



REQUEST FOR LATE RENEWAL SOCIAL WORK LICENSE

To request a late renewal to a LBSW, LMSW, or LCSW license that is within one year of its expiration date. You will be required to provide evidence of meeting the required continuing education requirements and pay the penalty for late renewal and the renewal fee.

LATE RENEWAL APPLICATION CHECKLIST		
CHECK	REQUIRED DOCUMENTATION	SUBMIT BY
Required	1. APPLICATION	
<input type="checkbox"/>	The attached Late Renewal Application must be completed and <u>mailed</u> to the Virginia Board of Social Work.	Mail
Required	2. APPLICATION FEE	
<input type="checkbox"/>	<p>A late fee and renewal fee is required with your Late Renewal Application.</p> <ul style="list-style-type: none"> • The fee must be in the form of a check, cashier's check, or money order made payable to the "Treasurer of Virginia". • Your application will not be reviewed until you have submitted payment. • All fees submitted to the Board are non-refundable. • Fee Amount: <ul style="list-style-type: none"> ○ Licensed Baccalaureate Social Worker (LBSW): \$75.00 <ul style="list-style-type: none"> ▪ \$55.00 renewal fee, plus \$20.00 late fee ○ Licensed Master's Social Worker (LMSW): \$85.00 <ul style="list-style-type: none"> ▪ \$65.00 renewal fee, plus \$20.00 late fee ○ Licensed Clinical Social Worker (LCSW): \$120.00 <ul style="list-style-type: none"> ▪ \$90.00 renewal fee, plus \$30.00 late fee 	Mail
Required	3. CONTINUING EDUCATION (CE) CERTIFICATES	
<input type="checkbox"/>	<p>Provide copies of your continuing education certifications or official transcripts as evidence of having met all applicable continuing education requirements for renewal.</p> <ul style="list-style-type: none"> • <u>Licensed Baccalaureate Social Workers (LBSW) and Licensed Master's Social Workers (LMSW):</u> <ul style="list-style-type: none"> ○ 15 contact hours of continuing education ○ A minimum of 3 of the 15 hours must pertain to ethics or standards of practice for the behavioral health professions or to laws governing the practice of social work in Virginia. • <u>Licensed Clinical Social Workers (LCSW):</u> <ul style="list-style-type: none"> ○ 30 contact hours of continuing education ○ A minimum of 6 of the 30 hours must pertain to ethics or standards of practice for the behavioral health professions or to laws governing the practice of social work in Virginia. 	Mail

End of instructions



REQUEST FOR LATE RENEWAL

Part I. Applicant Identification & Contact Information			
Applicant's Last Name:	First Name:	Middle/Maiden Name:	Suffix:
Last 4 digits of Social Security Number: XXX-XX- ____		Date of Birth: (MM/DD/YYYY) ____ / ____ / ____	
Mailing Address:			
City:		State:	Zip Code: ____
Home Number: (____) ____ - ____		Alternate Number: (____) ____ - ____	
Email Address:			
Social Work License Number: _____			
Part II. Continued Competency Requirements: <i>(Check box that applies to your license type)</i>			
<u>LBSWs & LMSWs</u>			
<input type="checkbox"/> I have missed only one renewal, and I am attesting to the completion of the required minimum of (15) contact hours of continuing education prescribed in 18VAC 140-20-105 of the Virginia Regulations Governing the Practice of Social Work for this renewal period.			
<input type="checkbox"/> I have submitted copies of my CE hours for evaluation.			
<u>LCSWs</u>			
<input type="checkbox"/> I have missed only one renewal, and I am attesting to the completion of the required minimum of (30) contact hours of continuing education prescribed in 18VAC 140-20-105 of the Virginia Regulations Governing the Practice of Social Work for this renewal period.			
<input type="checkbox"/> I have submitted copies of my CE hours for evaluation.			

I hereby submit a request for late renewal of my Virginia license number referenced on this form. My signature acknowledges that I understand that providing false or misleading information on this form may lead to disciplinary action by the Virginia Board of Social Work and I understand that my fee is non-refundable.

Signature of Licensee

Date

FOR OFFICE USE ONLY (Finance Division)

Fee Amount Paid \$	Applicant ID #	Receipt #	Date Processed