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## REQUEST FOR CHANGE IN STATUS Current Inactive to Current Active SOCIAL WORK LICENSE

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This application is for a LBSW, LMSW, OR LCSW wishing to reactivate an inactive license. To reactivate an inactive license, the licensee must pay the fee, complete and provide documentation of continued competency hours, and submit the application.

### APPLICATION INSTRUCTIONS

Follow these steps to request a change in status from Current Inactive to Current Active at renewal:

1. Review the [Regulations Governing the Practice of Social Work](#) for detailed information on the continuing education requirements.
2. Gather copies for submittal of Continuing Education (CE) Certificates or official transcripts as evidence of having met all applicable continuing education requirements of:
  - Licensed Baccalaureate Social Workers (LBSW) and Licensed Master's Social Workers (LMSW):
    - 7.5 contact hours of continuing education per year license was in inactive status, not to exceed four years.
    - A minimum of 1.5 of each 7.5 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.
  - Licensed Clinical Social Workers (LCSW):
    - 15 contact hours of continuing education per year license was in inactive status, not to exceed four years.
    - A minimum of 3 of each 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.
3. Complete the Request for Change in Status Form
4. Obtain a check or money order for the non-refundable fee made payable to the "Treasurer of Virginia" in the amount of:
  - \$27.50 for Licensed Baccalaureate Social Workers (LBSW)
  - \$32.50 for Licensed Master's Social Workers (LMSW)
  - \$45.00 for Licensed Clinical Social Workers (LCSW)
5. Mail the form, non-refundable fee, and copies of CE certificates to:

Department of Health Professions  
**Attn: Board of Social Work**  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233

6. Wait for the Board to review your application and reply to any correspondence from the Board.
  - 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.
  - Incomplete applications remain active for one year from the date of payment, after which incomplete application files are destroyed as outlined in the Library of Virginia records retention and disposition schedules. If your application is not completed in the one-year timeframe, you are required to re-apply by submitting a new application, fee, and documentation pursuant to the regulations at that time.



**REQUEST FOR CHANGE IN STATUS  
Current Inactive to Current Active  
SOCIAL WORK LICENSE**

**Part I. 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 if you wish.

Street Address:

City:	State:	Zip Code:
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**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 licenses 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 not 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:

**Part II. Continued Competency Requirements:**

**LBSW and LMSW**

- A.  I am attesting to the completion of the required Continuing Education for \_\_\_\_\_ years, which total \_\_\_\_\_ CE hours (7.5 total to include 1.5 hours Ethics **per year**).
- B. Have you been inactive for more than four years?     Yes     No
- C.  I have included copies of my CE hours certificates of completion for evaluation with this form.

**LCSW**

- A.  I am attesting to the completion of the required Continuing Education for \_\_\_\_\_ years, which total \_\_\_\_\_ CE hours (15 total to include 3 hours of Ethics **per year**). I have submitted copies of my CE hours for evaluation with this form.
- B. Have you been inactive for more than four years?     Yes     No
- C.  I have included copies of my CE hours certificates of completion for evaluation with this form.

**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 and I understand that my fee is non-refundable.**

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date