



LICENSURE as a MASTER'S SOCIAL WORKER (LMSW) by ENDORSEMENT Electronic Application Checklist Instructions

IMPORTANT NOTICE:

Upon completion of the ONLINE application for licensure as a **Licensed Master's Social Worker (LMSW) by Endorsement**, you will be required to submit to the Virginia Board of Social Work the below required supporting documentation in **one** complete packet.

Prior to **emailing** the enclosed forms and required supporting documentation to the Board for consideration, we recommend that you review the [Licensure Process Handbook](#), and the [Regulations Governing the Practice of Social Work](#) available on the Board's website at www.dhp.virginia.gov/social to ensure you are applying for the correct application type and have met the requirements for this application type. Pursuant to 18VAC140-20-30(B) of the [Regulations Governing the Practice of Social Work](#), all fees submitted to the Board are **non-refundable**.

We also strongly encourage you to review your application packet to ensure all forms are complete and includes all required forms and documentation. A complete application packet provides the best opportunity to avoid delays in the application review process. You should make every effort to email all the below information in **one** complete packet to the Board office for consideration. Supporting documents and forms should be emailed to the Board as an attached file in **pdf format**.

REQUIRED DOCUMENTATION

VERIFICATION OF LICENSURE/CERTIFICATION: If you have ever held a health or mental health license or certification, **whether current or expired**, please send the enclosed verification form to the issuing jurisdiction (s). This verification form should be completed by the issuing jurisdiction (s) and sent back to you and included in your application packet. *(Some jurisdictions charge a fee for this service. Check with that jurisdiction before sending the form. If the jurisdiction requires submitting this information directly to Virginia's Board office, please have them indicate your name on the form so that it can be included with your packet for evaluation.)*

-or-

You can provide an online verification printed from the licensing jurisdiction's website if the online verification provides **all** of the following information; the licensee name, license number, license type, issue and expiration date, and whether disciplinary action has ever occurred.

EXAM SCORES: Verification that you have passed the **Master's** level examination administered by the Association of Social Work Boards (ASWB) is required. Your exam scores **should not** be included in your application packet to the Board as they must be sent directly from ASWB to the Virginia Board of Social Work. You may request your scores through the ASWB website at <https://www.aswb.org/score-transfers/> . **If you did not take the ASWB Master's Exam to receive your master's level social work license, the board may accept evidence that a national examination was not required for licensure by the other jurisdiction at the time you were initially licensed.**

NPDB SELF-QUERY: A current report from the U.S. Department of Health and Human Services National Practitioners Data Bank (NPDB) must be submitted. You may request a self-query at <https://www.npdb.hrsa.gov/>

ADDITIONAL SUPPORTING DOCUMENTATION (if applicable)

PROOF OF NAME CHANGE: Documentation must be provided to show each name change(s) if your name has ever been legally changed from the time you attended school or were licensed in other jurisdictions or other than what is listed on your application. Acceptable forms of documentation include a **photocopy** of a marriage license, court order or divorce decree.

CRIMINAL CONVICTIONS, PAST ACTIONS or POSSIBLE IMPAIRMENTS: If you answer “YES” to any of these questions on your application, please include a detailed explanation **and** supporting documentation. *Please refer to Guidance Document 140-2, available on the Board’s website, for a list of required documentation that will be needed regarding criminal convictions, past actions, or possible impairments.*

GENERAL INFORMATION

- Applications are processed in the order received. Please allow adequate processing time for applications. Applications that are complete, fully documented and meet the minimum requirements for the Regulations Governing the Practice of Social Work will be reviewed within **30 days** of receipt of a **complete** application packet.
- Periodically log into the DHP license application portal at: <https://www.license.dhp.virginia.gov/apply/Login.aspx> to monitor progress of your application and remember “unchecked” items may have been received but are pending review.
- Check your license status by going to: License Lookup (*license information is posted in real time).
- Please notify the Board in writing within 30 days of a name change or address change by completing the **Name/Address Change Form** available on the Board’s website at www.dhp.virginia.gov/social.
- An incomplete application for licensure will be retained on file for one (1) year. If not completed within one year of receipt, a new application and fee will be necessary.
- Providing false or misleading information as well as omitting information in response to information requested in the application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing registration or license.
- Pursuant to Virginia Code § 54.1-2400.02 addresses of licensees/supervisees are made available to the public. Normally, the Address of Record is the publicly disclosed address. If you do not want your Address of Record to be made public, you may provide a second, publicly disclosable address (e.g. work or practice address). If you would like your Address of Record to be publically available, please complete both sections with same address on the application.
- Pursuant to Virginia Code § 54.1-116 (A), you are required to submit your social security number or your control number issued by the *Virginia* Department of Motor Vehicles*. If you fail to do so, the processing of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided for by law. Federal and state law requires that this number be shared with other agencies for child support enforcement activities. **NO LICENSE WILL BE ISSUED TO ANY INDIVIDUAL WHO HAS FAILED TO DISCLOSE ONE OF THESE NUMBERS.**
- Required documentation should be **emailed** to the Board at: socialwork@dhp.virginia.gov

End of instructions



APPLICANT OUT-OF-STATE LICENSURE VERIFICATION

IMPORTANT NOTICE:

This form must be completed by both the applicant and the jurisdiction/State Board that issued the applicant a health or mental health license or certification. **The Applicant should complete Part I of this form ONLY.** The State Board should complete Part II of this form. The completed form should be returned to the applicant for inclusion in their application packet to be sent to the Virginia Board of Social Work or the State Board can send the form electronically to the Virginia Board at socialwork@dhp.virginia.gov

TO BE COMPLETED BY APPLICANT: Complete the top portion only and send this form to the jurisdiction (s)/State Board (s) that issued you a health or mental health license or certification (**fee may be required**).

Part I. Applicant's Identification & Contact Information

Last Name:	First Name:	Middle/Maiden Name:	Suffix:
Last 4 digit of Social Security Number: XXX-XX- ____		Date of Birth: (MM/DD/YYYY) ____ / ____ / ____	
Address:			
City:	State: ...	Zip Code: _____	
Email Address:			

TO BE COMPLETED BY STATE BOARD: Please provide official verification of applicant's licensure information requested below and mail or email completed form to applicant or **directly** to the Virginia Board of Social. **If emailing this form to the Virginia Board, please use the subject line: Applicant Licensure Verification (ref: Applicant's Name)**

Part II. Applicant's Licensure Information

Title of License:	License Number:
Issue Date: (MM/DD/YYYY) ____ / ____ / ____	Expiration Date: (MM/DD/YYYY) ____ / ____ / ____
License Obtained by: <input type="checkbox"/> Examination <input type="checkbox"/> Endorsement <input type="checkbox"/> Reciprocity <input type="checkbox"/> Grandfathered <input type="checkbox"/> other _____	
Status of License: <input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive <input type="checkbox"/> other _____	
Has license ever been denied, suspended, revoked, placed on probation or otherwise disciplined? <i>If yes, please attach certified copy of order issued by State Board.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>

I certify the above information to be true in every respect, according to the record on file with the _____ (Title of Board)

Name of Authorized Licensure Official: _____

Title of Authorized Licensure Official: _____

STATE SEAL

Telephone Number: _____

Email Address: _____

Date: _____