

**Montana Board of Social Work Examiners and Professional Counselors
(Marriage and Family Therapists are now regulated by this Board)
301 South Park, 4th Floor, PO Box 200513
Helena, Montana 59620-0513
Phone (406) 841-2203 Fax (406) 841-2305
Email: dlibsdswp@mt.gov
Website: www.swpc.mt.gov**

APPLICATION PROCEDURES FOR CLINICAL SOCIAL WORK

**This application is used for the Montana Clinical Social Work License.
Application requirements for licensure by exam and for licensure by endorsement/licensure of
out-of-state applicants. Licensure by Endorsement requirements are defined below.**

REQUIREMENTS FOR LICENSURE BY EXAMINATION:

- ◆ **Academic Requirements:** Masters Degree in Social Work (MSW) or Doctorate in Social Work (DSW) from a college or university accredited by the Council on Social Work Education (CSWE). Montana does not license individuals with a bachelor's degree in social work. An official transcript must be sent to the board office directly from your college or university.
- ◆ **Supervised Post-Degree Experience Hours:** (24.219.504, ARM) 3,000 hours of psychotherapy or clinical social work services done in the past five years and completed in not less than 24 months, documented on the Supervisory Report form and the Supervision Summary form included in this packet as outlined below:
 - a. 3,000 hours supervised by a qualified supervisor. A qualified supervisor is defined as a licensed clinical social worker, a licensed clinical professional counselor, a licensed psychologist or a psychiatrist.
 - b. 100 documented hours of individual and/or group supervision.
50 of these hours shall be individual and face-to-face by an LCSW and include 10 hours of direct observation of the service delivery.
 - c. No more than 160 hours of experience shall transpire without at least two (2) hours of supervision.
 - d. The total requirement (3,000 hours) shall be completed at the time of application and documented on the forms provided in the application packet.
- ◆ **Reference Letters:** Three (3) current letters from licensed social workers, licensed psychologists or licensed psychiatrists are required. The letters must be written directly to the board, attesting to the applicant's professional performance. A supervisor of the applicant must write at least one of the letters. {37-22-301(2), MCA} An electronic version of the reference letter is available on the website at www.swpc.mt.gov. Click on the "Forms" tab.
- ◆ **Application:** Application must be made on Montana's forms. All forms in the packet must be completed. No other state's licensing application forms will be accepted as a substitute. (24.219.501, ARM).
- ◆ ALL APPLICANTS for licensure will be required to obtain a fingerprint and background check from the Department of Justice. Applicants must contact the board office and request a fingerprint packet.

APPLICATION PROCEDURES AND SUPPORTING DOCUMENTS FOR LICENSURE BY ENDORSEMENT:

- ◆ A completed, signed application form.
- ◆ Supervisory Experience Forms completed by the applicant and supervisor, or the applicant shall submit proof of previous completion of 3,000 hours of supervised social work experience as defined in 37-22-301, MCA. The candidate may verify the experience hours by affidavit, and need not supply a supervisor's signature upon reasonable explanation of why the supervisor's signature is unavailable to the candidate,
or
- ◆ The candidate shall submit proof the candidate has been in continuous practice as a social worker in another jurisdiction for the two years immediately preceding the date of application to Montana.
- ◆ Official graduate transcripts sent directly to the board office from the school.
- ◆ Three reference letters, addressed directly to the board, from licensed social workers, licensed psychologists or licensed psychiatrists.
- ◆ ALL APPLICANTS for licensure will be required to obtain a fingerprint and background check from the Department of Justice. Applicants must contact the board office and request a fingerprint packet.

FEES: All fees are non-refundable.

\$200.00 Application Fee (paid to the board office with the application)

- ◆ Examination Fees are set by and paid directly to the testing service - ASWB (www.aswb.org)

Make check or money order payable to the Board of Social Work Examiners and Professional Counselors
Do not send cash

SUMMARY OF APPLICATION PROCEDURES AND SUPPORTING DOCUMENTS:

The following information and/or documentation is required. **A license will not be issued until all materials are received and approved.**

- ◆ A completed, signed application form.
- ◆ Supervisory Experience Forms completed by the applicant and supervisor.
- ◆ Official graduate transcripts sent directly to the board office from the school.
- ◆ Three reference letters, addressed directly to the board, from licensed social workers, licensed psychologists or licensed psychiatrists.
- ◆ ALL APPLICANTS for licensure will be required to obtain a fingerprint and background check from the Department of Justice. Applicants must contact the board office and request a fingerprint packet.

APPLICATION APPROVAL PROCESS:

A "routine" application will be reviewed and approved by board staff. "Non-routine" applications will be reviewed by the board at a regularly scheduled board meeting. An application indicating education in a foreign country or applications indicating prior disciplinary sanctions are considered "non-routine" and may take up to 120 days to process.

SOCIAL WORK EXAMINATION INFORMATION:

The social work examination is a computerized examination by The Association of Social Work Boards (ASWB, www.aswb.org), and approved examination candidates are requested to make an appointment to take the examination at their convenience. Once board approval is received, an approved candidate will have one year from the date of approval to take the examination.

PLEASE ALLOW 10 TO 14 WORKING DAYS FOR PROCESSING AFTER RECEIPT OF ALL
REQUIRED DOCUMENTATION

For information with regard to the processing of this application or other concerns, please contact The Board of Social Work Examiners and Professional Counselors at 406-841-2391 or 406-841-2392 or email us at dlibsdsdp@mt.gov

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APPLICATION FOR LICENSURE AS A CLINICAL SOCIAL WORKER

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

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SOCIAL WORK SUPERVISORY REPORT 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 Social Work Examiners and Professional Counselors 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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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)

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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

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 Social Work Examiners and Professional Counselors.

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

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 Social Work Examiners and Professional Counselors.

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

VERIFICATION OF LICENSURE

THIS IS NOT AN ENDORSEMENT CERTIFICATION

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE CLINICAL SOCIAL WORK. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.

STATE BOARD:

I am applying for a license to practice as a clinical social worker in the State of Montana and the Board of Social Work Examiners and Professional Counselors requires this form to be completed by each state wherein I hold or have ever held licensure. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **BOARD OF SOCIAL WORK EXAMINERS AND PROFESSIONAL COUNSELORS, PO BOX 200513, HELENA, MT 59620-0513**. Your early response is appreciated.

(Signature)

Name (Please Print)

Address _____

My License Number is _____

DO NOT DETACH - - THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF SOCIAL WORK EXAMINERS & PROFESSIONAL COUNSELORS.

State of: _____

Full Name of Licensee: _____

License No. _____ Issue Date: _____

Licensed by Examination _____ Endorsement (List State) _____ Other (Please List) _____

Type of Examination:
ASWB Clinical/Advanced
Intermediate/Basic _____

Is License current? Yes No

License Status: Active Inactive Other If NO, explain _____

Has License been suspended, revoked, on probation or otherwise disciplined?
If YES, explain and attach documentation. Yes No

Has licensee ever been requested to appear before your Board?
If YES, explain. Yes No

Derogatory information, if any _____

Comments, if any _____

BOARD SEAL

Signed: _____

Title: _____

State Board: _____

Date: _____

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FINGERPRINTING AND BACKGROUND CHECKS FOR ALL SOCIAL WORK APPLICANTS

The 2007 Legislative Session saw passage of Senate Bill 342 which requires applicants for licensure as Social Workers or Professional Counselors to submit fingerprints for criminal background checks. The resulting changes to statutes; 37-22-301 for Social Workers, and 37-23-202 for Licensed Clinical Professional Counselors read as follows:

37-22-301. License requirements (5) As a prerequisite to the issuance of a license, the board shall require the applicant to submit fingerprints for the purpose of fingerprint checks by the Montana Department of Justice and the Federal Bureau of Investigation as provided in [37-1-307](#).

(6) If an applicant has a history of criminal convictions, then pursuant to [37-1-203](#), the applicant has the opportunity to demonstrate to the Board that the applicant is sufficiently rehabilitated to warrant the public trust, and if the Board determines that the applicant is not, the license may be denied. **Full text of the initiating statute can be found at 37-22-101.**

37-23-202. Licensure requirements (3) As a prerequisite to the issuance of a license, the Board shall require the applicant to submit fingerprints for the purpose of fingerprint checks by the Montana Department of Justice and the Federal Bureau of Investigation as provided in [37-1-307](#).

(4) If an applicant has a history of criminal convictions, then pursuant to [37-1-203](#), the applicant has the opportunity to demonstrate to the Board that the applicant is sufficiently rehabilitated to warrant the public trust, and if the Board determines that the applicant is not, the license may be denied. **Full text of the initiating statute can be found at 37-23-101.**

Applicants must contact the board office and request a fingerprint packet be mailed to them. Instructions for completing the fingerprint/background process will be included in the packet.

Obtaining prints sometimes results in errors; in the event that this occurs, the board office will contact you and send a new fingerprint card. You will need to get a second set of prints done. Please consider using a facility which offers digital fingerprinting if the ink prints are rejected due to smudging.

If your first finger print card is rejected you are not required to pay a second fee to the Department of Justice, Montana Criminal Records. Simply attach your new fingerprint card to the dated request form and mail to the Department of Justice. The dated request form will be returned to you by this office when we notify you that your fingerprints were rejected. We cannot guarantee that the agency taking your fingerprints will not charge a second fee.

Information from the Department of Justice is only released to the Montana Board of Social Work Examiners & Professional Counselors. A representative from the agency that you choose to collect your fingerprints must enclose the request form and the fingerprint card with your check or money order for \$29.25 made payable to the Department of Justice in the pre-addressed envelope provided and mail it to **the Department of Justice, Montana Criminal Records, 303 North Roberts, P.O. Box 201403, Helena, MT 59620-1403**. The envelope is addressed but it is **not** postage paid so you will be required to add a minimum of \$1.20 postage to the envelope. Please check with your local post office and add the accurate postage **PRIOR** to going to the agency that is collecting your fingerprints. The envelope will be mailed directly from the agency to the Department of Justice.

As a licensure applicant your application will not be considered complete until the information is received from the Department of Justice 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 406-841-2203 if you have any questions.