



**State of Nevada**  
**Board of Examiners for Social Workers**  
4600 Kietzke Lane - C-121  
Reno, NV 89502  
(775) 688-2555

## PLEASE READ BEFORE COMPLETING APPLICATION

### Information for Licensure: CLINICAL SOCIAL WORKER OR INDEPENDENT SOCIAL WORKER

Each item on the enclosed application must be completed. Allow 30 days for processing of the application. Failure to provide any of the requested information will result in the application not being processed or being rejected as incomplete. The information provided will be used for identification and to determine qualification for licensure per Nevada Revised Statutes and Nevada Administrative Code, Chapter 641B, which authorizes collection of this information. **PURSUANT TO NRS 641B.500 IT IS UNLAWFUL FOR ANY PERSON TO REPRESENT HIMSELF AS A SOCIAL WORKER WITHOUT A LICENSE. PLEASE BE AWARE YOU MAY NOT ENGAGE IN THE PRACTICE OF SOCIAL WORK UNTIL YOU ARE LICENSED. TO DO SO COULD JEOPARDIZE YOUR LICENSE.**

### General Qualifications

1. Applicant must be at least 21 years of age.
2. Applicant must be a United States citizen or must be lawfully entitled to remain and work in the United States. US citizens must submit a copy of their birth certificate or passport. (Hospital certificates are not acceptable). Naturalized citizens must forward a copy of their naturalization certificates. Aliens must submit a copy of documentation from the United States Immigration and Naturalization Service evidencing the lawful entitlement of the Applicant to remain and work in the United States.
3. A copy of a current picture I.D. (i.e.: clear driver's license picture) must be submitted with your application.
4. Copies of legal documents must be submitted verifying all name changes.
5. Effective July 1, 2005, all applicants for licensure as a social worker in the State of Nevada must submit to the Board a complete set of his fingerprints which the Board will forward to the Central Repository for Nevada Record of Criminal History for submission to the Federal Bureau of Investigation for its report (NRS 641B202). Upon receipt of an application for a license as a social worker, applicant will be sent TWO (2) fingerprint cards. Applicant is responsible for the fees required to complete the background check. No action can be taken on the file until the fingerprint cards and the appropriate fees have been received in the office.
6. Applicant must possess a Master's degree in Social Work from a college or university accredited by the Council on Social Work Education or which is a candidate for such accreditation. Applicant must cause the college or university from which he graduated to forward directly to the Board a certified transcript of his educational coursework and the degree awarded. In addition to a transcript sent directly to the Board from his university, a graduate of a foreign social work program must also submit the appropriate forms and documentation to the Council on Social Work Education for evaluation of foreign credentials and cause the Council on Social Work Education to submit an original letter to the Board verifying equivalency.
7. Applicant must request verification to be sent directly from each state in which he has been or is currently certified or licensed to practice social work. (The state verification form may be copied.)
8. Applicant must pass an examination given by the Association of Social Work Boards (ASWB). To receive a Clinical Social Worker license, applicant must pass the ASWB Clinical Examination. To

receive an Independent Social Worker License, applicant must pass the ASWB Advanced Generalist Examination. An examination packet will be sent after the application fees and all supporting documents have been received and approved. An examination fee will be required by ASWB when you register to take the examination. An applicant who has taken the ASWB examination in another state must have verification of examination results sent directly to the Board from the state for which examination was taken or from ASWB. If the applicant is not currently licensed in another state, the appropriate examination must have been taken within six months prior to the submission of this application. If the applicant is applying for endorsement, the applicant must have passed the appropriate examination within the last 15 years.

9. To receive a license as a Clinical Social Worker, applicant must provide evidence of 3000 hours of postgraduate practice of clinical social work supervised by a Licensed Clinical Social Worker. At least 2000 of these hours must be in the area of psychotherapeutic methods and techniques in the area of psychotherapeutic methods and techniques to persons, families and groups to help in the diagnosis and treatment of mental and emotional conditions. If the hours are completed in this state, the applicant must complete the hours in a Board pre-approved internship. Hours considered from another state must be substantially equivalent to what is required of an applicant who has completed their hours in this state. (See Information for Clinical Social Worker licensure).

To receive a license as an Independent Social Worker, applicant must provide satisfactory evidence to the of 3000 postgraduate hours of advanced generalist practice of social work supervised by a Licensed Clinical Social Worker or an Licensed Independent Social Worker. If the hours are completed in this state, the applicant must complete the hours in a Board pre-approved internship. Hours considered from another state must be substantially equivalent to what is required of an applicant who has completed their hours in this state. (See Information for Independent Social Worker licensure).

10. An applicant seeking endorsement from another state must have verification of licensure sent directly to the Board from the issuing agency. The Board may grant a license to a person who holds a current license to engage in the practice of social work in another state if the requirements at the time the license was issued are substantially equivalent to the requirements in this state. The applicant has the burden of proving that their hours are substantially equivalent to the requirement of this state. An applicant who holds at least an equivalent license that is in good standing to provide social work services in another state may be licensed without taking the examination prescribed by the Board if the applicant has successfully passed the appropriate licensing examination approved by the Board within the preceding 15 years. Proof of the examination must be received by the Board before a license can be issued.

## **PROVISIONAL LICENSE**

A person who applies to take the ASWB examination (See Item 8 to determine appropriate examination) and meets all the requirements except for the examination may be granted a provisional license. The examination must be taken within 60 days after Board approval. The provisional license is valid for one sitting of the examination only. Only one provisional license per Applicant may be issued.

Please review the following information if you answered “yes” to any of questions 1 - 8 on the application. Applicants who answer “yes” to any of these questions may be required to appear before the Board if deemed necessary. Failure to provide this information will be grounds for denying the application. The use of deceit or fraud in applying for a license will be grounds for denying the application.

### **Reporting prior conviction(s) (Questions 1 and 2):**

The Board considers each application on a case by case basis. The following information should be submitted with the application if you answer “yes” to questions 1 and 2.

1. A certified copy of the conviction and disposition of your case from the Court Clerk of the court in which convicted.
2. A letter from you describing the underlying circumstances of the conviction including the nature of the act(s) or crime(s) and the date(s) of the crime.
3. A letter from you describing rehabilitation efforts or changes you have made to prevent future problems. It is your responsibility to present sufficient evidence of rehabilitation to demonstrate your fitness for licensure. The evidence of rehabilitation may include, but is not limited to:
  - a. A current psychiatric evaluation that addresses the problem and your suitability for licensure as a social worker.
  - b. Proof of completion of probation if it was required.
  - c. Letters of reference from employers, instructors, professional counselors, probation or parole officers on official letterhead.

The Board may request additional information as it deems necessary.

### **Reporting administrative actions (Questions 3 –6)**

The Board considers each application on a case by case basis. The following information should be submitted with the application if you answer “yes” to questions 3 - 6.

1. A letter from you describing the circumstance of the incident.
2. A certified copy of the determination made by the licensing or professional entity.
3. If disciplinary action was imposed, the above document should include date and location of the incident, specific violation, date of disciplinary action, and sanctions or penalties imposed.
4. If disciplinary action was imposed, a letter from you describing rehabilitation efforts or changes you have made to prevent further problems. It is your responsibility to present sufficient evidence of rehabilitation to demonstrate your fitness for licensure. The evidence of rehabilitation may include, but is not limited to:
  - a. A current psychiatric evaluation that addresses the problem and your suitability for licensure as a social worker.
  - b. Proof of completion of probation if it was required.
  - c. Letters of reference from employers, instructors, professional counselors, probation or parole officers on official letterhead.

The Board may request additional information as it deems necessary.

### **Other Questions 7 and 8**

The Board considers each application on a case by case basis. The following information should be submitted with the application if you answer “yes” to questions 7 and 8

1. A letter from you outlining the circumstances. Further information may be requested.

Fee Schedule (LCSW & LISW Licensure)

**ALL FEES MUST BE INCLUDED WITH THE NOTARIZED APPLICATION OR THE APPLICATION WILL NOT BE PROCESSED.**

**Fees may be paid by personal check, cashiers/certified check, or money order payable to Board of Examiners for Social Workers. A \$30.00 fee is assessed for all returned checks.**

\_\_\_\_\_ \$ 40.00 - Application Fee (Non-refundable)  
\_\_\_\_\_ 100.00 - Initial License Fee (Must be submitted with all applications)  
\_\_\_\_\_ 75.00 - Provisional License Fee  
\_\_\_\_\_ 100.00 - Endorsement Fee (Applicants who apply for endorsement must include the application fee, initial license fee and endorsement fee.)  
\_\_\_\_\_ Total Fees

A money order or certified check in the amount of **\$48.50** made payable to the **NV Dept. of Public Safety (NV DPS)** must be submitted with the 2 completed fingerprint cards. **Fees incorrectly submitted will be rejected.**

An application for licensure, which is not completed within 1 year, will be considered to have lapsed. The Board will not refund any fee related to an application, which has lapsed.

**An examination fee of \$260.00 must be paid to ASWB at the time you register to take the examination**

## **Information for Clinical Social Worker Licensure**

Pursuant to NRS 641B.030(3), Clinical social work means the application of methods, principles and techniques of case work, group work, community organization, administration, planning, consultation, research and **psychotherapeutic methods and techniques to persons, families and groups to help in the diagnosis and treatment of mental and emotional conditions** (emphasis added). Pursuant to NAC 641B.150(1,3), to be licensed as a Clinical Social Worker in Nevada, a person must complete a preapproved internship of 3000 postgraduate hours of which **at least 2000 hours must be in the area of psychotherapeutic methods and techniques to persons, families and groups to help in the diagnosis and treatment of mental and emotional conditions in no less than 2 years and no more than 3 years**. The remaining hours should be completed in other areas of clinical social work. A minimum of one hour of supervision by an approved supervisor who is a Licensed Clinical Social Worker per week is required. A person who holds a license as a Clinical Social Worker may practice independently.

For the purposes of licensure in Nevada, clinical practice in the area of psychotherapeutic methods and techniques includes, but is not limited to, (1) the use of assessments, i.e. mental health status assessments; (2) determination of diagnosis, i.e. using the DSM IV; (3) development of treatment plans with explicit goals; (4) achievement of goals through the use of one or more intervention approaches, i.e. brief and long-term psychotherapy, family and group therapies, crisis interventions; (5) documentation and review of treatment outcomes. Additionally, the Board looks at the Applicant's practice site for information of the client population, typical presenting problems/diagnoses of the clients and whether the position requires knowledge of psychopharmacology. An applicant has the burden of demonstrating that a position constitutes clinical social work.

As noted in our information materials, an applicant who is applying for endorsement has the burden of proving that their hours meet the requirement for the State of Nevada. The following items are required for review:

- (1.) Verification of a passing score for the Clinical level of the ASWB examination from a State Board or ASWB.
- (2.) A letter of verification from your supervisor or State Board which documents at a minimum that:
  - a. you completed a total of 3,000 post graduate hours of which 2,000 must be in face-to-face direct clinical social work practice using psychotherapeutic methods and techniques, and 1,000 supporting clinical hours (i.e.: documentation, case management services related to the face to face hours) in no less than two years and no more than 3 years
  - b. the practice site was an appropriate clinical setting,
  - c. supervision meetings were held face-to-face at least one hour per week during the supervision period
  - d. a description of the client population
  - e. typical presenting problems/diagnoses of the clients
- (3) Verification of supervisor's qualifications including his/her current license status and qualifications to be a clinical supervisor. Minimum qualifications include at least 3 years clinical practice as a clinical social worker and appropriate training to supervise.

Clarification of clinical hours as indicated above must be received before your application can be reviewed. A job description may also be submitted to support the supervisor's description as an appropriate clinical site and which would be equivalent to what a person in Nevada would be required to have to receive approval for clinical hours.

## Information for Independent Social Worker Licensure

Social Work means the application of methods, principles and techniques of case work, group work, community organization, administration, planning, consultation and research to assist persons, groups or communities to enhance or restore their ability to function physically, socially and economically. [NRS 641B.505(2)] A person who holds an Independent Social Worker license has an advanced practitioner license that allows the person to practice independently. It does not allow the practitioner to practice clinical social work or mental health therapy.

For the purposes of licensure as an Independent Social Worker, an Applicant must complete a preapproved Board internship consisting of not less than 3,000 hours of supervised, postgraduate social work in an appropriate social work setting. The required work must be completed no earlier than 2 years or later than 3 years after the board approves the program. A minimum of one hour of supervision by an approved supervisor who is a licensed Independent Social Worker or a licensed Clinical Social Worker per week is required. The Applicant must be able to demonstrate at an advanced practitioner level the ability to assist persons, groups, agencies, organizations or communities to enhance or restore their ability to function physically, socially and economically by the application of methods, principles and techniques of case work, group work, community organization, administration, planning, consultation, research including but not limited to the following:

- Client centered advocacy
- Design organizational procedures and policies
- Plan, implement and evaluate programs
- Establish and implement organizational goals
- Develop effective service programs
- Knowledge of social programs and resources
- Obtain, manage and be accountable for agency resources including staff
- Coordinate services
- Facilitate and interpret and implement policy
- Formulate and use referral services
- Resolve or mediate conflict
- Program consultation
- Staff development
- Fiscal management skills
- Bring about system change

As noted in our information materials, an applicant for endorsement has the burden of proving that their hours meet the requirement for the state of Nevada. The following items are required for review:

1. Verification of a passing score for the Advanced level of the ASWB examination from a State Board or ASWB.
2. A letter of verification from your social worker supervisor or state board which documents at a minimum that:
  - a. you completed a total of 3,000 post graduate advanced generalist social work practice hours in no less than two years and no more than 3 years
  - b. the practice site was an appropriate social work setting
  - c. supervision meetings were held face-to-face at least one hour per week during the supervision period
3. Verification of supervisor's qualifications including his/her current license status and qualifications to be a social worker supervisor. Minimum qualifications include at least 3 years experience as an advanced practitioner and appropriate training to supervise.

Verification of hours must be received before your application can be reviewed. A job description may also be submitted to support the supervisor's description as an appropriate social work site and which would be equivalent to meet the requirements for a person to receive approval in Nevada.

# State of Nevada Board of Examiners for Social Workers

## Application for License

Please Type or Print in Blue or Black ink

**PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

\_\_\_\_ Independent Social Worker

Clinical Social Worker \_\_\_\_\_

### General Information

Present Legal Name \_\_\_\_\_  
Last First Middle

List any other name ever used: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

Telephone (\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you currently or have you ever been licensed, registered, or certified as a social worker in another state?

Yes \_\_\_\_ No \_\_\_\_ If yes, which state(s)? \_\_\_\_\_

Have you taken an ASWB examination? Yes \_\_\_\_ No \_\_\_\_ If Yes, Date Taken \_\_\_\_\_

If Yes, which level? Basic \_\_\_\_ Intermediate \_\_\_\_ Advanced \_\_\_\_ Clinical \_\_\_\_

Have you completed 3000 postgraduate hours specific to the license you are applying for? Yes \_\_\_\_ No \_\_\_\_

If No, have you included an application for an internship program? Yes \_\_\_\_ No \_\_\_\_

What other professional Nevada state licenses or certifications do you currently hold? \_\_\_\_\_

Are you seeking a provisional license? Yes \_\_\_\_ No \_\_\_\_

If yes, to take ASWB exam \_\_\_\_\_ or, to obtain a social work degree \_\_\_\_\_ ?

Citizenship: US Citizen \_\_\_\_\_ Alien Registration # \_\_\_\_\_ Other \_\_\_\_\_

**SUBMIT COPY OF BIRTH CERTIFICATE, PASSPORT, CERTIFICATE OF NATURALIZATION OR ALIEN REGISTRATION CARD.**

**Employment: List 10 years of work history** in chronological order beginning with the most recent. (Explain any gaps)  
Attach additional sheets if necessary.

Employer	Address	Telephone
Position	Supervisor	Dates of Employment
Duties		

Employer	Address	Telephone
Position	Supervisor	Dates of Employment
Duties		

Employer	Address	Telephone
Position	Supervisor	Dates of Employment
Duties		

### Board Use Only

Date Received \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_

**Education:**

A COPY OF A CERTIFIED TRANSCRIPT SHOWING THE DEGREE AWARDED MUST BE RECEIVED DIRECTLY FROM THE SCHOOL

Name of School	Location	Major	Date Degree	Awarded
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- |   | Yes   | No    |
|---|-------|-------|
| 1. Have you ever been convicted of a felony?  | _____ | _____ |
| 2. Have you ever been arrested or convicted of or charged with a criminal or civil offense and/ or convicted or charged with possession, distribution or use of a controlled substance or dangerous drug? | _____ | _____ |
| 3. Have you ever been denied a license or certification or been denied approval to take a licensing examination?  | _____ | _____ |
| 4. Have you ever been the subject of an administrative action or proceeding relating to a professional license or certification?  | _____ | _____ |
| 5. Have you ever surrendered a professional license or certification voluntarily or otherwise?  | _____ | _____ |
| 6. Have you ever been charged with unprofessional conduct or professional incompetence?   | _____ | _____ |
| 7. Do you have a medical condition that in any way impairs or limits your ability to deliver essential social work services?  | _____ | _____ |
| 8. Do you use any chemical substance(s) (including prescriptions) which in any way impairs or limits your ability to deliver essential social work services?  | _____ | _____ |

**If the answer to any question 1 through 8 is "Yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstances or contain an order, agreement or other disposition are required.**

**9. Child Support Information-Please check appropriate answer-It is mandatory that you answer this question.**

- a. \_\_\_ I am not subject to a court order for the support of a child
- b. \_\_\_ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- c. \_\_\_ I am subject to a court order for the support of one or more children and am **not** in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

I have read all questions, answers and statements and know the contents thereof. I hereby certify under the penalty of perjury that the information furnished on this document is true and correct.

I hereby authorize the Board of Examiners for Social Workers, its agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualifications and reputation, as it may deem necessary, proper or desirable. No liability of any sort or kind shall attach itself to the said Board of Examiners for Social Workers, its members, servants or employees or by reason of the use of the authorization.

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Signature of Applicant

Notary Seal

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_  
Month/Year

\_\_\_\_\_  
Signature of Notary

Notary Public for State of \_\_\_\_\_

My commission expires \_\_\_\_\_



State of Nevada  
Board of Examiners for Social Workers  
4600 Kietzke Lane – C-121 Reno, NV 89502

**Applicant: Complete the top portion of this form and send it to each state in which you are or have been certified, registered or licensed.** The agency issuing the license, registration or certification should complete the form and return it directly to this office. Some states require a fee for this service.

The Nevada State Board of Examiners for Social Workers has received an application for social work license from:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

1. Is this individual currently certified, licensed or registered in your state? Yes \_\_\_\_ No \_\_\_\_  
If yes, Date of issue: \_\_\_\_\_ Expiration date \_\_\_\_\_ At What level? \_\_\_\_\_

2. Is the license currently in good standing? Yes \_\_\_\_ No \_\_\_\_

3. What was the basis for certification or licensure in your state? Endorsement \_\_\_\_ Exam \_\_\_\_  
Grandfathered \_\_\_\_\_

If licensed by exam, please complete the following:

Was exam ASWB ? Yes \_\_\_\_ No \_\_\_\_ Examination Level \_\_\_\_\_

Passing Score \_\_\_\_\_ Applicant's Score \_\_\_\_\_ Examination Date \_\_\_\_\_

Were postgraduate supervised hours a requirement for licensure or certification? Yes \_\_\_\_ No \_\_\_\_

If yes, what was the requirement? \_\_\_\_\_

If yes, what were the qualifications for the supervisor(s) \_\_\_\_\_

If yes, how often did the supervisor and applicant meet? \_\_\_\_\_

4. Has this certification/license ever been suspended, revoked, restricted or otherwise encumbered?

Yes \_\_\_\_ No \_\_\_\_ If yes, please explain: \_\_\_\_\_

5. Has this individual ever been the subject of any disciplinary action? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

6. Are there any unresolved complaints pending against this individual? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
Signature State

\_\_\_\_\_  
Title Date

Seal