



REQUEST FOR LATE RENEWAL INSTRUCTIONS

IMPORTANT NOTICE:

A LBSW, LMSW, or LCSW whose Virginia license has expired may renew that license *within one year* after its expiration date by:

1. Providing evidence of having met all applicable continuing education requirements; and
2. Paying the penalty for late renewal and the renewal fee as prescribed in 18VAC140-20-30.

REQUIRED DOCUMENTATION

Submit the enclosed request for late renewal form and supporting documentation in **one** package to the address indicated above. Please review this checklist to make certain that **all** the required documents are submitted.

Fee: the following fee must be paid:

- Licensed Baccalaureate Social Workers (**LBSW**) will be required to submit a **\$55.00** fee, plus a **\$20.00** late fee which must be paid by check or money order made payable to the “**Treasurer of Virginia**”. This fee is non-refundable.
- Licensed Master’s Social Workers (**LMSW**) will be required to submit a **\$65.00** fee, plus a **\$20.00** late fee which must be paid by check or money order made payable to the “**Treasurer of Virginia**”. This fee is non-refundable.
- Licensed Clinical Social Workers (**LCSW**) will be required to submit **\$90.00** fee plus a **\$30.00** late fee which must be paid by check or money order made payable to the “**Treasurer of Virginia**”. This fee is non-refundable.

Continuing Education (CE) Certificates:

- Licensed Baccalaureate Social Workers and Licensed Master’s Social Workers (**LBSW & LMSW**) are required to have completed a minimum of **(15) contact hours of continuing education**. A minimum of **(3)** of those hours must pertain to ethics or the standards of practice for the behavioral health professions or to laws governing the practice of social work in Virginia.
- Licensed Clinical Social Workers (**LCSW**) are required to have completed a minimum of **(30) contact hours of continuing education**. A minimum of **(6)** of those hours must pertain to ethics or the standards of practice for the behavioral health professions or to laws governing the practice of social work in Virginia.

Please refer to 18VAC140-20-105 of the [Regulations Governing the Practice of Social Work](#) for a list of board-approved activities.

Please refer to 18VAC140-20-106 of the [Regulations](#) for information on documenting compliance with the CE requirements.

End of instructions



REQUEST FOR LATE RENEWAL

FOR OFFICE USE ONLY (Finance Division)

Fee Amount Paid \$	Applicant ID #	Receipt #	Date Processed
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TO BE COMPLETED BY APPLICANT

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: (Check box that applies to you)

LBSWs & LMSWs

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. I have submitted copies of my CE hours for evaluation.

LCSWs

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. 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