STATE OF MARYLAND

DHMH Department of Health and Mental Hygiene

MARYLAND BOARD OF SOCIAL WORK EXAMINERS
4201 Patterson Avenue,
Baltimore. Maryland 21215
Website: http://www.dhmh.state.md.us/bswe/
Phone Number:410-764-4788
Toll Free: 1-877-526-2541
Fax: 410-358-2469

Fill in Form & Print

FOR BOARD USE ONLY

Reactivation or Reinstatement Application

License No: _____ Exp Date _____

Application For Licensure By:

☐ REACTIVATION (License Status - "Inactive")
- ☐ LSWA $105.00
- ☐ LGSW $190.00
- ☐ LCSW $250.00
- ☐ LCSW-C $250.00

☐ REINSTATEMENT (License status "Non - Renewed")
- ☐ LSWA $180.00
- ☐ LGSW $265.00
- ☐ LCSW $325.00
- ☐ LCSW-C $325.00

Date Received _____

Amount _____

Check / Mo # _____

Amount Due _____

Refund Due _____

Reviewed _____ Inl _____

WF _____

_____

_____

Approved _____ Inl _____

Ent. Lic. DB _____ Inl _____

Lic Mailed _____ Inl _____

Lic Control _____ Inl _____

Ent DB _____ Inl _____

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

Degree ◯ BSW ◯ MSW Graduation Year _____

College / University _____ State _____

CONTINUING EDUCATION

Have you obtained the required 40 Continuing Education Credit Hours? ◯ Yes ◯ No

If NO, please indicate the length of time needed to obtain credit hours.

◯ 1 Month ◯ 4 Months ◯ 6 Months ◯ 8 Months ◯ 10 MOnths

Note: By checking one of the choices, you are requesting an extension. The license will be issued and a letter authorizing an extension of time will be mailed to you. THE BOARD MAY OR MAY NOT AUTHORIZE AN EXTENSION.

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 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. Within the last two years, have you pled guilty to, nolo contendere to, been convicted of, or received probation before judgment for any criminal act (excluding misdemeanor or traffic violations)?

☐ Yes ☐ NO 5. Within the last two years, have you pled guilty to, nolo 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 combinations 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?

☐ Yes ☐ NO 7. Since your license expired, have you worked as a social worker in Maryland, held a social work position in Maryland, or held a position which required social work licensure, in Maryland? If yes, please attach a detailed explanation, the dates of employment, a copy of the job description and qualifications, and the name of your social work supervisor.

APPLICATION AFFIDAVIT

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

Signature _____ Date _____

PLEASE MAIL (Do not FAX & Do not EMAIL) the following to the address listed above:

- Completed , signed and dated form
- Check or money order payable to the Board of Social Work Examiners
- Continuing education report form (Unless requesting an extension)
- Continuing education documentation (Unless requesting an extension)
- Legal documentation of a change in name, if applicable.