



## SOCIAL WORK RENEWAL FORM for LBSW, LMSW & LCSW

Pursuant to [18VAC140-20-100](#) of the Regulations Governing the Practice of Social Work, all licensees must renew their licenses on or before June 30<sup>th</sup> of each year and pay the required renewal fee.

Licensees who wish to maintain an active license must pay the required fee and attest to compliance with the continued competency requirements prescribed in [18VAC140-20-105](#). Newly licensed individuals are not required to document continuing education requirements on the first renewal date following initial licensure.

A licensee who wishes to place their license in inactive status may do so upon payment of a fee equal to one-half of the annual license renewal fee. A person must hold a current active license to practice social work or clinical social work in Virginia.

**Required Fees: Please make check or money order payable to: Treasurer of Virginia**

	LCSW	LMSW	LBSW
<b>Active Renewal</b>	\$90.00	\$65.00	\$55.00
<b>Inactive Renewal</b>	\$45.00	\$32.50	\$27.50
<b>Late Active Renewal (after June 30<sup>th</sup>)</b>	\$120.00	\$85.00	\$75.00

**CURRENT INFORMATION**

Last Name:		First Name:		Middle/Maiden Name:		Suffix:	
Mailing Address:							
City:			State:			Zip Code:	
Date of Birth: (MM/DD/YYYY)				Last 4 digits of Social Security Number:			
____ / ____ / ____				XXX-XX-____			
Email Address:							
Social Work License Number You Wish to Renew: (10-digit number)							
_____							

**CONTINUED COMPETENCY REQUIREMENTS (Check one box only)**

<input type="checkbox"/>	I hold an active license and I wish to renew in an active status. I attest that I have met the Continuing Education requirements outlined in <a href="#">18VAC140-20-105</a> of the Virginia Regulations Governing the Practice of Social Work for this renewal period.
<input type="checkbox"/>	This is my first renewal since the issuance of my license. Therefore, I am exempt from meeting the Continuing Education requirements for this renewal period.
<input type="checkbox"/>	I wish to renew in an inactive status (no CE required). I acknowledge that I shall not practice social work or clinical social work in Virginia unless I hold a current active license.

**My signature acknowledges that I understand that providing false or misleading information on this renewal 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
\$			