

Montana Board of Behavioral Health
301 South Park, 4th Floor, PO Box 200513
Helena, Montana 59620-0513
Phone (406) 841-2300
Email: dlibsdbbh@mt.gov
Website: www.bbh.mt.gov

Application for Licensure as Licensed Clinical Social Worker or Candidate

Application by: Examination Endorsement (Licensed in another state)

1. FULL NAME _____
Last First Middle

2. OTHER NAME(S) KNOWN BY _____

3. ORGANIZATION NAME _____

4. ORGANIZATION ADDRESS _____
Street or PO Box # City and State Zip

5. HOME ADDRESS _____
Street or PO Box # City and State Zip

PREFERRED METHOD OF CONTACT

ORGANIZATION HOME EMAIL ADDRESS _____

Preferred Method of Contact by Staff: _____
Business Phone, Home/Cell Phone

6. ORGANIZATION PHONE _____ HOME PHONE _____ FAX _____

7. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____

8. DATE OF BIRTH _____ MALE FEMALE

Please answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a supplement sheet.

9. If taking an examination, do you have any physical or mental impairment(s) requiring special accommodation(s)? If yes, attach a detailed explanation from your physician. Yes No

10. Have you ever taken the licensure examination in Montana or any other state? If yes, give state, date, and results. _____ Yes No

11. List all professional/occupational licenses, registrations, or certificates granted to you

State	License #	Issue Date	Expiration Date	License Method			Requested State Verification
				<input type="radio"/> EXAM	<input type="radio"/> ENDORSE	<input type="radio"/> OTHER	<input type="radio"/> YES <input type="radio"/> NO
				<input type="radio"/> EXAM	<input type="radio"/> ENDORSE	<input type="radio"/> OTHER	<input type="radio"/> YES <input type="radio"/> NO
				<input type="radio"/> EXAM	<input type="radio"/> ENDORSE	<input type="radio"/> OTHER	<input type="radio"/> YES <input type="radio"/> NO
				<input type="radio"/> EXAM	<input type="radio"/> ENDORSE	<input type="radio"/> OTHER	<input type="radio"/> YES <input type="radio"/> NO

Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. Yes No

Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupation license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Has a complaint ever been made against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. Yes No

Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purposes of this question includes a deferred imposition of sentence and/or deferred prosecution. If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years ago and that resulted in fines of less than \$200; and (2) convictions prior to your 18th birthday unless you were tried as an adult. Yes No

Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation. Yes No

Have you ever been courts martial or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation from the source. Yes No

Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc)? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding hospital, facility or staff privileges; health maintenance organization participation, third party provider or Medicare/Medicaid participation; or any other privileges? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your profession or occupation? If yes, please attach a detailed explanation and provide documentation from the source. Yes No

Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc) If yes, please attach a detailed explanation and provide documentation from the source. Yes No

12. **EDUCATION:**

List all colleges, universities, and institutions where you have obtained an official degree.

Name of University or College	Dates Attended	Degree Earned

13. **REFERENCE LETTERS:**

Please type or print names and addresses of three licensed social workers, psychologists or psychiatrists. Use these reference names to send the reference forms for your character references.

Name	License Number and Profession	Address	Telephone Number

DECLARATION

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Behavioral Health.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Signature of Applicant

Date

NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification by the Montana Board of Behavioral Health that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.⁹

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation, executive order, rule or procedure.

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

If a change, correction, or update needs to be made to a Montana criminal history record, or if you need additional information or assistance, please contact Montana Criminal Records and Identification Services at dojitsdpublicrecords@mt.gov or 406-444-3625.

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency for non-criminal justice purposes.

Signed Name: _____ Date: _____

Printed name: _____



In accordance with federal law regarding notices and disclosures, MT Dept of Justice requires the entity to which you are applying to work or volunteer to use this form.

Form number: APPR&R 20120611

APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LEAVE BLANK

LAST NAME NAM FIRST NAME MIDDLE NAME

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O
R
I

MT 920078Z
BD SOC WK/PROF CNSLR
HELENA, MT

DATE OF BIRTH DOB
Month Day Year

RESIDENCE OF PERSON FINGERPRINTED

CITIZENSHIP CTZ

SEX RACE HGT WGT EYES HAIR

PLACE OF BIRTH POB

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

MT SNPC BOARD
301 S PARK AVE 4TH FLOOR
PO BOX 200613
HELENA MT 59620

FB: NO FBI

CLASS

ARMED FORCES NO: MNU

REF

REASON FINGERPRINTED

§ § 37-22-301(5)MCA.

SOCIAL SECURITY NO SOC

MISCELLANEOUS NO MNU

1. R. THUMB

DRAFT

3. R. MIDDLE

4. R. RING

DRAFT

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

SEND THE FINGERPRINT CARD AND THE
SIGNED RELEASE TO THE FOLLOW
ADDRESS:

Montana Department of Justice
Criminal Records Division
2225 11th Ave
P.O. Box 201403
Helena, MT 59620

AUTHORIZATION TO RELEASE INFORMATION
Social worker or candidate licensure applicant

Applicant Full Name: _____
 First Middle Last

Other Names Known By: _____

Date of Birth: _____ Male Female

Social Security Number: _____

NOTICE

As required by 28 CFR § 50.12, you are advised your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation and the Montana Department of Justice as a requirement of licensure with the Montana Board of Behavioral Health. See, §§ 37-22-301(5)(6) and §§ 37-22-202(3)(4), MCA.

You are further advised of the following procedure, set forth in 28 CFR § 16.34 to obtain change, correct, or update your criminal history record.

If, after reviewing your identification record, you believe it is incorrect or incomplete in any respect and wish to change, correct, or update the alleged deficiency, you should apply directly to the agency that contributed the questioned information. You may also challenge the accuracy or completeness of any entry on your record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

Within 10 calendar days of receiving the results of this record, you must notify this office of your challenge by providing a copy of the correspondence referenced above. If the office has not received a copy of such correspondence within this time frame, it will make its determination regarding the issuance of your license or affiliation with the program.

I authorize the release of information concerning my criminal background to the Department of Labor & Industry, Board of Behavioral Health for the purposes of compliance with professional licensure as a social worker or a professional counselor in the State of Montana.

Applicant
Signature: _____ **Date:** _____

Mailing Address: _____
 Street/P.O. City, State, Zip Code

Email Address: _____ **Phone:** _____

MONTANA BOARD OF BEHAVIORAL HEALTH

FINGERPRINTING & BACKGROUND CHECKS INSTRUCTIONS

Each social worker licensure applicant is required to undergo a fingerprint and background check. Included in this packet are instructions, an Authorization to Release Information, and a sample fingerprint card that includes the address to the Criminal Records Division of the Montana Department of Justice.

Prior to having your prints taken you will need:

- a check or money order for \$30 (as of March 1, 2019) made payable to the Montana Department of Justice, Criminal Records Division,
- a 12x9 manila envelope addressed to the Montana Department of Justice, Criminal Records Division. Postage is required to mail the envelope with *its contents*. Please check with your local post office and add the accurate postage **PRIOR** to going to the law enforcement agency that is collecting your fingerprints and,
- a completed Authorization to Release Information form.

Take these instructions, sample fingerprint card, check or the money order, postage paid envelope, and release form with you to the law enforcement or other agency that provides fingerprint processing. If possible, have your prints taken at a facility that offers digital print services. The risk of unusable prints is reduced as a result of digital mastery.

A representative from the law enforcement agency of your choosing will take your fingerprints. Using a blank card from the agency, add your personal information AND add the **bolded** information **as it appears on the sample card**. This includes the **EMPLOYEE AND ADDRESS, REASON FINGERPRINTED AND THE ORI NUMBER**. It is very important for successful processing that the information is **accurately completed as it appears on the sample card**. Place the completed fingerprint card, the check or money order, and the Authorization to Release Information form in the pre-addressed, postage paid envelope. The envelope should be mailed directly from the law enforcement agency to the **Montana Department of Justice, Criminal Records Division. The address is 2225 11th Ave, P.O. Box 201403, Helena, MT 59620-1403**. The address is also included at the bottom of the sample finger print card.

If your fingerprint card is rejected, as may occur, the Board office will contact you by mail with a letter and a copy of your rejection notice to facilitate taking a second set of fingerprints. You are not required to pay a second fee to the Montana Department of Justice, Criminal Records Division. Simply repeat the process above and include a copy of the letter from this office and the rejection notice with your new fingerprint card. We cannot guarantee the local law enforcement agency you request to obtain your fingerprints will not charge you a second fee. Any applicant is allowed a total of 3 rejections. In the event that this occurs, the Montana Department of Justice, Criminal

P.O. BOX 200513 • 301 SOUTH PARK • HELENA MT 59620-0513 • PHONE (406) 841-2300
FAX (406) 841-2309 • TTD (406) 444-0532
"AN EQUAL OPPORTUNITY EMPLOYER"

Records Division will initiate a manual name based check. A manual check may take 2-4 weeks to complete.

The resulting Criminal History Record (aka "rap sheet" or "FBI identification record") will be sent directly to the Board of Behavioral Health. In accordance with 28 CFR § 50.12, these records may be used solely for the purpose requested and cannot be disseminated outside the receiving departments, related agencies, or other authorized entities. The agency may not convey the actual criminal record to the individual to whom the criminal history record pertains. The agency may indicate to the individual that the individual has been convicted of or is under pending charges for a crime that bears upon his or her fitness to have responsibility for the safety and well-being of consumers.

An application for licensure as a professional counselor or social worker will not be considered to be complete until the information the fingerprint and background information is received from the Montana Department of Justice, Criminal Records Division and processed by the Board Office. Results of the background check will be sent directly to the Board office by the State of Montana Department of Justice.

You will only be contacted by this office *if* a disqualifying event is identified on the report.

Please contact the board office at 406-841-2200 or by e-mail at dlibsdbbh@mt.gov if you have any questions.

REFERENCE LETTER

An applicant shall present three letters of reference from a licensed social worker, a licensed clinical social worker, psychiatrist or a psychologist who have knowledge of the applicant's professional performance. One of the reference letters must come from the applicant's supervisor.

APPLICANT: Complete the upper portion of this form and mail to each of the character references you have listed in your application.

Legal Signature of Applicant _____
Date

(Please Type or Print)
Name of Applicant: _____

Address: _____

This verification sent to: _____

CHARACTER REFERENCE: Please answer the following questions concerning the applicant's moral and professional character. This document is your authorization to release any and all information and opinions you have, favorable or otherwise, directly to the Montana Board of Behavioral Health.

Name of reference: _____ Daytime phone: _____

Address: _____

Type of License/License Number/Profession/Position

How long have you known the applicant? _____ In what capacity? _____

To your knowledge, does the applicant have any habits or practices that would adversely affect his/her professional activities? If your answer is "yes", please explain: Yes No

Do you consider this applicant worthy of approval to practice as a Licensed Clinical Social Worker in Montana? Please comment on the applicant's professional character, morals and ethics (attach additional sheet(s) as needed): Yes No

Signature of Reference _____
Date

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Supervision Plan for Candidates

(ONLY candidate license applicants submit this form)

APPLICANT NAME _____

SUPERVISOR NAME _____ License Number _____

CONTENT SUMMARY OF EXPERIENCE: NO MORE THAN 160 HOURS SHALL TRANSPIRE WITHOUT THE SUPERVISOR PROVIDING TWO (2) FACE-TO-FACE HOURS OF SUPERVISION.

This form must contain 100 hours of individual or group supervision by a qualified supervisor; 50 of these hours shall be face-to-face consultation with the supervisor, at least 10 of which is in direct observation of the service delivery.

Each session shall be documented with the following information:

1. Date and length (in increments of not less than 15 minutes)
2. Names of applicant and supervisor (including type of license and number)
3. Signatures of both applicant and supervisor
4. Detailed content summary of the session (excluding confidential information)

DATE - - CONTENT -- TIME

As supervisor, I attest that I am not a relative of the applicant, or in a financially dependent relationship with the applicant.

I agree to supervise the applicant for the time period of _____

Date	Content	Time

Frequency and method of supervision: _____

Statement of Confidentiality: This form is to be reviewed by the Board of Behavioral Health only for the purpose of meeting the Montana Social Work Licensure requirements, and is not public information.

 Applicant's Signature and Date

 Supervisor's Signature and Date

You may make as many copies of this form as needed to document the 100 hours of individual or group supervision by a qualified supervisor.

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(candidate license applicants DO NOT fill out this form)

SOCIAL WORK SUPERVISION SUMMARY

50% of 100 hours (50 hours) supervised by LCSW Total Hours: _____
(minimum 100)
 1. 50% of 100 hours (50 hours) of individual and face-to-face.

Supervisory Log - dates and times: (Attach additional sheets as necessary)

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2. 10 hours of direct observation of the service delivery. Total Hours: _____
 Participation in service delivery through a two-way mirror, video or audio tape or interactive video link.

Supervisory Log - dates and times: (Attach additional sheets as necessary)

--

3. Number of hours of supervision satisfactorily completed under each qualified supervisor:

Number of hours	Supervisor's Signature	License and Degree	Date

As supervisor, would you recommend the applicant for licensure? Yes No
 If you answered "no" please state why on the back of this form.

Process of Supervision:

The supervisor shall:

1. Be a qualified supervisor as determined by the board and provide verification of this qualification to the supervisee. The supervisor shall maintain this credential for the duration of the supervision.
2. Provide supervision on the agreed-upon basis.
3. Provide a reference letter as specified in 24.219.501(c), ARM.
4. Conduct supervision with a focus on the supervisee's clinical work and professional development.
5. Conduct supervision as a professional endeavor, making a reasonable effort to ensure the supervisee's competence in practice.
6. Conduct supervision according to the Code of Ethics. (24.219.801, ARM)
7. Complete the supervisor's portion of the Social Work Supervision Summary.
8. Co-sign the Social Work Supervision Log at the times of supervision.

The supervisee shall:

1. Attend supervision on the agreed-upon basis.
2. Keep the Social Work Supervision Log.
3. Provide appropriate clinical material for supervision which is representative of the supervisee's practice or of the specialty where more guidance and direction is needed.
4. Participate in supervision with a goal of increasing competency in clinical social work practice and in accordance with the Code of Ethics. (24.219.801, ARM)
5. Request on-going and final evaluation of clinical social work skills from the supervisor.

 Supervisor's Signature and Date

 Supervisee's Signature and Date