APPLICATION FOR LISW LICENSURE

Please type or print all information. Incomplete applications will be returned. When space provided is insufficient, attach additional sheets, with your name and Social Security number on each sheet. You must submit a non-refundable certified check or money order for $45.00 made payable to LLR-Board of Social Work Examiners along with this application.

Check which level of LISW licensure you are applying for: ( ) Clinical ( ) Advanced

Name:_____
Last First Middle Former

Mailing Address:_____
Street Apt. #

_____
City County State Zip Code

Phone: Home- **( )**_____ **Date of Birth:**_____
Office-**( )**_____
Sex:_____ **Race:**_____

Name as it appears on your driver's license or photo identification card:

_____
First Middle Last

EDUCATION:

University:_____ University:_____ University:_____
Location:_____ Location:_____ Location:_____
Dates:_____to_____ Dates:_____to_____ Dates:_____to_____
Degree:_____ Degree:_____ Degree:_____

EMPLOYMENT: List present employer only

Name of Agency:_____

Mailing Address of Agency:_____

Your Job Title:_____ Date(s) of Employment:_____

Name of Supervisor:_____ Supervisor's Title_____

Supervisor's Phone Number:_____

Please answer the following questions:

1. Have you ever taken the ASWB national examination? _____YES _____NO
   If so, please indicate under which name, exam level, date you took exam, and the results.
   _____

2. Do you hold or have you ever held a license, certificate or registration in social work in any other state? _____YES_____NO
   If yes, complete the section below:

   State:_____ Date Issued:_____ Current Status: Active: Yes ( ) No ( )
   Type: ( ) License ( ) Certification ( ) Registration
   A Verification of Licensure form must be received from each state in which you are or have been licensed.

3. Have you previously applied for licensure as a social worker in South Carolina? ____YES____NO
If so, please indicate when, level applied for, and name on the license. This includes temporary licensure and/or permanent licensure at the LBSW, LMSW, or LISW level.

_____

4. Have you ever applied for and been denied a license, certificate or registration in social work in another state?____YES____NO

5. Do you now hold or have you ever held a license, certificate or registration in social work that has been subject to disciplinary proceedings before a state regulatory body or had your license, certificate or registration suspended, revoked or limited in any way? ____YES_____NO

6. Have you ever been the subject of an inquiry by the Committee on Inquiry, or comparable committee, of the National Association of Social Workers, a state NASW Chapter, the National Federation of Societies for Clinical Social Work, a state Society for Clinical Social Work or any other regulatory committee of a professional association?____YES____NO

7. Have you ever been convicted or pled guilty or pled nolo contendere to a criminal offense, other than a minor traffic violation? ____YES____NO
If yes, please attach a copy of court document(s) pertaining to your conviction, guilty plea or nolo contendere plea.

8. Are you currently or have you in the last 5 years been addicted to or used in excess, any drug or chemical substance including alcohol? ____YES____NO

9. Are you currently being treated or have you in the last 5 years been treated for a drug or alcohol abuse or participated in a rehabilitation program?____YES____NO

10. Do you currently have any disease or condition, including any disease or condition generally regarded as chronic by the medical community, i.e. mental or emotional disabling condition; alcohol or other substance abuse; and/or physical disease or condition, that may presently interfere with your ability to competently and safely perform the essential functions involved in practice as a social worker? ____YES____NO

11. Have you ever been involuntarily terminated from any social work or related employment? ____YES____NO

IF THE ANSWER TO ANY OF THE QUESTIONS #4 THROUGH #11 IS YES, PLEASE IDENTIFY BY NUMBER AND EXPLAIN FULLY, USING A SEPARATE SHEET. BE SURE TO PUT YOUR NAME AND SOCIAL SECURITY NUMBER ON EACH SHEET.

STATEMENT OF APPLICANT

Should I furnish any false information on this application or on any supporting document or material, I understand that such an act shall constitute cause for denial of my application or revocation of my social work license. I also understand that as a licensed social worker, I am governed by the Code of Professional Conduct and by Section 40-63-110 of the licensure law, both of which I have read and understand.

Date:_____ Signature of Applicant:_____

* If you have any disabilities (per the American Disabilities Act) of which the Board needs to be aware, please contact the Board office.

Send application to: **LLR, S.C. Board of Social Work Examiners**
PO Box 11329
Columbia, SC 29211-1329

********TO CHECK THE STATUS OF YOUR APPLICATION GO TO THE BOARD'S WEBSITE AT WWW.LLR.STATE.SC.US .**

South Carolina Department of Labor, Licensing and Regulation
PO Box 11329
Columbia, SC 29211

AFFIDAVIT OF ELIGIBILITY

Pursuant to Section 8-29-10 SC Code of Law, **ALL** applicants for a South Carolina license after July 1, 2008 are required to complete and sign this Affidavit of Eligibility.

Section A: LAWFUL PRESENCE in the United States.

I, (please print your full name) _____, swear or affirm under penalty of perjury under the laws of the State of South Carolina that (check 1, 2 or 3 below):

1. ___ I am a United States citizen or legal permanent resident eighteen years of age or older; or

2. ___ I am not a US citizen but am lawfully present in the US as evidenced by one of the following
   a. ___ I am a qualified alien as defined in 8 U.S.C. sec 1641, eighteen years of age or older.
   b. ___ I am a nonimmigrant under the "Immigration and Nationality Act," Federal Public Law 82-414 as amended, eighteen years of age or older.

3. ___ I am not physically present in the US under 8 U.S.C. sec 1621 (c) (2) (c) or employed in the US pursuant to 8 U.S.C. 1621 (c) (2) (a) (check either a or b below):
   a. ___ I am a US citizen, not physically present or employed in the United States.
   b. ___ I am a Foreign National, not physically present or employed in the United States.

If you selected either 3.a. or 3.b., you do not need to complete Section B. Skip to Section C.

Section B: Secure and Verifiable Document. This section must be completed if you checked number 1 or 2 in Section A.

1. Please check one of the following acceptable secure and verifiable documents. Complete documentation must be provided **upon request only.**

- ☐ Any South Carolina Driver License, South Carolina Driver Permit or South Carolina Identification Card, expired less than one year.
- ☐ Out-of-state issued photo Driver's License or photo identification card, photo driver's permit expired less than one year. State: _____
- ☐ Valid Temporary Resident Card
- ☐ Certificate of Naturalization with intact photo
- ☐ Certificate of (US) Citizenship with intact photo
- ☐ Other: (Name of verifiable document) _____

2. Enter the state or the federal agency name where this secure and verifiable document was issued.

_____
(If issued by a state agency, include both the state and agency name.)

3. What is the secure and verifiable document number? _____

_____/_____/_____

Social Security Number

4. What is the expiration date of your secure and verifiable document? _____/____/_____ (month/day/year)

(If you hold a document without an expiration date, such as a military ID or naturalization certificate, write N/A.)

Section C: Attestation.

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States. I may also be required to provide proof of lawful presence.
- I understand that in accordance with section 8-29-10 false statements made herein are punishable by law. I state under penalty of perjury that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Labor, Licensing and Regulation upon request and is subject to verification.

_____ _____

Signature Date

_____

Please print your name as shown on your secure and verifiable document.

Professional License Type: _____

License Number (if already licensed): _____

The South Carolina Code of Laws requires that every individual who applies for an occupational or professional license provide a social security or alien identification number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

ATTENTION CHECK WRITERS!!!

WE GLADLY ACCEPT YOUR CHECKS.
WHEN YOU PROVIDE A CHECK AS PAYMENT, YOU AUTHORIZE US TO USE INFORMATION FROM THE CHECK TO MAKE A ONE-TIME ELECTRONIC FUND TRANSFER FROM YOUR ACCOUNT, OR TO PROCESS THE PAYMENT AS A CHECK TRANSACTION.

YOU AUTHORIZE US TO COLLECT A FEE THROUGH ELECTRONIC FUND TRANSFER FROM YOUR ACCOUNT IF YOUR PAYMENT IS RETURNED UNPAID.