MARYLAND BOARD OF SOCIAL WORK EXAMINERS
4201 Patterson Avenue, Baltimore. Maryland 21215
Phone#: 410-764-4788 Toll Free: 1-877-526-2541
http://www.dhmh.state.md.us/bswe/

APPLICATION FOR LICENSURE BY ENDORSEMENT

FOR APPLICANTS WITH 5 YEARS OF SOCIAL WORK EXPERIENCE OUT OF THE PAST 10 YEARS

Application For Licensure As	Fees
☐ Certified Social Worker (LCSW) Advanced Generalist Exam	$100.00
☐ Certified Social Worker - Clinical (LCSW-C) Clinical Exam	$100.00

PERSONAL INFORMATION

Your NAME must be your LEGAL NAME and it will appear on all documents as listed below:

Please submit legal documentation of a change in name, if applicable.

Last Name & Generational Indicator (Jr., III etc.)

First Name & Middle Name / Initial

Maiden Name

Address Line One

Address Line Two (Apt #)

City State Zip Code

Date of Birth(mm/dd/yy) Sex ◯ Male ◯ Female SSN

Race ◯ White ◯ African American ◯ American Indian ◯ Asian ◯ Hispanic ◯ Other

Home Phone

Work Phone Extension

Cell Phone

email

EDUCATION

Name on Official Transcript

Degree ☐ MSW Date of Degree

College/University

State

Fill Form & Then Print

Date Receieved

Amount

Check / MO #

Licensure By:

☐ Endorsement

State(s) Active License(s)

Testing Services

☐ ASWB

☐ NASW / ACSW

☐ State Exam

Exam Date

Exam Level

Score

INITIAL LICENSE FEE

Date Receieved

Amount

Check / MO #

License #

Lic Control #

Bd Code Status Year

OTL Date

Added to System

License Mailed

WC Mailed

Added to Lic DB

Ent . Control #

Lic. Coordinator

LICENSES HELD

List ALL Social Work Licenses (Active, Inactive or Non-Renewed) Held in ANY state including Maryland.

State	License #	Original License Date	Expiration Date	Inactive Date	History of Discipline	FOR BOARD USE ONLY
					☐ Yes ☐ NO	
					☐ Yes ☐ NO	
					☐ Yes ☐ NO	
					☐ Yes ☐ NO	
					☐ Yes ☐ NO	

ANSWER ALL QUESTIONS

FOR EACH QUESTION ANSWERED WITH A YES, PLEASE ATTACH A DETAILED EXPLANATION.
FOR QUESTIONS # 4 AND #5, ALSO PROVIDE A CERTIFIED COPY OF THE POLICE/COURT RECORD AND FINAL DISPOSITION.

◯ Yes ◯ No 1. Have you provided social work services while under the influence of alcohol, a narcotic, a controlled dangerous substance, or other drug that is in excess of prescribed amounts or without valid medical indication?

◯ Yes ◯ No 2. Has any State Licensing or Disciplinary Board, or a comparable body in the Armed Services denied your application for licensure, reinstatement, renewal, or taken any action against your license, including but not limited to reprimand, suspension, or revocation?

◯ Yes ◯ No 3. Have you ever voluntarily surrendered your license due to a violation of state licensing law(s)?

◯ Yes ◯ No 4. Have you pled guilty to, nolo contendere to, been convicted of, or received probation before judgement for any criminal act (excluding misdemeanor traffic violations)?

◯ Yes ◯ No 5. Have you pled guilty to, no contendere to, been convicted of, or received probation before judgement for driving while under the influence of alcohol, while under the influence of alcohol per se, while impaired by alcohol, or while impaired by a drug, a combination of drugs, a combination of one or more drugs and alcohol, or while impaired by a controlled dangerous substance.

◯ Yes ◯ No 6. Has a claim for damages been awarded or settled against you resulting from a malpractice suit?

ALL FORMS / DOCUMENTATION MUST BE ORIGINALS

APPLICANT'S AFFIDAVIT

I do hereby affirm that all statements made herewith are true and correct to the best o f my knowledge and belief. Furthermore, I voluntarily consent to a through review of my present and past employment and other activities for the purpose of verifying my qualifications for licensure.

Signature _____ Date