



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

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

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[www.llronline.com/POL/SocialWorkers/](http://www.llronline.com/POL/SocialWorkers/)



**APPLICATION FOR LICENSURE IN SOCIAL WORK**

**Select the types license you are applying for:**

- Baccalaureate Level Social Worker (LBSW)**
- Master Level Social Worker (LMSW)**
- Licensed Independent Social Worker (LISW)**

*Clinical Practice*  
*Advance Practice*

**Include with your application:**

- Check or money order in the amount of \$45 made payable to LLR-Board of Social Work examiners  
 Application fee is non-refundable. A returned check fee of up to \$30, or an amount specified by law, **may** be assessed on all returned funds.
- Copy of your valid driver’s license, state issued ID, passport or military ID
- Copy of your social security card
- Legal documentation for name change

**LISW Only:**

- Supervision Contract

**Have submitted directly to the Board office address above from the issuing agent:**

- Official Transcripts
- Test Scores from the Association of Social Work Boards (ASWB)
- License Verification(s) from other State Boards, if applicable

**I. APPLICANT INFORMATION**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

Have you ever had a legal name change?     Yes     No            Maiden Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Place of Birth (City, State or Country): \_\_\_\_\_

Race: \_\_\_\_\_ Gender:     Female     Male  
 (For statistical purposes only)

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ District: \_\_\_\_\_ *Congressional District (SC Residents Only)*

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(If different than above)

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**II. CURRENT EMPLOYMENT INFORMATION**

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor/Title: \_\_\_\_\_ Supervisor’s Phone: \_\_\_\_\_

**III. PROFESSIONAL EDUCATION INFORMATION**

Contact your graduate school and have an official transcript that reflects the conferred date sent directly to the Board.

You must have graduated from a school that is accredited by the Council on Social Work Education. Visit [www.cswe.org](http://www.cswe.org) to confirm this information before submitting your application.

Institution/Program	LOCATION (City and State or Country)	Attendance Dates (MM/YR – MM/YR)	Graduation Date	Degree Earned

**IV. RECORD OF LICENSURE**

List all states in which you have been licensed in for any social work profession; regardless of status: Active, Inactive, Expired, Training etc. Send the “Verification of Social Work License” form to each state if you are licensed, currently or were previously in another state”. We provide a License Verification Form as a courtesy; however, we will accept a state board issued form. Attach additional sheet if needed.

State	License Number	Date of Original License	Type of Licensure Certificate, Registration, or License	Status of License Current, lapsed, disciplined, etc

**V. RECORD OF EXAMINATION**

Complete the requested information below if licensure examination was taken in this state or any other state. Contact ASWB.org and have your exam scores sent to the board.

ASWB National Exam / Level	Location (State)	Date of Exam

**VI. PERSONAL HISTORY INFORMATION**

Answer all the questions below; you are required to include a detailed written statement of explanation with your application for any “Yes” answers. If you answer “Yes” to a conviction; you will also need to describe any pending charges in addition to the criminal background check from your state of residence (i.e., SLED, etc.).

- Have you previously applied for licensure as a social worker in SC? YES      NO
- Have you ever applied for and been denied a license, certificate or registration in social work in another state? YES      NO
- Has your social work license, certificate or registration in another state ever been revoked, suspended, reprimanded, restricted, disciplined, or placed on probation by a state regulatory board or other entity? YES      NO
- 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

- |   |     |    |
|---|-----|----|
| 5. Have you ever been convicted of or pled guilty or pled nolo contendere to a criminal offense? (You may exclude minor traffic violations, expunged or pardoned crimes and juvenile court convictions.)                              | YES | NO |
| 6. Are you currently addicted to or do you excessively use and drug or chemical substance including alcohol?  | YES | NO |
| 7. Are you currently being treated for drug or alcohol abuse or participating in a rehabilitation program?  | YES | NO |
| 8. Do you currently have any physical, mental or emotional disease or condition that may presently interfere with your ability to competently and safely perform the essential functions involved in the practice as a social worker? | YES | NO |
| 9. Have you ever been involuntarily terminated from any social work or related employment?  | YES | NO |

**PRIVACY DISCLOSURE**

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security 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.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. 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 the application 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 services.

**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 Principles of Professional Ethics and by SC Code Sections 40-63-5 to 300, all which I have read and understand.

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

\_\_\_\_\_  
Date



STATE OF SOUTH CAROLINA  
DEPARTMENT OF LABOR, LICENSING AND REGULATION  
**VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES**  
**AFFIDAVIT OF ELIGIBILITY**



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

**Section A: LAWFUL PRESENCE in the United States.**

The undersigned \_\_\_\_\_, of \_\_\_\_\_  
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)  
being first duly sworn deposes and states as follows:

**Check only one box:**

1.  I am a United States citizen; or

2.  I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3.  I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4.  Other: \_\_\_\_\_ Please submit any documentation that supports this status.

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

Alien Number: \_\_\_\_\_ I-94 Number: \_\_\_\_\_

**(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)**

**Section B: ATTESTATION.**

**I understand** that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

**I understand** that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

**I swear and attest 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.**

\_\_\_\_\_  
Signature of Affiant

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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

\_\_\_\_\_  
Print Name

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

### **CHECK box 1:**

If you are a United States Citizen by birth or naturalization

### **CHECK box 2:**

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **CHECK box 3:**

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **ACCEPTED IMMIGRATION DOCUMENTS:**

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)