



**VIRGIN ISLANDS BOARD OF  
SOCIAL WORK LICENSURE**  
Department of Licensing and Consumer Affairs  
3000 Golden Rock Shopping Center, Suite 9  
Christiansted, VI 00820-4311  
(340) 713-3522 (STX) (340) 340-714-3522 (STT)  
(340) 718-6982 (Fax)

**Attach 3  
2x2 photos of  
Applicant here**

**Part I**

In accordance with the provisions of Chapter 20, Title 27, Virgin Islands Code, which regulates the practice of Social Work in the U.S. Virgin Islands, I hereby apply for the following license to perform professional services in the U.S. Virgin Islands.

**\$300.00 Non Refundable Fee: (\$50.00 Application & \$250.00 Background Check must accompany this application.**

**Type of License Requested:**

- Temporary  Permanent

**Level of Licensure requested: Please check one (1) of the following:**

- Social Worker Associate  Certified Social Worker  
 Social Worker  Certified Independent Social Worker

**Part II**

1. Full Name \_\_\_\_\_  
First Middle Last
2. Mailing Address & Zip Code \_\_\_\_\_
3. Physical Address \_\_\_\_\_
4. Home Telephone ( ) \_\_\_\_\_ 5. Business Telephone ( ) \_\_\_\_\_
6. Birth Date \_\_\_\_\_ 7. Birth Place \_\_\_\_\_
8. Citizenship \_\_\_\_\_ 9. Naturalized: ( ) yes ( ) no
10. Social Security Number \_\_\_\_\_ Email Address: \_\_\_\_\_
11. Virgin Islands Resident? ( ) yes ( ) no If yes, how long? \_\_\_\_\_
12. Place of Employment \_\_\_\_\_
13. Business Address \_\_\_\_\_

14. Are you licensed in another state? ( ) yes ( ) no If yes, which state(s): \_\_\_\_\_
15. In which state(s) was your license(s) granted on the basis of written examination? \_\_\_\_\_
16. Has your license ever been revoked? ( ) yes ( ) no  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
17. Have you ever been censured for unprofessional conduct? ( ) yes ( ) no  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
18. Have you ever been convicted of a felony? ( ) yes ( ) no  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
- 

### Part III

19. **REFERENCES:** Please provide 2 professional and 1 character reference letters. Professional reference letters should be persons familiar with your work in the Social Work field. Reference letters must not be more than 6 months old.
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### Part IV

20. **EDUCATION:** Please provide a copy of an official college/university transcript, identifying course of study and degree earned. Official transcript must be mailed directly to the Board Office from the College/University. Student's copy will not be accepted.
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### Part V

21. **TRAINING AND EXPERIENCE:** Attach a resume of your professional training and practical experience.
-

**Part VI**

**AFFIDAVIT**

(Must be completed by all applicants)

State of \_\_\_\_\_  
Territory of \_\_\_\_\_  
Country of \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn, depose and say that I am the person who executed the foregoing instrument; that I have read the same and know the contents thereof; that the matters stated therein are true to my knowledge; that I have not suppressed any information that might affect this application; and that I have read and understand this affidavit.

\_\_\_\_\_  
Applicant's Signature

Sworn and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.



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

My Commission expires on \_\_\_\_\_

Do not write below this line:

**BOARD DISPOSITION:**

**Application Approved:**     Temporary

Permanent

Social Worker Associate

Certified Social Worker

Social Worker

Certified Independent Social Worker

\_\_\_\_\_  
**Signature, Chairperson of the Board**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Member**

\_\_\_\_\_  
**Member**

\_\_\_\_\_  
**Member**

\_\_\_\_\_  
**Member**

\_\_\_\_\_  
**Member**

\_\_\_\_\_  
**Member**



## REQUIREMENTS FOR EXAMINATION/LICENSURE PLEASE READ CAREFULLY

### LICENSE REQUIREMENTS:

1. Applicants applying for a temporary license prior to sitting the examination are required to pay an initial fee of \$326.00, which covers \$250.00 non-refundable background check, \$50.00 non-refundable application fee and \$26.00 temporary license fee.
2. Applicants applying to sit the examination are required to pay a \$250.00 non-refundable background check and a \$50.00 non-refundable application fee.
3. The following documents must be submitted along with the application.
  - a. Three (3) 2x2 recent photographs of applicant.
  - b. Official college transcript identifying courses completed and degree earned.
  - c. Verification of licensure from another State (if applicable).
  - d. Favorable tax clearance letter from the V.I. Bureau of Internal Revenue.
  - e. Two (2) professional reference letters from persons familiar with your work in the social work field.
  - f. One (1) character reference letter.

Upon successful completion of the examination, applicants are required to pay the license fee for permanent licensure. Acceptable forms of payment are cash, check, credit card or money order. Payment by check or money order, should be made payable to the Government of the Virgin Islands.

<b>Certified Independent Social Worker</b>	<b>\$97.50</b>	<b>Social Worker</b>	<b>\$45.50</b>
<b>Certified Social Worker</b>	<b>\$65.00</b>	<b>Social Worker Associate</b>	<b>\$45.50</b>

### Please Note:

Applicants applying for temporary license are entitled to the initial temporary license and one renewal only.

**LAW:** Any person who practices as a Social Worker without a valid license is in violation of Title 27 § 531 *et seq.* V.I. C., and shall be liable to a fine not to exceed \$500.00 for each violation.

**I HAVE READ THE ABOVE AND UNDERSTAND THE CONTENT OF SAME.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE