

WEST VIRGINIA BOARD OF SOCIAL WORK

P.O. Box 5459 Charleston, WV 25361 Phone: (304) 558-8816 Fax: (304) 558-4189
www.wvsocialworkboard.org



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Temporary Social Work Permit Application

Enclosed you will find the application for a *temporary Social Work Permit* for BSW or MSW students and/or graduates that have never attempted the Association of Social Work Boards or been licensed with a permit before. The “student” must be enrolled in the **final semester** of a University Social Work program that is accredited by the Council on Social Work Education (hereinafter referred to as “CSWE”) to be eligible to apply. This application is for a BSW or MSW graduate or student enrolled in the final semester prior to graduating.

PURPOSE: This application establishes the candidate’s social work education, background, and level of examination eligibility.

Review the attached application and present any questions you may have to Amy Polen, Administrative Assistant at: amypolen@wvsocialworkboard.org.

Enclosed you will find:

- 1) Application “Cover Sheet” that identifies the candidate and provides the necessary contact information to set up a file and pre-approval to ASWB for exam registration.
- 2) Part II: Education: To report the school, degree, CSWE accreditation, and graduation date. A statement or equivalent communication must be submitted to the Board office by fax or mail to verify a student is enrolled in the final semester. Graduates shall provide a completed official university BSW or MSW transcript as soon as available from the school.
- 3) Part III: Background Personal Information: Answer yes or no to each question and include detailed explanations where required for a “Yes” response.
- 4) Part IV: Professional References: Review the definition and have three professional individuals complete a Reference Form on your behalf. Anyone that performs in a profession or has retired from professional life that not related to the candidate may provide a recommendation. Three professional references are required.

Complete each part of the application and submit with the following:

- 1) **FEE:** Attach a personal check or money order payable to: WV Board of Social Work in the amount of \$50.00 for the permit fee. Fees are not payable by credit card at this time.
- 2) **Copy of Official Government Identification:** Drivers License, Military ID, Passport, etc.
- 3) **Official BSW/MSW transcript or letter of good standing** from your college or university (see Part II-Page 4).

What to expect: Allow up to **fifteen business days** for processing the Temporary Social Work Permit and accompanying material.

TEMPORARY SOCIAL WORK PERMIT APPLICATION

Name: _____

Home Mailing Address: _____

(Street or P.O. Box)

(Apt. #)

(City)

(State)

(Zip Code)

Home Phone: _____ Cell: _____

E-Mail: _____

Social Security #: _____ Birth date: _____

*****Submit a copy of your Drivers License, Military ID, Passport, or other official Government Document in order for us to accurately submit your approval to the Association of Social Work Boards (ASWB).*****

Are you currently seeking work or employed? YES: _____ NO: _____

IF YES: Employer Name: _____

Job Title: _____

Office Address of Employer: _____

Office Telephone: _____ Ext: _____ Fax Number: _____

Complete all appropriate sections of this application and provide documents as specified.

*****For Board Use Only*****

TEMPORARY PERMIT LICENSE TO TEST BSW: _____ MSW: _____

Level of Exam: _____

2 YEARS POST: _____

SWP #: _____ OID #: _____

ISSUE DATE: _____ EXPIRATION: _____

**ATTACH: PERSONAL CHECK OR MONEY ORDER for
FIFTY (\$50.00) DOLLARS PAYABLE TO WV BOARD OF SOCIAL WORK**

ALLOW UP TO 15 BUSINESS DAYS TO PROCESS

PART II: SOCIAL WORK DEGREE VERIFICATION

Complete this part if you are enrolled in the final semester leading to graduation with BSW or MSW:

1. _____ I am currently a student in good standing, enrolled in the final semester at a CSWE accredited university social work program. I am scheduled to graduate on:
_____ from _____
(Date of Graduation) (Name of College/University)

I will graduate with a: **Bachelor's degree in Social Work (BSW)** _____
Master's degree in Social Work (MSW): _____

- The University has provided a listing of graduates to the Board to verify my standing and anticipated graduation date: _____
- **I have enclosed a statement from the University** Social Work Department to verify my social work degree, and pending date of graduation: _____

Mark the item that applies and attach appropriate verification:

[The complete official transcript must be sent to the Board office after graduation and posting of degree award date. It is the responsibility of the applicant to follow up with this requirement].

Complete this part if you have already graduated with BSW or MSW degree:

2. I have graduated with my CSWE accredited **BSW:** _____ or **MSW:** _____ degree
from _____
(Name of University)

Graduation Date: _____
(month/day/year)

Please mark the appropriate answer:

- The official college transcript(s) **will be mailed** directly from the school: _____
- The official college transcript(s) **is enclosed with this application:** _____

IMPORTANT: *Copies or facsimiles of college transcripts will not be accepted* in place of the "official" college transcript. The Social Work degree and graduation date must be posted on the complete official document.

BACKGROUND QUESTION AND ANSWER DATA

All questions must be answered and additional documentation submitted as indicated.

1. Do you have a Social Work Degree (BSW or MSW) **OR** are you in the final semester of a Social Work Program that is fully accredited by the Council on Social Work Education (CSWE)?
YES: _____ NO: _____

2. Do you have an MSW degree from a CSWE-Accredited school **and** two years post social work experience after earning the degree? YES: _____ NO: _____

3. Are you currently, or have you ever been licensed as a social worker in West Virginia or any other state? YES: _____ NO: _____
If YES list license number: _____ and expiration date: _____

4. Have you ever filed a provisional or other type of application with the WV Board of Social Work Examiners in the past? YES: _____ NO: _____

5. Have you ever held a license as a professional in any discipline in any state that was revoked, suspended or disciplined in any manner?
YES: _____ NO: _____
(IF YES, ATTACH A DETAILED RESPONSE FOR FULL BOARD REVIEW).

6. **Have you ever been convicted of a felony crime in any jurisdiction?**
YES: _____ NO: _____
(If you answer YES, you must attach a detailed response and submit copies of all legal and court records relating to the conviction and enclose a criminal background report from the County/State in which you were/are a resident).

7. Do you have a physical or psychological impairment that could interfere with your ability to perform your profession including: (1) Physical disease or condition; (2) Mental or emotional disorder or condition; or (3) Alcohol or other substance abuse or addiction?
YES: _____ NO: _____
(If you mark YES submit a detailed response and a statement from your physician or treatment professional regarding your ability to perform social work duties).

8. If you have child support payment obligations, are you more than six (6) months in arrears with this obligation? YES: _____ NO: _____

9. Are you a self-employed social worker and if so provide the name of your business under which you use your social work license? YES: _____ NO: _____
If applicable, enter business name: _____

10. If you are self-employed in a business that requires you to hold a valid social work license and under which you have premium obligations to the WV Worker's Compensation Fund, **are you in default** with premiums to WVWC at this time? YES: _____ NO: _____

Sworn Statement: "Under penalty of perjury, I declare that the foregoing statements and those in any required accompanying documents are true. I understand that any false information may be cause for denial or loss of the credential. I hereby certify that I have personally completed this entire document. I understand that the WVBSWE has the authority to verify any and all information offered herein."

SIGNATURE: _____ **DATE:** _____

PROFESSIONAL REFERENCES

Provide three recommendations from professional individuals NOT RELATED TO YOU BY BLOOD, or MARRIAGE; may not include other close party such as house mate or partner. The three references do not necessarily have to be from past or present employees and are not limited to Social Work professionals. References are required to confirm the applicant merits the public trust to the best of their knowledge. **The “professional” is a person usually licensed or certified by a particular authority who performs in a learned profession where long and intensive academic preparation is a prerequisite.** These forms may be copied and distributed (faxed copies will be accepted) and enclosed with the rest of the application material.

TO BE COMPLETED BY THE PROFESSIONAL RECOMMENDING THE APPLICANT:

I am filing a recommendation for : _____
(Name of applicant)

My name & profession: _____
(Name) (Profession)

- I have known the applicant: FROM: _____ TO: _____
- Extent of knowledge of his/her professional/ethical behavior: LIMITED: _____
MODERATE: _____ THOROUGH: _____
- Do you certify that this applicant is of good moral character? YES: _____ NO: _____

Extent of Endorsement:

WITHOUT RESERVATION: _____ WITH RESERVATION: _____ NO RECOMMENDATION: _____

In recommending this applicant, I understand that the information offered here is subject to verification by the WV Board of Social Work Examiners.

Signature: _____ Date: _____
Employer: _____ Daytime Phone: _____ I am Retired: _____

THE INDIVIDUAL FILLING OUT THIS REFERENCE MAY NOT BE RELATED TO THE APPLICANT.

TO BE COMPLETED BY THE PROFESSIONAL RECOMMENDING THE APPLICANT:

I am filing a recommendation for : _____
(Name of applicant)

My name & profession: _____
(Name) (Profession)

- I have known the applicant: FROM: _____ TO: _____
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My name & profession: _____
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- Extent of knowledge of his/her professional/ethical behavior: LIMITED: _____
MODERATE: _____ THOROUGH: _____
- Do you certify that this applicant is of good moral character? YES: _____ NO: _____

Extent of Endorsement:

WITHOUT RESERVATION: _____ WITH RESERVATION: _____ NO RECOMMENDATION: _____

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Signature: _____ Date: _____

Employer: _____ Daytime Phone: _____ I am Retired: _____

THE INDIVIDUAL FILLING OUT THIS REFERENCE MAY NOT BE RELATED TO THE APPLICANT.

Mail the application and required attachments to:

**WV BOARD OF SOCIAL WORK
P.O. BOX 5459
CHARLESTON, WV 25361**

www.wvsocialworkboard.org

304-558-8816

Fax: 304-558-4189

Questions: Contact Amy Polen: amypolen@wvsocialworkboard.org

DO NOT ATTEMPT TO MAIL ANY ITEMS DIRECTLY TO THE CAPITOL OFFICE