

## REQUIREMENTS & INSTRUCTIONS – LICENSED CLINICAL SOCIAL WORKER APPLICATION (LCSW)

Access this form via website at: [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl)

### APPLICATION FORM

Complete and sign the attached application using a typewriter or print legibly in dark ink. Answer all questions. If an item is not applicable, indicate "N/A".

**Failure to provide all the requested information will delay the processing of your application.**

### SOCIAL SECURITY NUMBER

Your social security number is used to verify your identity for licensing purposes and for compliance with the below laws. **For a license to be issued you must provide your social security number or your application will be deemed deficient and will not be processed further.**

The following laws require that you furnish your social security number to our agency:

#### FEDERAL LAWS:

**42 U.S.C.A. §666(a)(13)** requires the social security number of any applicant for a professional license or occupational license be recorded on the application for license; and

If you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the social security number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

#### HAWAII REVISED STATUTES ("HRS"):

**§576D-13(j), HRS** requires the social security number of any applicant for a professional license or occupational license be recorded on the application for license; and

**§436B-10(4) HRS** which states that an applicant for license shall provide the applicant's social security number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the social security number).

### LICENSING REQUIREMENTS

To be licensed, an applicant shall meet the necessary qualification requirements as identified below:

1. **Holds a master's degree** from a college or university in a social work program accredited by OR deemed to be equivalent to an accredited program by the Council on Social Work Education (CSWE);

OR

**Holds a doctoral degree** from a doctoral program in social work accredited by the Western Association of Schools and Colleges or a comparable regional accreditation body.

2. **Pass** the "clinical" level national examination given by the Association of Social Work Boards (ASWB) or the level "C" examination if taken prior to 1990;

AND

3. **Successfully complete at least 3000 hours of post-graduate supervised\* clinical social work experience in an agency setting.** The 3000 hours of clinical social work experience must be completed in no fewer than two (2) years **and** in no more than five (5) years; and shall include at least 2000 hours of assessment, clinical diagnosis, and psychotherapy; no more than a maximum of 900 hours of client-centered advocacy, consultation, and evaluation; and at least 100 hours of direct face-to-face supervision.

OR

**Possess a qualified clinical social worker (QCSW) or a diplomate in clinical social work (DCSW) credential** issued by the NASW; or a **board certified diplomate (BCD) credential** issued by the American Board of Examiners in Clinical Social Work (ABE).

\*NOTE: The 3000 hours of clinical social work experience shall be supervised by an individual who is:

- a. **A licensed clinical social worker** who has at least 4500 hours of post-master's clinical social work experience;

OR

**For the first five (5) years after the effective date of this Act, the following individuals may supervise an applicant's post-graduate clinical social work experience;**

- a. **An individual with a master's degree in social work** who has completed at least 4500 hours of post-master's clinical social work experience;

**LICENSING REQUIREMENTS (Contd.)**

- b. **An individual who holds a DCSW** credential issued by the NASW or **an individual who holds a BCD** credential issued by the ABE;
- c. **A board certified psychiatrist, licensed psychologist or advanced practice registered nurse** who has completed a minimum of 4500 hours of post-graduate clinical experience in assessment, clinical diagnosis, and psychotherapy.

**EDUCATION DOCUMENTS REQUIRED**

**Arrange** to have the Registrar of your school send **directly** to us an official transcript indicating your degree, major, and the date the degree was conferred.

**EXAMINATION REQUIREMENT**

In Hawaii, electronic testing is provided year-round on Oahu. The examination is administered by Pearson Vue.

**FOR APPLICANTS WHO HAVE ALREADY PASSED THE REQUIRED EXAMINATION:**

- **Arrange** to have ASWB send us **directly** an official verification of your examination results. Please contact ASWB as listed below:
  - **On-line:** Complete the Score Transfer Form at the ASWB website: [www.aswb.org](http://www.aswb.org).

**FOR APPLICANTS APPLYING TO TAKE THE ASWB "CLINICAL" EXAMINATION AFTER JULY 1, 2004:**

- **Submit** the non-refundable application fee of \$60 with your application, payable to Commerce and Consumer Affairs.
- After your application has been approved and you are deemed eligible to sit for the exam, you will be mailed an eligibility letter, **which is valid for two (2) years**. To register for the examination, please contact ASWB as listed below:
  - **On-line:** Go to the [www.aswb.org](http://www.aswb.org) website and click on "Register for the ASWB Exam" and complete the Registration Form. Only credit card payments (Visa, Mastercard, Discover) will be accepted when registering on-line. The registration fee is \$260.

A copy of the ASWB Candidate Handbook containing all the information which candidates need to register and schedule an appointment is available at [www.aswb.org](http://www.aswb.org) or contact the Association of Social Work Boards at 1-888-579-3926.

**SUPERVISED EXPERIENCE DOCUMENTS REQUIRED**

Please have your supervisor complete the attached "Verification of Supervised Clinical Social Work Experience" form and sign this form in the presence of a notary public. Attach the verification form to the application. **Copies of the verification form or altered forms will not be accepted.**

Applicants who possess the QCSW, DCSW, or the BCD credential may use this credential to satisfy the required "Supervised Experience". Contact the NASW or the ABE and have them send us an official letter that states your name; the credential that you possess (QCSW, DCSW, or a BCD); the credential's effective date and its expiration date. **Copies of letters or certificates will not be accepted.**

**LICENSE FEES**

**FOR APPLICANTS WHO HAVE ALREADY PASSED THE REQUIRED EXAMINATION, PAY THE FOLLOWING FEE WITH THE APPLICATION:**

If applying for license in the first year of the triennium, pay (7/1/10 to 6/30/11) .....	\$400 <i>(Application-\$60* + License-\$160 + Compliance Resolution Fund-\$105 + 2/3 renewal-\$75)</i>
If applying for license in the second year of the triennium, pay (7/1/11 to 6/30/12) .....	\$325 <i>(Application-\$60* + License-\$160 + Compliance Resolution Fund-\$70 + 1/3 renewal-\$35)</i>
If applying for license in third year of the triennium, pay .....(7/1/12 to 6/30/13) .....	\$255 <i>(Application-\$60* + License-\$160 + Compliance Resolution Fund-\$35)</i>

\* Application fee is not refundable.

**LICENSE FEES  
(Contd.)**

Make check payable to: **Commerce and Consumer Affairs.**

APPLICANTS APPLYING TO TAKE THE EXAMINATION AFTER JULY 1, 2004 WILL BE NOTIFIED OF LICENSE FEES DUE WHEN ALL LICENSING REQUIREMENTS HAVE BEEN MET.

The Compliance Resolution Fund (CRF) was established by the 1982 Legislature (Section 26-9(m), Hawaii Revised Statutes) to expedite resolution of consumer complaints filed with the Department of Commerce and Consumer Affairs.

**NOTE:** *One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.*

*If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.*

**Instructions for "Yes" Answers to Questions (5) through (7) of the Application for License (LSW-10).**

The following documentation must be submitted with the license application. Applications for license will not be considered without this material.

1. Questions 5 and 6 refer to complaints, charges of unlicensed activity, or pending disciplinary actions for any profession, occupation, or license, both motor vehicle and those other than motor vehicle. If your answer is "yes" to one or more of these questions, you must **submit** the following:
  - i. A detailed statement **signed by you** explaining the underlying circumstances; and
  - ii. Copies of any documents from the agency, including final orders, petitions, complaints, findings of fact and conclusions of law, proof of payment of any fines, and any other relevant documents; and
  - iii. A resume of any employment, business activities, and education since the date of the action.
  - iv. If your driver's license was subject to suspension, revocation, a Traffic Abstract must be submitted. Contact Traffic Court for this.
2. If your application indicates a criminal conviction, you must **submit** the following for each conviction:
  - i. A detailed statement **signed by you** explaining the underlying circumstances leading to the conviction and detailing all activities since the conviction, including employment and business involvements. Include job title, period of employment, employer's name, description of duties, training attended, and educational courses attended.
  - ii. A copy of all related court documents (i.e. indictments, judgements, guilty pleas, verdict, and terms of sentence); if applicable, proof of payment of any fines and/or proof of fulfillment of conditions of each sentence; and
  - iii. If applicable, a copy of the terms of probation and/or parole **and** a statement from your probation or parole officer as to your compliance with the court orders (terms and conditions imposed including any court documentation evidencing completion or discharge;
  - iv. If applicable, letters from any counselors or therapists discharging you from their program(s) and providing their conclusions and recommendations as to the extent of your rehabilitation.
  - v. A **current** criminal history record check in your name from the Hawaii Criminal Justice Data Center (HCJDC) dated within six months. Contact them at Ph: (808) 587-3100 or visit their website at: [www.ecrim.ehawaii.gov](http://www.ecrim.ehawaii.gov) to request a "Criminal History Record Check".
  - vi. If your criminal conviction occurred in a state or states other than Hawaii, a **current** criminal history record check will be required from each state **AND** Hawaii. Contact the local authority or board in each state for their forms, instructions and fees on obtaining criminal history record checks.
  - vii. If your criminal conviction was a federal crime, a current Federal Criminal History Record Check will also be required. In Hawaii, contact the HCJDC for procedures and fees related to this request.

**ABANDONMENT  
OF APPLICATION**

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

**MAILING  
ADDRESS**

Mail complete application to:

Deliver to office location at:

*Social Workers License  
DCCA, PVL Licensing Branch  
P.O. Box 3469  
Honolulu, HI 96801*

*or*

*335 Merchant St., Room 301  
Honolulu, HI 96813*

*Phone: (808) 586-3000*

**RELEASE OF  
INFORMATION**

If an agency or individual is assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please attach a signed and dated letter providing the name of the agency or person you authorize us to release information to.

**TRIENNIAL  
RENEWAL**

All licenses regardless of issuance date, shall be renewed triennially on or before June 30, 2010, 2013, 2016. Failure to renew a license shall result in a forfeiture of the license. It is the responsibility of the licensee to inform the Department in writing of any name or address change.

**LAWS  
PUBLICATION**

Chapter 467E, HRS, provides for the regulation of social workers in Hawaii. A copy of the Social Worker law is available by submitting a written request to the address above. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with the above statutes. Indicate the specific chapters in your request.

The laws are also posted on our website at: [hawaii.gov/dcca/pvl](http://hawaii.gov/dcca/pvl). Look under "Social Workers".

**APPLICATION FOR LICENSE - LICENSED CLINICAL SOCIAL WORKER**

License No. \_\_\_\_\_ Eff. Date: \_\_\_\_\_  
 LCSW - \_\_\_\_\_

*Before completing this form, read the information and instructions for filing.*

Legal Name (First, Middle)		(LAST)
Residence Address (Include apt. no., city, state & zip code)		
Mailing Address <b>ONLY</b> if different from above:		
Social Security No.	Other Names Used	Phone No. (Days)
Provide date you requested transcript: _____		
Provide date you requested verification of your scores (if applicable): _____		

FOR OFFICE USE ONLY

EDUCATION	Name & Location (city/state) of College/University	Course of Study	Dates (mo/yr)		Name of Degree Earned
			From	To	

Circle answers. If response to question(s) 5, 6, 7 is "yes", refer to instructions for additional documents that must be submitted.

- 1) Are you at least 18 years of age? ..... YES NO
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? ..... YES NO
- 3) Are you licensed in another state? ..... YES NO  
 If yes, provide state(s): \_\_\_\_\_
- 4) Have you passed the clinical level national exam given by the Association of Social Work Boards? ..... YES NO
- 5) Has any license ever been suspended, revoked or otherwise subject to disciplinary action? ..... YES NO
- 6) Are there any complaints or disciplinary actions pending against you in any state or jurisdiction? ..... YES NO
- 7) In the past 20 years have you ever been convicted of a crime in which the conviction has not been annulled or expunged? ..... YES NO

**Affidavit of Applicant:**

I hereby certify that the statements, answers and representations made in this application and in the documents submitted are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (*Sec. 710-1017, Sections 436B-19, and 466-9, Hawaii Revised Statutes*). I further certify that I have read, understand, and shall obey all laws pertaining to Social Workers.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

Appln ..... 680 ..... \$60  
 Lic ..... 681 ..... \$160  
 CRF ..... 686 ..... \$35/70/105  
 Renewal ..... 682 ..... \$75/35  
 Service Fee ..... BCF ..... \$25

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

STATE OF HAWAII  
SOCIAL WORKER PROGRAM  
Department of Commerce and Consumer Affairs  
335 Merchant Street, Room 301, Honolulu, HI 96813  
P.O. Box 3469, Honolulu, HI 96801  
Access this form via website at: [hawaii.gov/dcca/pvl](http://hawaii.gov/dcca/pvl)

**VERIFICATION OF SUPERVISED CLINICAL SOCIAL WORK EXPERIENCE**

Instructions to Supervisor:

Please complete the "Verification of Supervised Clinical Social Work Experience" form to verify the number of clinical social work hours that the applicant completed under your supervision. **THE FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.**

\_\_\_\_\_  
(print name of applicant)

This is to certify that, \_\_\_\_\_,  
(name of applicant)

has been under **my** supervision from \_\_\_\_\_ through \_\_\_\_\_ and  
(month and year) (month and year)

has successfully completed a total of \_\_\_\_\_ hours of psychotherapy, assessment, and clinical diagnosis;  
(number)

a total of \_\_\_\_\_ hours of client-centered advocacy, consultation, and evaluation; and  
(number/no more than 900 hrs.)

a total of \_\_\_\_\_ hours of direct face-to-face supervision at the agency listed below. I further certify that  
(number)

during the period listed above, I supervised a total of \_\_\_\_\_ individuals, and \_\_\_\_\_ individuals in a  
(number) (number/up to six supervisees)  
small group setting.

\_\_\_\_\_  
Signature (Date)

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Type of License, License Number and State Issued

\_\_\_\_\_  
Name of Credential and Name of Credentialing Agency

\_\_\_\_\_  
Number of Hours of Post-Graduate Clinical Experience in  
Assessment, Clinical Diagnosis and Psychotherapy that the  
**supervisor** completed.

\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
Address

Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
( )  
Telephone Number

Notary Public, State of \_\_\_\_\_

My commission expires:

LSW-11 0211R