing Board

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Governor Sarah Huckabee Sanders

Renee Mallory, RN, BSN, Secretary of Health

Kelli Dunegan, Director

Applicant's Name: (as to Appear on License) \_\_\_\_\_

LICENSE LEVEL BEING APPLIED FOR: \_\_\_\_\_ Licensed Social Worker (LSW) [BSW Required]  
(LSW and LMSW includes Provisional) \_\_\_\_\_ Licensed Master Social Worker (LMSW) [MSW Required]  
\_\_\_\_\_ Licensed Certified Social Worker (LCSW) [MSW Required]

NAME: Last First Middle Maiden or other names used

Name as it appears on your driver's license Place of Birth (City and State)

Address (street) Social Security Number

City State Zip Code Date of Birth

County of Residence Gender Ethnicity Race

Home Phone Cell Phone Work Phone Email Address

**THIS SECTION FOR USE BY BOARD ONLY – DO NOT WRITE BELOW THIS LINE – One this page**

Date Application Received: \_\_\_\_\_ Fee Amount: \$5.00 Receipt Number: \_\_\_\_\_

Transcript Received Date: \_\_\_\_\_ CSWE Accredited: Y N

Initial Background Check Forms Received: \_\_\_\_\_ Results Received: \_\_\_\_\_

Supervision Documentation (LCSW only): Y N/A

### Reciprocity Only:

State: \_\_\_\_\_ License Current: Y N ASWB Exam: Y N Level: \_\_\_\_\_ Qualifies: Y N  
State: \_\_\_\_\_ License Current: Y N ASWB Exam: Y N Level: \_\_\_\_\_ Qualifies: Y N  
State: \_\_\_\_\_ License Current: Y N ASWB Exam: Y N Level: \_\_\_\_\_ Qualifies: Y N

NOTES: \_\_\_\_\_

Provision Issued?  YES  NO Date Reviewed: \_\_\_\_\_  APPROVED  DENIED

Board Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Work degree must be earned at a university whose Social Work program is accredited by the Council on Social Work Education. [www.cswe.org](http://www.cswe.org)

BSW Degree Date: \_\_\_\_\_ Name of University: \_\_\_\_\_ City/State: \_\_\_\_\_

MSW Degree Date: \_\_\_\_\_ Name of University: \_\_\_\_\_ City/State: \_\_\_\_\_

**YOU must contact your university and request they send an official transcript with your degree posted to the Board. (Currently licensed Arkansas LMSW's do not need to send a new transcript)**

**EMPLOYMENT INFORMATION**

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_ to present.

Address (full) \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

Work Fax: \_\_\_\_\_ Work Website: \_\_\_\_\_

Job/Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Duties/Responsibilities: \_\_\_\_\_

**PAST EMPLOYMENT HISTORY**

(Include at least 2 years previous employment if applicable)

Current Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_ to \_\_\_\_\_

Address (full) \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

Work Fax: \_\_\_\_\_ Work Website: \_\_\_\_\_

Job/Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Duties/Responsibilities: \_\_\_\_\_

**PAST EMPLOYMENT HISTORY**

(Include at least 2 years previous employment if applicable)

Current Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_ to \_\_\_\_\_

Address (full) \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

Work Fax: \_\_\_\_\_ Work Website: \_\_\_\_\_

Job/Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Duties/Responsibilities: \_\_\_\_\_

**continued**  
**PAST EMPLOYMENT HISTORY**

(Include at least 2 years previous employment if applicable)

Current Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_ to \_\_\_\_\_

Address (full) \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

Work Fax: \_\_\_\_\_ Work Website: \_\_\_\_\_

Job/Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Duties/Responsibilities: \_\_\_\_\_

**BACKGROUND INFORMATION**

1. Are you currently license in Arkansas and applying for a change in level of licensure?  
\_\_\_\_ YES \_\_\_\_ NO If yes, give current license number: \_\_\_\_\_
2. Have you previously held a social work license in Arkansas? (Includes provisional license)  
\_\_\_\_ YES \_\_\_\_ NO If yes, please list license number and/or expiration date: \_\_\_\_\_
3. Are you applying for licensure through reciprocity/endorsement with another state or jurisdiction?  
\_\_\_\_ YES \_\_\_\_ NO

4. Please provide the following information for each state or jurisdiction in which you currently hold or have held a social work license, certification or registration. Please use back of the page if there were more than three.

State	License Number	Level of Licensure	Issue Date	Expiration Date	Level of Exam Taken

**If you have or have ever held a social work license, certification, or registration, you must complete the Verification of Licensure Form and send it to each state or jurisdiction. This form is not necessary for Arkansas license verification.**

5. Have you ever been denied a professional license, certification or in Arkansas or any other state or jurisdiction?  
\_\_\_\_ YES \_\_\_\_ NO
6. Have you been refused renewal of a professional license?  
\_\_\_\_ YES \_\_\_\_ NO
7. Have you ever had a professional license suspended or revoked?  
\_\_\_\_ YES \_\_\_\_ NO
8. Have you ever voluntarily surrendered a professional license?  
\_\_\_\_ YES \_\_\_\_ NO
9. Are you currently or have you ever been under any investigation regarding your professional practice?  
\_\_\_\_ YES \_\_\_\_ NO
10. Have you ever been pleaded guilty or nolo contendere to, or been found guilty of, any of the following:  
(1) Any offenses specifically enumerated in A.C.A. §17-3-102.  
(2) Any felony.  
(3) Any criminal offense, misdemeanor or felony, involving violence, dishonesty, fraud, deceit, breach of client trust, or abuse of the vulnerable. \_\_\_\_ YES \_\_\_\_ NO (a copy of A.C.A. § 17-103-307 may be found at [www.arkansas.gov/swlb](http://www.arkansas.gov/swlb), under Laws and Regulation, Arkansas Code)
11. Please indicate if you or your spouse are a uniformed service member or uniformed service veteran.  
\_\_\_\_ Yes \_\_\_\_ No

If you answered yes to questions 5-10, you must attach a detailed explanation.

CONTINUED

CRIMINAL BACKGROUND CHECK

ALL Applications for licensure must complete a Criminal Background Check. Criminal Background Checks will only be performed after a completed application for licensure has been received by the Board. The results of the Criminal background check must be received prior to the application being reviewed by the Board. This includes current and previous licensed applicants. You will be mailed or emailed a packet containing the required forms once your completed application has been received. Only the forms provided by the Board may be used.

APPLICANTS AFFIDAVIT

I, the undersigned, do hereby apply for a license under the terms of the Social Work Licensing Law (A.C.A. 17-103-101 et. seq.), and I do solemnly swear that all statements contained in this application are true and correct to the best of my knowledge. I fully understand that all statements made in this application may be subject to verification and that any false and/or misleading answer may be grounds for refusal, or subsequent revocation or suspension of my license.

I also understand that in accordance with Arkansas Code Annotated 17-1-104, applicants for social work licensure must include their Social Security number on the application for licensure, and that my name, address, and social security number will be forwarded to the Office of Child Support Enforcement on a quarterly basis.

I understand it is **my** responsibility to make sure all documentation is submitted and/or received by the Board. I have enclosed a Money Orders or Check for the application fee of \$5.00. The Money Order or check is payable to the AR Social Work Licensing Board. I hereby acknowledge that these fees are **non-refundable**. Applications are valid for 6 months.

The Board may waive this fee if you meet the requirements under Board Rule VII (B). Rules are available on the Boards website under Laws and Rules. [SWLB Rule VII \(B\)](#). If you have additional questions, please contact the Board office for more information on the waiver. Applicant is required to provide proof prior to application.

CHECKLIST:

- Completed Application
- Fee (\$5.00 Application fee; must be a check or money order)
- Requested an official Transcript from University (not required if currently licensed in Arkansas as a LMSW)
- Sent Verification of Licensure to other state(s), if required.
- Submitted documentation of Supervision (LCSW only)
- Official ASWB Score Report if currently licensed in another state or jurisdiction and applying for license in Arkansas. [www.aswb.org](http://www.aswb.org)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date