US VIRGIN ISLANDS BOARD OF SOCIAL WORKERS

Instructions for Social Worker Licensure Application

New applicants and reciprocity applicants

New Applicant Information

CISW Applicants

1. An official, certified transcript is required for the highest relevant degree. Please review the educational requirements on page 7 of this application. The transcript must be in a sealed school envelope.

2. Applicants must be currently licensed in US Virgin Islands at the CSW level (or equivalent from another jurisdiction). Applicants must provide the license number.

3. Applicants must submit a total of three references (two professional and one supervisory). All references must be able to evaluate the applicant’s social work experience. The waiver of liability must be completed for each reference. The reference form is attached (pages 13-14). Make additional copies as needed. The reference forms are not required to be submitted in a sealed envelope.
   a. Two professional individuals licensed at the CISW level (or equivalent in another jurisdiction), psychiatry, clinical psychology or psychiatric nursing with a specialty in clinical mental health shall complete section A of a reference form. References must provide their license number and jurisdiction.
   b. A clinical supervisor licensed at the CISW level (or equivalent in another jurisdiction) shall complete sections A and B of a reference form and must document:
      i. For MSW graduates with a degree conferred date after August 31, 2011, a minimum of 3,500 hours clinical social work services experience obtained over a period of not less than two years after the issuance of a CSW, or
      ii. For MSW graduates with a degree conferred date prior to August 31, 2011, a minimum of 3,500 hours of clinical social work services experience obtained over a period of not less than two years after the MSW degree conferred date.
      iii. Documented supervision must be a minimum of 100 hours of individual face-to-face clinical supervision, at a rate of 1 hour for every 35 hours worked (with a maximum of 1 hour per week). If the experience is earned at a rate less than 35 hours per week, the experience and supervision hours must be computed on a pro-rata basis. Supervised work experience and hours must correspond to the dates listed on the reference form, or an explanation must be attached.
      iv. Supervisors must be licensed in the jurisdiction where the supervision takes place; out of state supervisors may not supervise work experience taking place in the VI All work experience must be complete as of the application date. If there are multiple supervisors, submit a separate form for each supervisor (ensuring that the documented dates do not overlap). Supervisors must provide their license number.
CSW Applicants

1. An official, certified transcript is required for the highest relevant degree. Please review the educational requirements on page 7 of this application. The transcript must be in a sealed school envelope.

2. Applicants must submit a total of three references (two professional and one supervisory). At least one of the professional and/or supervisory reference forms must be completed by an individual licensed at the CISW or CSW level (or equivalent). All references must be able to evaluate the applicant’s social work experience. The waiver of liability must be completed for each reference. The reference form is attached (pages 13-14). Make additional copies as needed. The reference forms are not required to be submitted in a sealed envelope.
   a. Two professional individuals familiar with the applicant’s professional experience in the field of social work shall complete section A of a reference form.
   b. The most recent second year field placement supervisor shall complete sections A & B of a reference form.

LSW Applicants

1. An official, certified transcript is required for the highest relevant degree. Please review the educational requirements on page 7 of this application. The transcript must be in a sealed school envelope.

2. Applicants must submit a total of three references (two professional and one supervisory). All references must be able to evaluate the applicant’s social work experience. The waiver of liability must be completed for each reference. The reference form is attached (pages 13-14). Make additional copies as needed.
   a. Applicants with a BSW or a Bachelors with a concentration in Social Work: a supervisor licensed at the CISW or CSW level (or equivalent) shall complete sections A & B of a reference form.

SWA Applicants

1. An official, certified transcript is required for the highest relevant degree. Please review the educational requirements on page 7 of this application. The transcript must be in a sealed school envelope.

2. Applicants must submit a total of three professional references (section A only). At least one of the references shall hold a CISW or CSW. All references must be able to evaluate the applicant’s social work experience. The waiver of liability must be completed for each reference. The reference form is attached (pages 13-14). Make additional copies as needed.

New Applicant Summary Checklist

New licensure applicants must provide the following:

1. Application, signed and notarized
   • Signature date must correspond to the date of notarization
2. Payment by certified check or money order (payable to ASWB), or credit card information
3. Photograph
4. Official transcript of the highest relevant degree
5. A total of three reference forms completed per instructions
   • NOTE: CISW, CSW, LSW AND LSWA APPLICANTS- At least one reference form must be completed by an individual currently licensed at the CISW or CSW level (or equivalent).
6. Signed and notarized criminal history acknowledgment form (attached)
**Reciprocity Applicant Information**

1. Applicants must possess a current, valid license substantially equivalent to the appropriate US Virgin Islands license in education and experience requirements. A certified licensure verification form for all licenses, current and expired, must be submitted in the original, sealed envelope from the issuing jurisdiction. The form on page 15 of this packet may be used, or the issuing jurisdiction may use its own form.

2. Applicants must have passed the ASWB examination required for the appropriate level of licensure in US Virgin Islands. Refer to page 7 of this application to review the examination requirements. An official ASWB-certified passing score report is required.

3. An official, certified transcript is required for the highest relevant degree. Please review the educational requirements on page 7 of this application for the applicable license level. The transcript must be in a sealed school envelope.

4. **Three** professional references shall complete section A of a reference form:
   a. All references must be able to evaluate the applicant’s social work experience.
   b. CISW, CSW, LSW and SWA applicants: at least one reference must be licensed at the CISW or CSW level, or equivalent. CISW applicants: at least one reference must be licensed at the CISW level, or equivalent.
   c. The waiver of liability must be completed for each reference.
   d. The reference form is attached (pages 13-14). Make additional copies as needed.

5. LICSW applicants must review the VI Board enrollment requirement on page 5 of this application.

**Reciprocity Applicants Summary Checklist**

*Reciprocity applicants must provide the following:*

1. Application, signed and notarized
   - **Signature date must correspond to the date of notarization**
2. Payment by certified check or money order, payable to ASWB; or credit card information
3. Photograph
4. Official transcript of highest relevant degree
5. Two reference forms completed by professional individuals, and one reference form completed by an appropriately licensed social worker, as instructed above.
6. Certified verification from all prior licensing jurisdictions. The form included on page 15 of this packet may be used, or the issuing jurisdiction may use its own form
7. An official Certified Score Report of passed ASWB examination from ASWB (888-579-3926)
8. Signed and notarized criminal history acknowledgment form (attached)
ASWB Social Work Registry

OPTIONAL SERVICE AVAILABLE TO NEW AND RECIPROCITY APPLICANTS

ASWB provides an optional service (for an additional fee) to have ASWB request, verify and attach the required documents to your licensure application on your behalf. You will **not** have to separately request the documents from your school, references, or current licensing jurisdiction. If you use the services of the Registry, do not attach your transcript or verification of your license to this application. You must, however, complete and return the **“waiver”** portion of the reference form for each reference listed on pages 13-14. With your authorization, ASWB will request the documents directly from the sources that you list in this application. Costs of obtaining the documents are **included** in the registry enrollment. You will **not** have to separately pay for transcript, license verification or examination score costs.

As part of its service to the US Virgin Islands, ASWB is offering ‘**new**’ licensure applicants an opportunity to participate in ASWB’s Social Work Registry at a **discounted rate of $30** (50% off the normal application fee). The fee for ‘**reciprocity**’ applicants is **$60**. There is also an optional $25 renewal fee, billed annually after one year of enrollment, which covers the cost of keeping your records up-to-date for future use. **To enroll, answer ‘yes’ to the Registry question on the following application and pay the Registry fee with the MA application fee on page 12.**

By joining the Registry, you will be creating a record containing all of the documents critical to your licensure in US Virgin Islands and elsewhere. **Supervision records, academic transcripts and licensure history will be collected, verified and stored by ASWB. In addition, ASWB will store your continuing education documentation, employment history and professional certifications.** This information will be held in secure files by ASWB. When you need to file an application for licensure in another jurisdiction (or a higher licensure level in MA), the relevant information will be forwarded to that jurisdiction’s social work licensing board at your request.

To learn more about the Registry, visit ASWB’s website: [www.aswb.org](http://www.aswb.org) or call 866-527-2384.
# Requirements for Social Work Licensure in US Virgin Islands

This is a summary; applicants must review the US Virgin Islands regulations for detailed requirements.

<table>
<thead>
<tr>
<th>Education</th>
<th>Examination</th>
<th>Professional References</th>
<th>Supervision</th>
<th>Documented Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CISW</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>MSW, DSW or PhD in Social Work from a CSWE accredited school of social work</td>
<td>Clinical</td>
<td>Two professional references from appropriately licensed individuals (see instructions p. 2)</td>
<td>One supervisory reference from CISW</td>
<td>Hold a current LCSW (or equivalent); two years (3,500 hours) post-CSW documented clinical experience with 50 face-to-face supervision hours per year (100 hours total) under a CISW</td>
</tr>
<tr>
<td><strong>CSW</strong></td>
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<td></td>
</tr>
<tr>
<td>MSW, DSW or PhD in Social Work from a CSWE accredited school of social work</td>
<td>Masters</td>
<td>Two professional references *</td>
<td>One 2nd year field placement supervisory reference *</td>
<td>None Required</td>
</tr>
<tr>
<td><strong>LSW</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bachelors degree in Social Work from a CSWE accredited school of social work</td>
<td>Bachelors</td>
<td>Two professional references *</td>
<td>One supervisory reference *</td>
<td>None required</td>
</tr>
<tr>
<td>Bachelors degree in Social Work</td>
<td>Bachelors</td>
<td>Two professional references *</td>
<td>One supervisory reference *</td>
<td>None required</td>
</tr>
<tr>
<td><strong>SWA</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Associate degree (or 60 sem/80 qtr hours) in human service field</td>
<td>Three references *</td>
<td>N/A</td>
<td>None required</td>
<td></td>
</tr>
<tr>
<td>Bachelor’s degree (or 120 sem/160 qtr hours) in any field</td>
<td>Three references *</td>
<td>N/A</td>
<td>None required</td>
<td></td>
</tr>
<tr>
<td>High school diploma or equivalent</td>
<td>Associate</td>
<td>Three references *</td>
<td>N/A</td>
<td>Four years documented experience</td>
</tr>
</tbody>
</table>

* At least one of the professional and/or supervisory references must be licensed as a CISW or CSW
### License Level applying for
- Certified Independent Social Worker (CISW)
- Certified Social Worker (LCSW)
- Licensed Social Worker (LSW)
- Social Work Associate (SWA)

### Application Type:
- New Applicant
- Reciprocity Applicant

### Special Accommodations Required?
- Yes (see instructions on page 1)
- No

### Using ASWB’s Social Work Registry to obtain documents for you?
- Yes (if yes, complete pages 16 & 17, and the waiver of liability section on page 13)
- Yes, already a member of ASWB’s Social Work Registry
- No (if no, applicant must furnish all the certified documents)

### Identification & Contact Information

**Last Name:** [Enter Last Name]

**First:** [Enter First Name]

**Middle:** [Enter Middle Initial]

**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:** [Enter Maiden/Another Name]

**Gender:**
- Female
- Male

**Birth Date:** [Enter Birth Date]

**Place of Birth:** [Enter Place of Birth]

**NOTE:** Your social security number is required on page 12 of this application.

**NOTE:** The mailing address 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 9 may be the same.

**Mailing Address:** [Enter Mailing Address]

**PHOTOGRAPH** - attach recent 2” x 2” photograph here.

**Email address:** [Enter Email Address] (print clearly)

**Valor Act Status:**
- Active Duty
- Military Spouse
- Veteran
- None

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<tr>
<th>Business phone:</th>
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<tbody>
<tr>
<td>Home phone:</td>
<td>( )</td>
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<tr>
<td>Cellular phone:</td>
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</table>
### Current Employment:

<table>
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<tr>
<th>Business name:</th>
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<tbody>
<tr>
<td>Current position:</td>
<td></td>
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<tr>
<td>Date started:</td>
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</table>

<table>
<thead>
<tr>
<th>Business Address:</th>
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### Education Information:

- **Certified transcript is required** for the highest relevant degree up to an MSW
- Check if transcript is attached: ☐ Yes ☐ No (check no if using the Social Work Registry)

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

2) Degree/graduation date: | Major:
College name and address:

3) Degree/graduation date | Major:
College name and address:

### ASWB Examinations passed (if any):

<table>
<thead>
<tr>
<th>Exam level</th>
<th>Date</th>
<th>Exam level</th>
<th>Date</th>
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<td>1)</td>
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<td>2)</td>
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</table>
**Licensure Information:**

- List ALL Social Work licenses/certifications, **current and expired**, from any jurisdiction.
- **Certified verification form is required from each jurisdiction**, except US Virgin Islands.
- Check if verification forms are attached: ☐ Yes ☐ No (no if using the Social Work Registry)

1) License Designation: ____________________________  State/Province: ____________________________

<table>
<thead>
<tr>
<th>License number:</th>
<th>Date Issued/Expiration date:</th>
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<tr>
<th>Status:</th>
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<th>□ Revoked/suspended</th>
<th>□ Other: ____________________________</th>
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<td></td>
<td>Expired</td>
<td>Under investigation</td>
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<tr>
<th>Basis for License:</th>
<th>□ Examination Endorsement</th>
<th>□ Reciprocity Grandparenting</th>
<th>□ Other: ____________________________</th>
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2) License Designation: ____________________________  State/Province: ____________________________

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<th>□ Other: ____________________________</th>
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3) License Designation: ____________________________  State/Province: ____________________________

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<tr>
<th>License number:</th>
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</table>

**Supervisor/Reference Contact Information:**

- A reference form is required from everyone listed
- Check if reference forms are attached: ☐ Yes ☐ No (no if using the Social Work Registry)

1) **Name (supervisor or reference):**

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<th>Address:</th>
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<tr>
<th>City:</th>
<th>State/Province:</th>
<th>Zip/Postal code:</th>
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<tr>
<th>Daytime Phone:</th>
<th>Email:</th>
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</table>
2) Name (supervisor or reference):

| Address: |
| City: | State/Province: | Zip/Postal code: |
| Daytime Phone: ( ) | Email: |

3) Name (supervisor or reference):

| Address: |
| City: | State/Province: | Zip/Postal code: |
| Daytime Phone: ( ) | Email: |

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. CISW APPLICANTS ONLY: You must have submitted a thoroughly completed fully participating or non-billing provider application and signed provider contract to VI Board. □ 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. DLCA through VIPD will access data about convictions and pending criminal cases. Those records—and other Federal and professional records—will 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 US Virgin Islands Board of Social Work Licensure and, where relevant, their supervising state agencies and the US Virgin Islands Department of Licensing and Consumer Affairs, and where relevant, its provider enrollment vendor, to obtain, read, copy, and share with each other information regarding your VI Board application and enrollment status and US Virgin Islands 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 US Virgin Islands Board of Social Work Licensure to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with US Virgin Islands’
Law. I further attest that, 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 CISW, I have submitted a completed application to be a fully participating or nonbilling provider to VI Board. 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): _______________________________ Date: ** __________ SEAL

Notary signature: * _______________________________ 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 the date notarized
### Applicant’s Name:

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

### U.S. Social Security Number

Social Security Number (mandatory):

**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 US Virgin Islands.

### Application Payment

**Application Fees:** (due with this application)

<table>
<thead>
<tr>
<th>Application Type (check below)</th>
<th>Applicant is providing all documents (circle fee below)</th>
<th>Applicant using Social Work Registry (circle fee below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ New applicant (all licenses)</td>
<td>$173.00 OR $203.00</td>
<td></td>
</tr>
<tr>
<td>☐ Reciprocity—CISW</td>
<td>$267.00 OR $327.00</td>
<td></td>
</tr>
<tr>
<td>☐ Reciprocity—CSW</td>
<td>$241.00 OR $301.00</td>
<td></td>
</tr>
<tr>
<td>☐ Reciprocity—LSW</td>
<td>$213.00 OR $273.00</td>
<td></td>
</tr>
<tr>
<td>☐ Reciprocity—SWA</td>
<td>$187.00 OR $247.00</td>
<td></td>
</tr>
</tbody>
</table>

**Payment Method:**

☐ Certified check or money order - payable to ASWB (*personal checks are not accepted*)

OR

☐ Visa

☐ MasterCard

☐ Discover

Credit card number: ____________________________ 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:
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):  
☐ CISW  ☐ CSW  ☐ LSW  ☐ SWA

WAIVER OF LIABILITY- must be completed by the licensure applicant

I, ____________________________, hereby authorize ____________________________, Reference’s name
(hereinafter “the reference”) to provide the Board of Social Worker Licensure 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.
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 *
  __________________________ 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: ________________

- Applicant’s duties/responsibilities: ________________

- Note: * supervision/experience hours must correspond to dates listed

- Areas of applicant’s specialties: ________________

Reference’s signature: __________________________ Date: __________________________

Address: __________________________ Phone: __________________________

City: __________________________ State/Province: ______ Zip/Postal Code: ____________
Licensure Verification
(Use this form **ONLY** if you currently hold or ever held a license in a jurisdiction other than US Virgin Islands)

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

<table>
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<th>Licensee’s name:</th>
<th>License Number:</th>
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The Social Work licensing board verifies the following:

1. This certifies that the above-named individual was issued a license or registration to practice as a:
   - **Social Worker**
   - **Masters Social Worker**
   - **Independent Social Worker**
   - **Clinical Social Worker**
   - Other, please explain:

2. License or registration was issued based upon:
   - **Examination**
   - **Endorsement**
   - **Reciprocity**
   - **Grandparenting**
   - Other, please explain:

3. The board verified that this individual holds a social work degree:
   - Yes
   - No

4. A program accredited by CSWE or CASSW issued the degree:
   - Yes
   - No

5. This license required documented post-masters-degree supervised experience:
   - Yes
   - No

If yes, how much experience was required? ____________ years ____________ hours

Qualifications of the individual who provided supervision:

6. The license or registration is currently:
   - **Active**
   - **Expired**
   - **Lapsed**
   - **Inactive**
   - Other, please explain:

7. This individual has been subject to disciplinary action that is public information:
   - Yes
   - No

8. There is pending disciplinary action against this individual that is public information:
   - Yes
   - No

9. There are unresolved complaints regarding this individual that are public information:
   - Yes
   - 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: ________________________________
NOTE: Complete this affidavit **ONLY** if using the Social Work Registry document service.

**Affidavit & Release**

I, the undersigned, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and person named in the various forms and credentials furnished or to be furnished with respect to my application, and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the instructions for completing this application and have answered all questions contained in the application truthfully and completely. I understand and agree that failure on my part to answer questions truthfully and completely may lead to my disqualification from the program and prosecution under appropriate federal, state and provincial laws, including a report of misconduct to the board in all jurisdictions where I am licensed.

I authorize and request every person, government agency (local, state, provincial, federal, foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the ASWB Social Work Registry any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the ASWB Social Work Registry or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge and exonerate the ASWB, its agents or representatives and any person furnishing information of any and all liability of every nature and kind arising out of my participation in the ASWB Social Work Registry. I authorize the ASWB to release information, material, documents, orders or the like relating to this application or me to any entity at my request.

Applicant’s signature (must be signed in the presence of a notary public)

Applicant’s PRINTED last name

Applicant’s PRINTED first name, middle name and suffix (e.g. Jr.)

Date of signature (must correspond to date of notarization)

State/Province of ____________________________, County of ____________________________.

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and (b) comparing the applicant’s signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this day of ____, 20__.

Notary public signature: ____________________________ Seal

My commission expires: ____________________________
NOTE: Complete this authorization **ONLY** if using the Social Work Registry document service

**Authorization for Release of Information, Documents and Records**

I, the undersigned, do hereby authorize the ASWB Social Work Registry to collect, verify and maintain information and copies of documents and records regarding my education, licensure and employment that can subsequently be provided to professional licensing boards, hospitals and other entities when I apply for licensure, staff membership, employment or other privileges.

I request and authorize every person, institution, professional licensing board of any jurisdiction in which I hold or may have held a professional license, government agency (local, state, provincial, federal or foreign), law enforcement agency or other third parties and organizations, and their representatives, to release such information, records, transcripts and other documents concerning my professional qualifications and competence, ethics, character and other information pertaining to me to the ASWB Social Work Registry.

I further request and authorize that the requested information, documents and records be sent directly to:

ASWB
Social Work Registry
P.O. Box 1508
Culpeper, VA 22701

**Indemnification and Release**

I hereby indemnify, release, discharge and hold harmless from any and all liability:

1) The ASWB, its agents, representatives, directors and officers; 2) other agencies and institutions providing the information, their representatives, directors and officers; and 3) any third parties and organizations for any acts, communications, reports, records, transcripts, statements, documents, recommendations or disclosures involving me, made in good faith and without malice, requested or received by the ASWB Social Work Registry.

By my signature below, I acknowledge that information, documents and records required to be furnished by another organization, educational institution, individual or any person or groups of persons must be sent directly by such persons to ASWB. I understand that ASWB will not accept such information, records or documents forwarded by me.

A photocopy of this authorization shall be as valid as the original and shall be valid from the date signed.

Applicant’s signature (must be signed in the presence of a notary public) Date of signature

Applicant’s PRINTED last name, first name, middle name and suffix (e.g. Jr.)

Date of birth (month/day/year)

State/Province of __________________________, County of __________________________, I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and (b) comparing the applicant’s signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this day of __________, 20 .

Notary public signature: ____________________________________________ Seal

My commission expires: ____________________________________________
CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Virgin Islands Police Department (VIPD). I hereby acknowledge and provide permission to the DLCA to submit a CORI check for my information to the VIPD. 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 DLCA may conduct subsequent CORI checks within one year of the date this Form was signed by me. If subsequent CORI checks are necessary, the DLCA 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 ACKNOWLEDGEMENT 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:

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<thead>
<tr>
<th>Street Number &amp; Name</th>
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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