

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: CSC, P.O. Box 1508, Culpeper, VA 22701. Copies of the forms are also available at www.aswb.org.
- Your name **MUST** match your name as it appears on one current, valid non-expired government issued photo-bearing ID.
- 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: mass.sw.app@aswb.org
- LICSW applicants must review the MassHealth enrollment requirement on page 2 of this application.

Fees:

Application fees are listed on page 5. The application fee must be submitted with this application. Licensure fees will be assessed and collected **after** the applicant has met all examination and 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
- Your professional references must be current (completed within the past year). Your references must complete an updated reference form (attached). Supervisory references do not need to be updated.
- The attached criminal history acknowledgment form must be signed, notarized and submitted with this application.

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. Applicants may not register for an examination until this application has been approved.

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.

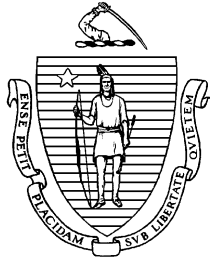
Providers who wish to apply to enroll as nonbilling providers must download the materials from the MassHealth website at <http://www.mass.gov/eohhs/provider/insurance/masshealth/aca/aca-section-6401enrollment-information.html> and send their completed and signed Nonbilling Provider Application and Nonbilling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

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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/Another Name: _____

NOTE: Your social security number is required on page 5 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 4 may be the same.

Mailing address: _____

Email address: _____
(print clearly)

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? 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**

Social Worker Reference Form - Page 1



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This section must be completed by the licensure applicant

Applicant's name: _____

Maiden name or another name: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Date of graduation (highest degree): _____ Degree conferred: _____

List the highest professional license held:

License: _____ License Number/Jurisdiction _____

License applied for (check one): LICSW LCSW LSW LSWA

WAIVER OF LIABILITY- must be completed by the licensure applicant

I, _____, hereby authorize _____
Applicant's name *Reference's name*

(hereinafter "the reference") to provide the Board of Registration of Social Workers with all information of any kind that the reference may, in his or her absolute discretion, deem relevant to my qualifications as an applicant. I hereby release and discharge the professional reference from all claims arising out of the provision of such information.

Applicant's signature: _____ **Date:** _____

INFORMATION AND INSTRUCTIONS FOR REFERENCES

General information for references completing this form:

1. The Board assumes that you, in recommending this applicant, will be willing to interpret or to substantiate to the Board your recommendation, should the Board desire to contact you. The Board will keep all information confidential to the maximum extent permitted by law.
2. Complete this reference form only if the applicant has signed the above waiver of liability.
3. **Professional References-** complete **section A and the signature block.**
4. **Supervision References-** complete **sections A and B and the signature block.** *NOTE: experience/supervision hours must correspond to employment dates, please explain if they do not*
5. Return pages 1 and 2 of this reference form to the applicant in the envelope provided.

Social Worker Reference Form - Page 2



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This page must be completed by the reference

Applicant's name: _____

A) ALL REFERENCES- Please complete section A:

Reference's name: _____ Title: _____ License Type: _____

• Reference's license number & Jurisdiction: _____ Relationship to applicant: _____

• Dates the reference has known the applicant: from _____ to _____
MM/YY MM/YY

• Extent of knowledge of applicant's professional and ethical behavior:

Thorough Moderate Limited

• Based on my experience, to the best of my knowledge, the applicant is an individual of good moral character: Yes No (If no, please explain on a separate sheet)

• Quality and extent of endorsement:

Without reservation With reservation No recommendation

(If with reservation or no recommendation, please explain on a separate sheet)

B) SUPERVISION REFERENCES ONLY- Please complete sections A and B:

• _____
Supervisor's degree College/University Major Date of degree

• I certify that I supervised the above applicant in the field of social work at the following organization: _____ from * _____ to * _____
organization MM/DD/YY MM/DD/YY

• The applicant worked _____ hours per week for _____ weeks for a total of * _____ work hours

• I supervised _____ hours per week for a total of * _____ hours of face-to-face supervision

• Applicant's title: _____ Note: * supervision/experience hours must correspond to dates listed

• Applicant's duties/responsibilities: _____

• Areas of applicant's specialties: _____

Reference's signature: _____ Date: _____

Address: _____ Phone: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

**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:¹

- 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