



REQUEST FOR CHANGE IN STATUS CURRENT ACTIVE to CURRENT INACTIVE SOCIAL WORK LICENSE

To request a change in status from Current Active to Current Inactive, complete, and return this form to the Board via email at: socialwork@dhp.virginia.gov using the subject line: **“Request for Inactive Status”**. A person with an inactive license is not authorized to practice social work. The renewal fee must be paid each year at renewal time to keep an inactive license current.

Applicant Identification & Contact Information			
Last Name:	First Name:	Middle/Maiden Name:	Suffix:
Social Work License Number: (10-digit number) ____ _		Last 4 digits of Social Security Number: XXX-XX- ____ _	
Published Address: The address is subject to public disclosure under the Freedom of Information Act. You may provide an address other than residence, such as a Post Office Box or practice location.			
Street Address:			
City:	State:	Zip Code:	
Address of Record: The address information you provide below is your Address of Record with the Board. Please be advised that all notices from the Board, to include renewal notices and other legal documents, will be sent to the Address of Record provided. If you provided a different Published Address above, the Address of Record is <u>not</u> subject to public disclosure under the Freedom of Information Act and will not be sold or distributed for any other purpose.			
Street Address:			
City:	State:	Zip Code:	
Home Phone Number:		Alternate Phone Number:	
Email Address:			

I acknowledge with my signature that by placing my license in an inactive status, I cannot practice social work or clinical social work in the Commonwealth of Virginia except in an exempt setting as defined in § [54.1-3701](#) of the Code of Virginia until my license has been reactivated to current active status by the Virginia Board of Social Work.

I acknowledge with my signature that I have read and understand the requirements for fulfilling the reactivation requirements as set forth in [18VAC140-20-110](#) of the Regulations Governing the Practice of Social Work, which states that *“a LBSW, LMSW, or LCSW wishing to reactivate an inactive license shall submit the difference between the renewal fee for active licensure and the fee for inactive licensure renewal and document completion of continued competency hours equal to the number of years the license has been inactive, not to exceed four years.”*

I hereby submit a request for change of status 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.

Signature of Licensee

Date