

REGULAR OR CLINICAL APPLICATION REQUEST BSW/MSW
MUST HAVE PASSED ASWB EXAM PREVIOUSLY

Date Received: _____ NEW WV Lic: _____ Upgrade to WV License: _____

Name: _____
(Include **any last name** or hyphenated name **ever used** since graduation with BSW/MSW)
Address: _____

Daytime Telephone Number: (_ _) : _ _ _ - _ _ _ _
Email Address (Optional): _____

Fax Number (Optional): (_____) : _ _ _ - _ _ _ _

Provide the following information:

- 1) **Level of degree earned (BSW or MSW)** from a program that was/is accredited by the **Council on Social Work Education**? BSW ___ MSW ___
- 2) Earned from College/University: BSW _____ MSW _____
- 3) Month/Year Graduated: BSW _____ MSW _____
- 4) Are you now or have you **ever been** licensed as a social worker in **any State**?
Yes ___ NO ___ if YES: **Name all states including WV** and date of expiration of WV license if applicable: _____
- 5) Indicate the highest level of ASWB exam passed in any state? (circle one)
A: Basic/Bachelor B. Masters/Intermediate C. Advanced D. Clinical
- 6) If previously licensed in WV, did the license Expire or was it Inactivated by application? Exp Date: _____ (Mo/YR) Inactivated: _____ (Year)
- 7) What year were you last actively licensed and performing social work in WV if **previously** licensed in WV? _____
- 8) Are you applying for LSW, LGSW, LCSW (Certified), or LICSW? _____
- 9) If applying for Independent Clinical level (LICSW) have you completed at least two year's post-master's clinical experience while under the supervision of a LICSW; and received a minimum of one-hundred (100) hours of supervision?
_____ (yes or no) attach any additional comments or helpful information.

Fax to: WVBSWE: 304-558-4189 or mail to: PO Box 5459-Charleston, WV 25361 or email responses to: jwilliams@wvsocialworkboard.org or bswe2@charter.net