



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Social Work Examiners

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11329 • Columbia • SC 29211-1329

Phone: 803-896-4664 • Contact.SocialWork@llr.sc.gov • Fax: 803-896-4719

llr.sc.gov/sw

2022-2024 SOCIAL WORK RENEWAL APPLICATION

Renewal Instructions/Requirements:

- Renewal fee of \$90 in the form of a check or money order (no cash) made payable to LLR-Board of Social Work Examiners (All fees are non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.)
- **Renewal / Late Fee:**
Renewed/postmarked on or before 12/31/2022: **\$90 Renewal Fee**
Renewed/postmarked 1/1/2023 - 1/31/2023: Late Fee \$50 + Renewal Fee \$90 = **\$140**
- **If your application is postmarked February 1, 2023 or later, your license is lapsed and must be reinstated. Practice is not allowed after December 31, 2022, until a valid renewal or reinstatement form has been completed and accepted.**
- **Complete all questions and fill in blanks on this renewal application. Incomplete renewal applications will be returned. If an item is not applicable, answer N/A.** Please enter new changes to addresses, congressional districts, etc., and provide any additional information as requested.

If you would like your name added to the SC Statewide Emergency Registry of Volunteers, please visit:

www.scserv.gov.

LICENSEE INFORMATION

SC License No.: _____

First Name: _____ Middle: _____ Last: _____

Since you were licensed, have you legally changed your name? Yes No Prior Name: _____

If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

(If different than above)

Phone No.: _____ Email: _____

PRACTICE INFORMATION

Current Activity Status (check one only):

- | | |
|--|---|
| <input type="checkbox"/> Active Practice, in SC | <input type="checkbox"/> Active Practice, Out-of-State: _____ |
| <input type="checkbox"/> Active Practice, Volunteer Work Only | <input type="checkbox"/> Not Currently Practicing, Disabled |
| <input type="checkbox"/> Not Currently Practicing, Seeking Licensed Practice | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Not Currently Practicing, Not Seeking Licensed Practice | <input type="checkbox"/> Other: _____ |

Total Number of Employers: _____ Total Estimated Hrs. Per Week (all practice locations): _____

Primary Practice Location

Name of Practice: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Location: County: _____ Zip Code (if different): _____

Phone: _____ Estimated Hrs. Per Week: _____

Estimated percent of weekly hours providing services via tele-health (check one only):

- N/A 1 - 10% 11 - 25% 26 - 50% 51 - 75% 76 - 90% 91 - 100%

Current Form of Practice (check one only):

- | | | |
|--|---|---|
| <input type="checkbox"/> Self Employed, Solo | <input type="checkbox"/> Self Employed, Partner/Group | <input type="checkbox"/> Partnership Practice |
| <input type="checkbox"/> Employed, Indiv. Practitioner | <input type="checkbox"/> Employed, Practice Group | <input type="checkbox"/> Employed, Corporate Entity |
| <input type="checkbox"/> Non-Profit Agency | <input type="checkbox"/> Federal Government | <input type="checkbox"/> State Government |
| <input type="checkbox"/> County Government | <input type="checkbox"/> Local Government | <input type="checkbox"/> School District |
| <input type="checkbox"/> Other: _____ | | |

Current Practice Setting (check one only):

- | | |
|---|--|
| <input type="checkbox"/> Academic Setting (Instruction/Research) | <input type="checkbox"/> Mental Health Center |
| <input type="checkbox"/> Community Services | <input type="checkbox"/> Physician/Medical Office |
| <input type="checkbox"/> Criminal Justice/Corrections/Legal System | <input type="checkbox"/> Policy/Planning/Reg/Licensing Agency/Advocacy |
| <input type="checkbox"/> Dialysis Center (Freestanding) | <input type="checkbox"/> Private Office |
| <input type="checkbox"/> Federal Outpatient Clinic (FQHC, VA, MIL) | <input type="checkbox"/> Public Health Dept. |
| <input type="checkbox"/> Group Assigned/Staffing Agency | <input type="checkbox"/> Residential Care/Assisted Living Setting |
| <input type="checkbox"/> Health Industry/Insurance - Support Services | <input type="checkbox"/> Rural Health Center |
| <input type="checkbox"/> Home Care (including Home Health & OP Hospice) | <input type="checkbox"/> School/College Health or Social Services |
| <input type="checkbox"/> Hospice (Inpatient Only) | <input type="checkbox"/> Substance Abuse Treatment Facility/Clinic |
| <input type="checkbox"/> Hospital – Outpatient Services | <input type="checkbox"/> Other – Government Social Services |
| <input type="checkbox"/> Hospital – Psych/Rehab/Sub-Acute | <input type="checkbox"/> Other – Social Service Agency |
| <input type="checkbox"/> Hospital – General/Acute Care | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Long term care/Nursing Home/Other Inst. | |

CONTINUING EDUCATION

Each licensee is required to obtain a minimum of 40 clock hours of CE hours during this renewal period. A minimum of 20 of the 40 hours must be specifically provided by trained social workers (a person with a BSW, MSW or Doctorate degree in social work) and a maximum of 20 CE hours may be provided by non-social workers (i.e. psychologists, LPCs, etc.). **Please Note:** Graduate level courses or training within board parameters obtained within the past two years (January 1, 2021 through December 31, 2022), regardless of whether or not you were licensed as a social worker, count as meeting the CE requirements.

DO NOT submit any CE documentation to the Board’s office. The Board will not maintain copies of your CE documentation. Licensees are required to submit their continuing education hours to CE Broker prior to renewing. You may activate your free CE Broker account using the following link: www.cebroker.com/sc/account/basic.

You will not be required to list CE activities on this renewal form; however, the Board will conduct a random, mandatory audit of CE.

Affirmation of Continuing Education

I affirm that I have obtained a minimum of 40 clock hours of social work related CE hours.

A minimum of 20 of the 40 hours have been specifically provided by a trained social worker: (a person with a BSW, MSW, or a Doctorate in social work) during this renewal period, January 1, 2021 – December 31, 2022.

- Yes No

DISCIPLINARY QUESTIONS

If you answer “Yes” to any of the questions below, submit a detailed letter of explanation along with any other relevant documentation. If this is your first renewal since your initial license, the response should be from the time the license was granted.

1. Since you last renewed your license, have you been convicted, pled guilty, or pled nolo contendere (no contest) to a felony, or a crime involving drugs or moral turpitude? Yes No
2. Since you last renewed your license, have you had an application for a professional license, examination, certification or registration denied or refused by any licensing board or other entity or have you ever surrendered a professional license? Yes No

3. Do you currently have a physical or mental impairment or disability, including alcohol or other substance abuse that may render further practice dangerous to the public? Yes No
4. Since you last renewed your license, have you been treated for a drug or alcohol addiction or participated in a rehabilitation program? Yes No
5. Since you last renewed your license, have you had any investigation, formal complaint, disciplinary action or consent order filed against you by any person, employer, or licensing board in any jurisdiction? Yes No
6. Since you last renewed your license, have you resigned from any employment in lieu of disciplinary action? Yes No

ELIGIBILITY

Has there been any change in the status of your lawful presence in the United States since initial licensure? Yes No

ATTESTATION

I HEREBY swear/affirm I have read all questions on this renewal application and have answered truthfully, accurately and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina licensure.

Signature: _____ Date: _____

PRIVACY NOTICE

South Carolina law requires the agency to collect personal information which is only disseminated as required by law. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on your renewal application and other documents on file may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical purposes.