

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 Re-Licensure Application

For applicants **previously licensed** as Social Workers in Massachusetts with a license lapsed either:  
*More than one year, but less than two years <OR> More than two years*

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### 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.

- Licenses lapsed **less than 1 year**, contact the Board of Registration of Social Workers. **Do not use this form.**
- **Re-licensure applicants must follow the process of either Section I or Section II** (outlined below).
- 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 government issued photo-bearing ID.
- Copied/faxed documents, references and applications are not acceptable.
- Incomplete applications or applications submitted without the appropriate fee will be returned.
- Make a copy of the completed application before it is submitted to ASWB.
- Applicants will be notified by mail when the application is either approved or disapproved.
- 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: [mass.sw.app@aswb.org](mailto:mass.sw.app@aswb.org)
- LICSW applicants must review the MassHealth enrollment requirement on page 3 of this application.

### Fees

Application fees for re-licensure applicants are listed on page 8 of this application. Application fees must be submitted with this application. Licensure fees will be assessed and collected **after** the applicant has met all examination and licensure requirements. If an examination is required, ASWB's examination registration fee will be assessed and collected at the time of examination registration. **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

**Section I: Re-Licensure requirements for applicants with a license lapsed more than one (1) year, but less than two (2) years from the date of this application:**

1. Applicants must attach a written explanation to this application explaining the circumstances under which the prior license lapsed.
2. The board maintains the right to request that applicants appear before the board to explain circumstances further.
3. Applicants must demonstrate compliance with the continuing education requirements; the Continuing Education form and CE documentation must be submitted with this application. The form is included on page 13 of this application.

4. Applicants who possess a current or expired license in another jurisdiction must submit a certified licensure verification form. The verification form must be in the original, sealed envelope from the issuing jurisdiction. The form on page 9 may be used, or the issuing jurisdiction may use its own form.
5. An official, certified transcript is required if the prior license was originally issued prior to 1984. The educational requirements are listed on page 4 of this application. The transcript must be in a sealed school envelope.

### Section I Summary Checklist

Re-Licensure applicants with a license lapsed **more than one, but less than two years** must provide the following:

- Application, signed and **notarized (signature date must correspond to date of notarization)**
- Payment by certified check or money order, payable to ASWB; or credit card information
- An official transcript (if required)
- Certified license verification form from any current or prior jurisdiction (if applicable)
- Written explanation
- Continuing education form with copies of certificates
- Signed and notarized criminal history acknowledgment form (attached)

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### **Section II: Re-Licensure requirements for applicants with a license lapsed more than two (2) years from the date of this application:**

1. An appropriate qualifying examination must be taken. Examination requirements are listed on page 4 of this application.
2. Applicants may not register for the examination until this application has been approved.
3. Applicants, who have taken and passed an ASWB examination for another jurisdiction within the last two years, please indicate the date of the examination and request an official certified ASWB passing score report from ASWB (888-579-3926).
4. Applicants who possess a current or expired license in another jurisdiction must submit a certified licensure verification form. The verification form must be in the original, sealed envelope from the issuing jurisdiction. The form on page 9 may be used, or the issuing jurisdiction may use its own form.
5. An official, certified transcript is required if the prior license was originally issued prior to 1984. The educational requirements are listed on page 4 of this application. The transcript must be in a sealed school envelope.
6. If special accommodations are required for the examination, contact ASWB at 1-888-579-3926 to request the applicable forms. The Application for Disability Accommodations must be submitted to ASWB, Attn: CSC, P.O. Box 1508, VA 22701. The forms are also available at: [www.aswb.org](http://www.aswb.org)

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 link to ASWB's Candidate Handbook that explains the procedure.

### Section II Summary Checklist

Re-Licensure applicants with a license lapsed **more than 2 years** must provide the following:

- Application, signed and **notarized (signature date must correspond to date of notarization)**
- Payment by certified check or money order, payable to ASWB; or credit card information
- An official transcript (if required)
- Certified license verification form from any current or prior jurisdiction (if applicable)
- Pass the appropriate ASWB examination, or submit an official certified ASWB score report if the examination was taken for another jurisdiction within the last two years
- Signed and notarized criminal history acknowledgment form (attached)

## MassHealth Enrollment Requirement

### Additional Instructions for Applicants for Licensure as LICSW

Section 6401 of the Affordable Care Act requires that, for MassHealth services that must be ordered, referred or prescribed, the provider who ordered, referred or prescribed the service must be enrolled with MassHealth for the claim for the service to be payable.

**Licensed Independent Social Workers** are eligible to order, refer or prescribe services for MassHealth members and, under state law, must apply to enroll with MassHealth at least as ordering and referring (nonbilling) providers to obtain and maintain state licensure. Providers who are already enrolled with MassHealth have already met the requirement and do not need to take further action.

MassHealth has created a Nonbilling Provider Application for providers in provider types that are **not** eligible to enroll as fully participating providers. This application can also be used by providers who **are** eligible to enroll in MassHealth as fully participating providers but who choose not to now.

Providers who wish to apply to enroll as nonbilling providers must download the materials from the MassHealth website at <http://www.mass.gov/eohhs/provider/insurance/masshealth/aca/aca-section-6401enrollment-information.html> and send their completed and signed Nonbilling Provider Application and Nonbilling Provider Contract by mail to the MassHealth Customer Service Center (CSC) at:

MassHealth Customer Service Center  
Attn: Provider Enrollment and Credentialing  
PO Box 121205  
Boston, MA 02112-1205

Providers who enroll with MassHealth as nonbilling providers via the Nonbilling Provider Application are not fully participating MassHealth providers and are not eligible to submit claims to MassHealth.

Providers who have questions, or, if eligible, would like to request a fully participating provider application should contact the MassHealth Customer Service Center at 1-800-841-2900 with any questions or, if eligible, to request a fully participating provider application.

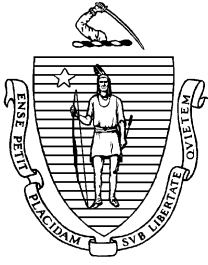
## Requirements for Social Work Licensure in Massachusetts

This is a summary; applicants must review the Massachusetts regulations for detailed requirements.

Education	Examination	Professional References	Supervision	Documented Experience
<b>LICSW</b>				
MSW, DSW or PhD in Social Work from a CSWE accredited school of social work	Clinical	Two professional references from appropriately <b>licensed</b> references (see instructions p 2)	One supervisory reference from <b>LICSW</b>	Hold current LCSW (or equivalent); two years (3,500 hours) post-LCSW documented clinical experience with 50 face-to-face supervision hours per year (100 hours total) under a LICSW
<b>LCSW</b>				
MSW, DSW or PhD in Social Work from a CSWE accredited school of social work	Masters	Two professional references *	One 2 <sup>nd</sup> year field placement supervisory reference *	None Required
<b>LSW</b>				
Bachelors degree in Social Work from a CSWE accredited school of social work	Bachelors	Two professional references *	One supervisory reference *	None required
Bachelors degree in any field	Bachelors	Two professional references *	One supervisory reference *	Two years (3,500 hours) post degree supervised experience from a BSW or MSW.
Two and a half years (75 sem/100 qtr hours) of college	Bachelors	Two professional references *	One supervisory reference *	Five years (8,750 hours) of supervised experience from a BSW or MSW
Two years (60 sem/80 qtr hours) of college	Bachelors	Two professional references *	One supervisory reference *	Six years (10,500 hours) of supervised experience from a BSW or MSW
One year (30 sem/40 qtr hours) of college	Bachelors	Two professional references *	One supervisory reference *	Eight years (14,000 hours) of supervised experience from a BSW or MSW
High school diploma or equivalent	Bachelors	Two professional references *	One supervisory reference *	Ten years (17,500 hours) of supervised experience from a BSW or MSW
<b>LSWA</b>				
Associate degree (or 60 sem/80 qtr hours) in human service field	Associate	Two professional references *	N/A	None required
Bachelor's degree (or 120 sem/160 qtr hours) in any field	Associate	Two professional references *	N/A	None required
High school diploma or equivalent	Associate	Two professional references *	N/A	Four years documented experience

\* **At least one of the professional and/or supervisory references must be licensed as a LICSW or LCSW**

# Social Worker Re-Licensure Application



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

MA license previously held:	<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)
Application Type:	<input type="checkbox"/> License lapsed <i>more than one but less than two years</i> <input type="checkbox"/> License lapsed <i>more than two years</i>
MA previous social work license number:	_____
MA previous license expiration date:	_____
For licenses expired 1 to 2 years: <ul style="list-style-type: none"> <li>• Written explanation attached?</li> <li>• Continuing Education form attached?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
For licenses expired greater than 2 years: An examination is required. Are special accommodations requested?	<input type="checkbox"/> Yes (see instructions on page 2) <input type="checkbox"/> No

## Identification & Contact Information

Last Name:	_____	First:	_____	Middle:	_____
If you have had a legal name change, please attach pertinent document attesting to this fact.				Date of Birth:	
Maiden/Another Name:				_____	
_____					

**NOTE:** Your social security number is required on page 8 of this application.

**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 6 may be the same.

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Business Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

### Education Information:

- List highest relevant degree
- If the prior license was originally issued *prior to 1984*, a transcript must be attached

1) Degree/graduation date:		Major:	
College name and address:			

### Licensure Information:

- List all Social Work licenses/certifications, **current & expired**, from any jurisdiction
- Certified verification form required from each jurisdiction (*except MA*)

1) License Designation:		State/Province:	
License number:		Date Issued/Expiration date:	
Status:	<input type="checkbox"/> Current <input type="checkbox"/> Expired	<input type="checkbox"/> Revoked/suspended <input type="checkbox"/> Under investigation	<input type="checkbox"/> Other: _____
Basis for License:	<input type="checkbox"/> Examination <input type="checkbox"/> Endorsement	<input type="checkbox"/> Reciprocity <input type="checkbox"/> Grandparenting	<input type="checkbox"/> Other: _____
2) License Designation:		State/Province:	
License number:		Date Issued/Expiration date:	
Status:	<input type="checkbox"/> Current <input type="checkbox"/> Expired	<input type="checkbox"/> Revoked/suspended <input type="checkbox"/> Under investigation	<input type="checkbox"/> Other: _____
Basis for License:	<input type="checkbox"/> Examination <input type="checkbox"/> Endorsement	<input type="checkbox"/> Reciprocity <input type="checkbox"/> Grandparenting	<input type="checkbox"/> Other: _____
3) License Designation:		State/Province:	
License number:		Date Issued/Expiration date:	
Status:	<input type="checkbox"/> Current <input type="checkbox"/> Expired	<input type="checkbox"/> Revoked/suspended <input type="checkbox"/> Under investigation	<input type="checkbox"/> Other: _____
Basis for License:	<input type="checkbox"/> Examination <input type="checkbox"/> Endorsement	<input type="checkbox"/> Reciprocity <input type="checkbox"/> Grandparenting	<input type="checkbox"/> Other: _____

## Applicant Attestations:

1. Has a licensing/certification board in any U.S. or foreign jurisdiction taken any disciplinary action against you?  Yes  No
2. Are you the subject of pending disciplinary actions by a licensing/certification board in any U.S. or foreign jurisdiction?  Yes  No
3. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in any U.S. or foreign jurisdiction?  Yes  No
4. Have you ever applied for and been denied a professional license in any U.S. or foreign jurisdiction?  Yes  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?  Yes  No
6. **LICSW APPLICANTS ONLY:** You must have submitted a thoroughly completed fully participating or nonbilling provider application and signed provider contract to MassHealth.  
 I have complied

**NOTE:** please state the details of any 1 thru 5 "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.

By signing this form, you are providing your consent for the Massachusetts Boards of Registration and, where relevant, their supervising state agencies and the Massachusetts Executive Office of Health and Human Services, and where relevant, its provider enrollment vendor, to obtain, read, copy, and share with each other information regarding your MassHealth application and enrollment status and Massachusetts licensure status.

I certify under the pains and penalties of perjury that the information in this application has been reviewed and signed by me, and is true, accurate, and complete, to the best of my knowledge. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration of Social Workers 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. I further certify under the pains and penalties of perjury that, if I am applying for licensure as a LICSW, I have submitted a completed application to be a fully participating or nonbilling provider to MassHealth. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

Applicant's signature \* \_\_\_\_\_ Date \*\* \_\_\_\_\_

Notary name (printed): \_\_\_\_\_

Notary signature: \* \_\_\_\_\_ Date: \*\* \_\_\_\_\_

SEAL

Notary commission expires: \_\_\_\_\_

\* Must be signed in the presence of a notary public

\*\* Signature date must correspond with notarization date; the application must be received within 90 days of signing

**Applicant's Name:**

*NOTE: This page will not be retained with your application.*

## U.S. Social Security Number

Social Security Number (mandatory):

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*NOTE: Pursuant to G.L. c. 62C, s. 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue to ascertain whether you are in compliance with the tax laws of the Commonwealth.*

## Application Payment

**Re-Licensure Application Fees: (due with application)**

Indicate application type and fee: **(All fees are non-refundable and subject to change.)**

<u>Application Type</u>	<u>Fee (all licenses)</u>
<input type="checkbox"/> LICSW	\$153.00
<input type="checkbox"/> LCSW	\$153.00
<input type="checkbox"/> LSW	\$153.00
<input type="checkbox"/> LSWA	\$153.00

**Payment Method:**

- Certified check or money order- payable to ASWB (personal checks are **not** accepted)  
OR  
 Visa  
 MasterCard  
 Discover

Credit card number: 

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 Exp. Date: MM YYYY

CID code (last 3 digits from signature panel on back of card) \_\_\_\_\_ Card Holder's Zip Code: \_\_\_\_\_

Card Holder's Name (please print): \_\_\_\_\_ Card Holder's Signature: \_\_\_\_\_



# Licensure Verification

(Use this form ONLY if you currently hold or have ever held a license in a jurisdiction other than Massachusetts)

**Board Instructions: return this verification form to the applicant in a sealed envelope**

Licensee's name:		License Number:	
<b>The Social Work licensing board verifies the following:</b>			
Date license issued:		Expiration date:	
1. This certifies that the above-named individual was issued a license or registration to practice as a: License title: _____ License designation: _____ <input type="checkbox"/> Social Worker <input type="checkbox"/> Masters Social Worker <input type="checkbox"/> Other, please explain: <input type="checkbox"/> Independent Social Worker <input type="checkbox"/> Clinical Social Worker			
2. License or registration was issued based upon: <input type="checkbox"/> Examination <input type="checkbox"/> Endorsement <input type="checkbox"/> Other, please explain: Exam passed: _____ State/Province: _____ Date exam taken: _____ <input type="checkbox"/> Reciprocity <input type="checkbox"/> Grandparenting			
3. The board verified that this individual holds a social work degree:			<input type="checkbox"/> Yes <input type="checkbox"/> No
The license was based on this degree: <input type="checkbox"/> BSW <input type="checkbox"/> MSW <input type="checkbox"/> Social Work Doctorate			<input type="checkbox"/> Other (please specify below)
Degree: _____ Subject: _____			
4. A program accredited by CSWE or CASSW issued the degree:			<input type="checkbox"/> Yes <input type="checkbox"/> No
5. This license required documented post-masters-degree supervised experience:			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much experience was required? _____ years _____ hours			
Qualifications of the individual who provided supervision:			
6. The license or registration is currently:			
<input type="checkbox"/> Active <input type="checkbox"/> Expired <input type="checkbox"/> Other, please explain: <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive			
7. This individual has been subject to disciplinary action that is public information:			<input type="checkbox"/> Yes <input type="checkbox"/> No
8. There is pending disciplinary action against this individual that is public information:			<input type="checkbox"/> Yes <input type="checkbox"/> No
9. There are unresolved complaints regarding this individual that are public information:			<input type="checkbox"/> Yes <input type="checkbox"/> No
10. If questions 7, 8, or 9 are answered "yes", an explanation follows. Other information that the board can share about the licensee that might affect another board's licensing decision:			

Board Signature/Date: \_\_\_\_\_

(Board Seal) Title: \_\_\_\_\_

Social Work Licensing Board/Jurisdiction: \_\_\_\_\_

Email Address/Phone Number: \_\_\_\_\_

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
ACKNOWLEDGEMENT FORM**

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

**FOR LICENSING PURPOSES ONLY:**

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me. If subsequent CORI checks are necessary, the Division of Professional Licensure will provide me with written notice of the subsequent CORI checks.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please provide the name of the board of registration and license type for which you are applying or currently hold:*

\_\_\_\_\_  
Board of Registration

\_\_\_\_\_  
License Type

**NOTE: THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM WILL NOT BE ACCEPTED UNLESS IT HAS BEEN SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS COMPLETED THE "VERIFICATION BY NOTARY SECTION" ON PAGE TWO, DOCUMENTING THAT SAID NOTARY HAS VERIFIED THE IDENTITY OF THE SIGNER THROUGH SATISFACTORY EVIDENCE OF IDENTIFICATION.**

**SUBJECT INFORMATION:** (A red asterisk (\*) denotes a required field)

\_\_\_\_\_  
\*Last Name                      \*First Name                      Middle Name                      Suffix

\_\_\_\_\_  
\*Maiden Name (or another name(s) by which you have been known)

\_\_\_\_\_  
\*Date of Birth                      Place of Birth

\*Last Six Digits of Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_ ft. \_\_\_\_ in. Eye Color: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Current and Former Addresses:

\_\_\_\_\_  
Street Number & Name                      City/Town                      State                      Zip

\_\_\_\_\_  
Street Number & Name                      City/Town                      State                      Zip

**IDENTITY VERIFICATION SECTION: Prior to submission to the Board's application vendor, this Section must be completed.**

**VERIFICATION BY NOTARY:**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:<sup>1</sup>

- Passport    State-issued driver's license    Military identification    State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

\_\_\_\_\_  
Notary Public:

\_\_\_\_\_  
Notary Commission Expires On



# RE-LICENSURE APPLICATION: CEU DOCUMENTATION FORM

Required for applicants with a license lapsed over 1 but less than 2 years



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

Applicant's Name: \_\_\_\_\_ Prior License Number: \_\_\_\_\_

The Continuing Education period was from October 1, 2014 to September 30, 2016. Re-licensure candidates must have accumulated the required contact hours (30/20/15/10) unless exempt. **Documentation for each entry below must be included.** Make additional copies as needed. Exempt licensees must sign and return the statement of exemption below. For further information, please review the requirements at [www.mass.gov/dpl/boards/sw](http://www.mass.gov/dpl/boards/sw)

Course Date	Title	Sponsor	Approving Recognized Entity	Hours

I attest under the pains and penalties of perjury that I have completed the above-listed activities. TOTAL HOURS =   
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EXEMPT INDIVIDUALS ONLY:** State, county and municipal employees are exempt. To receive the exemption, complete the following: I hereby certify under the pains and penalties of perjury, that during the period October 1, 2014 through September 30, 2016, I practiced Social Work exclusively as an employee of \_\_\_\_\_, which is a unit of state, county or municipal government within the Commonwealth. I further certify that I did not practice Social Work as an independent private practitioner, an employee of any other private agency or institution, or as a volunteer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_