



Arkansas Department of Health

Social Work Licensing Board

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swlb@arkansas.gov * www.arkansas.gov/swlb

Governor Sarah Huckabee Sanders

Renee Mallory, RN, BSN, Secretary of Health

Kristen Allen, Director

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

LICENSE LEVEL: _____ 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 _____

EDUCATION INFORMATION

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

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's mailing address. Transcripts may be emailed to aswb@arkansas.gov.
(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 licensed 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, 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 previously licensed applicants. You will be mailed or emailed a packet containing the required forms once your completed application has been received. Only 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 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
- _____ \$5.00 Application fee
- _____ Official transcript from university (not required if currently licensed in Arkansas as a LMSW)
- _____ Send verification(s) of licensure to other state(s), if licensed as LCSW for less than 3 years.
- _____ Official ASWB Score Report-if currently licensed in another state or jurisdiction and applying for license.

Signature of Applicant

Printed Name of Applicant

Date