

The Commonwealth of Massachusetts
Division of Professional Licensure
Board of Registration of Social Workers
c/o ASWB
P.O. Box 1508
Culpeper, VA 22701
(866) 527-2384

Instructions for Social Worker Licensure Application Update

(An application approval and examination authorization must have been in effect within the past 12-months)

General Information:

The Association of Social Work Boards (ASWB) processes social work licensing applications on behalf of the Commonwealth of Massachusetts Board of Registration of Social Workers, as authorized by the Division of Professional Licensure.

Forms and fees should be submitted to **ASWB, Attn: Massachusetts Application, P.O. Box 1508, Culpeper, VA 22701**. Do not send forms to the Board of Registration of Social Workers. Please read these instructions thoroughly before completing the attached application forms.

- Update applicants for licensure in Massachusetts must have **previously applied and been approved** to register for the ASWB examination.
- If special accommodations are required, contact ASWB at 1-866-527-2384 to request the applicable forms. The Application for Disability Accommodations must be submitted to ASWB, Attn: CRC, P.O. Box 1508, Culpeper, VA 22701. Copies of the forms are also available at www.aswb.org.
- Type or print your information in blue or black ink. Illegible information may result in delays.
- Provide a response to each piece of information requested. Use "N/A" for questions that do not apply.
- Your name **MUST** match your name as it appears on one current, valid non-expired government issued photo-bearing ID.
- Double-check spelling of names and institutions and verify that dates are accurate.
- Incomplete applications or applications submitted without the appropriate fee will be returned.
- Make a copy of your completed application for your records.
- If you have any questions, contact the ASWB at **1-866-527-2384**, 8:30 a.m. to 5:00 p.m. eastern time, Monday-Friday, or by email at mass.sw.app@aswb.org.

Fees:

Application fees are listed on page 4. Application fees must be submitted with **this** application. Licensure fees will be assessed and collected **after** the applicant has met all licensure requirements. **Acceptable methods of payment are certified check, money order or credit card (VISA, MasterCard or Discover)**. Please note that personal checks are **not** accepted. All fees are payable to ASWB in U.S. dollars only, are non-refundable and are subject to change.

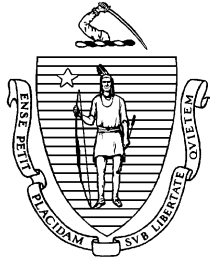
Applicant Information:

The following is required for applicants whose 12-month authorization expired **within the past 12-months** and who are requesting an additional 12-month window to sit for the ASWB exam:

- Application, signed and **notarized (the signature date must correspond to date of notarization)**
- Payment by certified check or money order, payable to ASWB; or credit card information

Applicants will be notified by mail when the application has been approved or disapproved. If approved, applicants will also receive information regarding registering for the ASWB examination and a Candidate Handbook that explains the procedure. Applicants may not take the examination until the application has been approved.

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License Level applying for:	<input type="checkbox"/> Licensed Independent Clinical Social Worker (LICSW) <input type="checkbox"/> Licensed Certified Social Worker (LCSW) <input type="checkbox"/> Licensed Social Worker (LSW) <input type="checkbox"/> Licensed Social Work Associate (LSWA)
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Application Type:	<input type="checkbox"/> New Applicant <input type="checkbox"/> Reciprocity Applicant
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Special Accommodations Required?	<input type="checkbox"/> Yes (see instructions on page 1) <input type="checkbox"/> No
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Identification & Contact Information

Last Name:	First:	Middle:	
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NOTE: For examination purposes, your name must match your name as it appears on one current, valid non-expired government issued photo-bearing ID. If you have had a legal name change, please attach pertinent documents (court order, marriage certificate, etc.) attesting to this fact.

Maiden/Other Name: _____

NOTE: Your social security number is required on page 4 of this application.

Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Birth Date: _____ Place of Birth: _____
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NOTE: The mailing address listed below will be a matter of public record. It will appear on your license and will be used for all board correspondence. The mailing address and the business address listed on page 3 may be the same.

Mailing address: _____

Email address: _____

Business phone:	()	-
Home phone:	()	-
Cellular phone:	()	-

Current Employment:

Business name:	
Current position:	
Date started:	
Business address:	_____ _____ _____

Applicant Attestations:

1. Has a licensing/certification board in any U.S. or foreign jurisdiction taken any disciplinary action against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you the subject of pending disciplinary actions by a licensing/certification board in any U.S. or foreign jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in any U.S. or foreign jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever applied for and been denied a professional license in any U.S. or foreign jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever admitted to or been convicted of a felony or misdemeanor in any U.S. or foreign jurisdiction, other than a traffic violation with an assessed fine of less than \$200?	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: please state the details of any "yes" answer on a separate sheet and attach the explanation to this application. The Board is certified by the Criminal History Systems Board [ID# MAREG G] to access data about convictions and pending criminal cases. Those records—and other Federal and professional records—may be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity to discuss any issues with the Board.

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Social Work to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts' Law. I further attest that, pursuant to G.L. c. 62C, s. 49A, to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

Applicant's signature _____ Date _____
(must be signed in the presence of a notary public; the signature date must correspond with notarization date)

Notary name (printed): _____

Notary signature: _____ Date: _____

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Notary commission expires: _____

