

MONTANA BOARD OF BEHAVIORAL HEALTH
PO BOX 200513
301 S PARK, 4TH FLOOR
Helena, MT 59620-0512
Phone: 406-444-6880
Email: dlibsdhhelp@mt.gov Website: www.bbh.mt.gov

LICENSED CLINICAL SOCIAL WORKER OR LICENSURE CANDIDATE APPLICATION

Application fee of \$200 must be submitted with the application.

1. FULL NAME: _____
First Middle Last
2. OTHER NAME(S) KNOWN BY: _____
3. MAILING ADDRESS: _____
4. EMAIL ADDRESS: _____
5. TELEPHONE: _____
Business Home Cell
6. SOCIAL SECURITY NUMBER: _____ FOREIGN ID NUMBER: _____
7. DATE OF BIRTH: _____ 8. GENDER: FEMALE MALE
9. Academic degrees received, including certificates equivalent to degrees. List the most recent degree first.

Name of University or College	City and State/Province/Territory	Dates Attended	Degree Earned

10. List all professional licenses or certification you hold or have **ever** held. Official verification must be submitted with application.

State	Other Jurisdiction	License Type	License Number	Requested State Verification
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No

11. List the three individuals providing letters of reference. Actual references can be submitted using the Verification of Moral/Professional Character form included in this application packet.

Reference Name	Type of Reference (LCSW, LCPC, LMFT, LAC, CBHPSS, or academic professor, see 37-22-301(2)(a) , MCA)

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.

Legal Signature of Applicant

Date

**PERSONAL HISTORY QUESTIONS
IMPORTANT INSTRUCTIONS AND NOTICE**

1. Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
2. You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
3. Upon submittal of your application form, for every "yes" answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.

PERSONAL HISTORY QUESTIONS

- | | | |
|---|-----|----|
| 1. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 2. Have you ever surrendered a credential like those listed in number 1, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 3. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position? | Yes | No |
| 4. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position? | Yes | No |
| 5. Have you ever withdrawn an application for any professional license? | Yes | No |
| 6. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold? | Yes | No |
| 7. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?) | Yes | No |
| 8. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | Yes | No |
| 9. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | Yes | No |

The following information is provided for Question 10 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.

- | | | |
|---|-----|----|
| 10. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or “juvenile convicted as an adult” in any state, federal, tribal, or foreign jurisdiction? | Yes | No |
|---|-----|----|

- | | | |
|--|-----|----|
| 11. Are you now subject to criminal prosecution or pending criminal charges? | Yes | No |
| 12. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization? | Yes | No |
| 13. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession? | Yes | No |
| 14. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons? | Yes | No |
| 15. Have you ever been placed on probation, restricted, reprimanded, suspended, revoked, resigned in lieu of action against you, or had other action taken against you by any hospital, clinic, health care facility, group medical practice, health maintenance organization, or third-party insurance provider, including Medicare and Medicaid? | Yes | No |
| 16. Are you currently on an exclusion list by the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services prohibiting you from working in a facility receiving federal funding? | Yes | No |
| 17. Has your authority to prescribe, dispense, or administer drugs, including controlled substances, ever been denied, restricted, suspended, or revoked? | Yes | No |
| 18. Have you ever voluntarily surrendered or had your U.S. Drug Enforcement Administration registration placed on probation, restricted, suspended, or revoked? | Yes | No |

VERIFICATION OF MORAL/PROFESSIONAL CHARACTER

APPLICANT: Complete the upper portion of this form and mail to each of the character references you have listed in your application. This form is used to meet the requirements of the character reference letters. This form can be e-mailed or uploaded to your online account if you have applied online.

Legal Signature of Applicant

Date

(Please Type or Print)

Name of Applicant: _____

Address: _____

This verification sent to: _____

(Name of Reference)

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. Your response will be kept confidential.

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 in Montana?

Yes No

Please comment on the applicant's professional character, morals and ethics (attach additional sheet as needed):

Signature of Reference

Date

Please use additional sheets, if necessary.
The applicant and the Board thank you for your assistance.

**TRAINING AND SUPERVISION PLAN:
LICENSED CLINICAL SOCIAL WORKER (LCSW) CANDIDATE**

Instructions

This section must be completed and signed by both the applicant/candidate and the supervisor who will be supervising the applicant/candidate during the candidacy. If the applicant/candidate will have more than one supervisor then this form must be completed for each supervisor. LCSW candidates who are already licensed but are changing and/or adding a new supervisor must submit a new supervision agreement which is also signed by new supervisor no later than 20 business days following the change.

You can scan and upload this form directly to your [online application/account](#) or e-mail it to dlibsdsdhelp@mt.gov.

Section 1 – Applicant/Candidate Information

- 1. Applicant/Candidate Full Name: _____
First
Middle
Last
- 2. Applicant/Candidate Mailing Address: _____
- 3. Applicant/Candidate Email Address: _____

Section 2 – Supervisor

- 4. Supervisor Full Name: _____
First
Middle
Last
- 5. Supervisor License Title: _____
(e.g. LCSW, LCPC, LMFT, licensed psychologist, or licensed and board-certified psychiatrist)
- 6. Supervisor License Number: _____

Section 4 – Declaration

I, the LCSW applicant/candidate understand the requirements of a supervised experience and recordkeeping per [37-22-301, MCA](#), ARM 24.219.422, 24.219.423, and ARM Title 24, chapter 219, subchapter 5.

Legal Signature of Applicant/Candidate Date

I, the candidate supervisor understand the requirements of a supervised experience and recordkeeping per [37-22-301, MCA](#), ARM 24.219.422, 24.219.423, and ARM Title 24, chapter 219, subchapter 5 and meet the qualifications to supervise as described [ARM 24.219.421](#).

Legal Signature of Supervisor Date

EVALUATION OF SUPERVISED EXPERIENCE: LICENSED CLINICAL PROFESSIONAL SOCIAL WORKER (LCSW) CANDIDATE

Instructions

This form demonstrates completion of hours for a Montana supervised work experience by an LCSW Candidate (SWLC). The form must be completed and signed by both the candidate and the supervisor who supervised the candidate for these particular hours. If the candidate had more than one supervisor then this form must be completed by each supervisor. You can scan and e-mail this form to dlibsdhcp@mt.gov.

Additionally, the board must be notified by the candidate and previous supervisor no later than 20 business days following a change in supervisor during a candidacy. If a candidate has completed all supervised work experience hours and is ending the relationship because a full license has been issued the additional forms below do not need to be submitted.

- [Change of Supervisor Notification form](#) (submitted by the candidate)
- [Change of Supervisor Notification form](#) (submitted by the supervisor signing this form)

Section 1 – Candidate Information

1. Candidate Full Name: _____
First Middle Last
2. Candidate Mailing Address: _____
3. Candidate Email Address: _____
4. Candidate Number: _____

Section 2 – Supervisor Information

5. Supervisor Full Name: _____
First Middle Last
6. Supervisor License Title: _____
(e.g. LCSW, LCPC, LMFT, licensed psychologist, or licensed and board-certified psychiatrist)
7. Supervisor License Number: _____

Section 3 – Supervised Work Experience

8. Beginning Date of Supervision: _____ 9. End Date of Supervision: _____
10. Total Supervised Work Experience Hours Earned under Supervisor: _____
- Hour Subtotals:
- Total hours of individual or group supervision: _____
- Total hours of individual supervision supervised face-to-face by LCSW: _____
- Total hours of individual supervision supervised face-to-face by LCSW which includes direct observation of service of delivery: _____

Section 4 – Declaration

I, the candidate, hereby declare under penalty of perjury the information included in this form to be true and complete to the best of my knowledge. In signing this form, I am aware that a false statement or evasive answer to any question may lead to a complaint being filed against my license on ethical grounds.

 Legal Signature of Candidate

 Date

I, the supervisor, hereby declare under penalty of perjury the information included in this form to be true and complete to the best of my knowledge. In signing this form, I am aware that a false statement or evasive answer to any question may lead to a complaint being filed against my license on ethical grounds.

 Legal Signature of Supervisor

 Date



INSTRUCTIONS TO OBTAIN FINGERPRINT BACKGROUND CHECK

Carefully read and follow the steps in the order specified below:

1. **Submit a license application to the BSD online or by paper and an application fee. The application includes an *Applicant Rights & Consent to Fingerprint Notice*.** This form authorizes our agency to receive and review your fingerprint background check results. **Any fingerprint background check results received without your acknowledgement of receipt of an *Applicant Rights & Consent Notice* (acknowledged received if online or signed and returned to us if on paper) may be discarded.**
2. You may continue to work on completing your application while the results are processed (e.g., forwarding transcripts or verifications) but if you have not completed your application within six months after our receipt of the results, you will be required to resubmit your fingerprints to obtain a current background check results.
3. You have two options to have your fingerprints captured:
Option 1 – Local Law Enforcement Agency (estimated time to send results to the Board or Program **4 to 8 weeks**) - OR -
Option 2 – Montana Department of Justice (MDOJ), Division of Criminal Investigations-Criminal Records in Helena, Montana, (406) 444-3625. (Estimated time to send results to the Board or Program **3 to 5 business days**).
2225 Eleventh Avenue
PO Box 201403
Helena, MT 59620
Email: dojcriss@mt.gov
4. Contact the law enforcement agency in advance to ask if it performs non-criminal fingerprinting and if so, the need for an appointment, forms of acceptable identification, hours of operation, cost, and methods of payment. Find out if the agency will supply the appropriate Fingerprint Card (Form FD258 rev. 5-15-17) or if you need to obtain the card from MDOJ prior to arriving.
5. You *may* be charged a fee to capture each set of your fingerprints. This fee is in addition to the processing fee paid to MDOJ to run the background check.
6. Provide the technician with a government-issued, photograph identification to prove your identity.
7. **IMPORTANT:** Provide the technician a copy of a Fingerprint Card Example for the license type you are applying for that contains information ***unique to your license type***. The fingerprint card must have all fields correctly filled out to be accepted by the MDOJ.

8. Request the technician to capture your fingerprints TWICE and create TWO fingerprint cards to help avoid unnecessary delay due to rejection of poor quality prints. This is especially important if your fingerprints are ink-rolled.
9. If using a Local Law Enforcement Agency, you must mail the completed Fingerprint Card in a manila envelope with the correct amount of postage and a check or money order made payable to the "Montana Department of Justice" in the amount of **\$30.00** to:

Montana Criminal Records
2225 Eleventh Avenue
PO Box 201403
Helena, MT 59620

Please do NOT fold or staple the fingerprint card. Please do NOT upload the fingerprint card to your online account with the Department of Labor & Industry, Business Standards Division.

10. You will be notified to take corrective action if your fingerprint card is rejected as "unreadable," is not accompanied by proper payment, or is incomplete. A second rejection of a fingerprint card as "unreadable" will require BSD to conduct a name-based search, resulting in additional processing time.
11. Once a fingerprint card or name-based search is processed, the resulting criminal history (aka "Identity History Summary") result will be sent directly to the Board in care of the Business Standards Division. If there is a conviction or convictions that require Board review, we will notify you.
12. Notice of your privacy rights and procedures for obtaining a change, correction, or updating of an Identity History Summary are provided to you separately in the *Applicant Rights & Consent to Fingerprint Notice*.

End of Instructions



Montana Department of **LABOR & INDUSTRY**

APPLICANT RIGHTS & CONSENT TO FINGERPRINT NOTICE

As required by 28 CFR § 50.12, you are advised that your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation and the Montana Department of Justice for the sole purpose of applying for professional licensure. Any resulting criminal history record will be retained for this purpose only and will not be disseminated outside of the Montana Department of Labor & Industry and related licensing board or program.

A Privacy Act Statement further explaining authority, principal purpose and routine use by the FBI of your information is included on the following page.

CHANGE, CORRECT, OR UPDATE RECORD

Procedures for you to obtain a change, correction, or update to your criminal history record are set forth in Title 28, C.F.R. § 16.30 - 16.34.

Our office will notify you if a disqualifying criminal offense is found in your criminal history record and give you a reasonable opportunity to challenge or correct the information, or decline to do so, before making a licensure decision.

If we notify you of a disqualifying conviction in your criminal history record, you may contact board or program licensing staff at the Business Standards Division of the Department of Labor & Industry to obtain a copy of your criminal history record. You can view your criminal history record in person, have it mailed to you, or sent to you by the State of Montana File Transfer Service. For security reasons, the criminal history record cannot be emailed to you.

If, after review, you believe your criminal history record is incorrect or incomplete and wish to change, correct, or update the alleged deficiency, you should apply directly to the law enforcement agency that contributed the questioned information. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the law enforcement agency that contributed the question information requesting 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 in accordance with the information supplied by that agency. Information regarding this process may be obtained at www.fbi.gov/services/cjis/identity-history-summary-checks.

Within 10 calendar days of the date of receiving the results of the criminal history record, you must notify the board or program licensing staff if you have challenged your record by providing a copy of the correspondence you have submitted as referenced above. If the licensing board or program has not received a copy of such correspondence within 10 calendar days, licensing staff will schedule a disposition on the issuance of your license based on the record in its possession.

Privacy Act Statement

The Montana Department of Labor & Industry, Business Standards Division is required by federal law to provide you this privacy act statement. This statement is also located on the back of the FD-258 fingerprint card.

“Authority: The FBI’s acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI’s Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI’s Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.” *Eff. 03/30/2018*

By signing below, I acknowledge that I have received a copy of the above Applicant Rights & Consent to Fingerprint Notice and Procedure to Change, Correct, or Update Record, and Privacy Act Statement and that I consent to provide and use my fingerprints for the stated purpose.

Applicant
Signature: _____ Date: _____

Applicant
Name: _____

Please Print Legibly

Directions to Applicant: Return a signed copy of this document to the Department of Labor & Industry and maintain a copy for your own records.

Fingerprint Card Example

Provide this example to the technician capturing your fingerprints. All requested fields must be completed legibly, including the highlighted information specific to your license application type. Incomplete cards will not be processed and will be mailed back to the applicant's listed address. All fingers need to be in the correct position and rolled. For assistance, call Montana Criminal Records at (406) 444-3625.

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				LEAVE BLANK			
				LAST NAME NAM		FIRST NAME		MIDDLE NAME			
SIGNATURE OF PERSON FINGERPRINTED <i>Applicant Signature</i>				Applicant Full Name							
RESIDENCE OF PERSON FINGERPRINTED <i>Applicant Address</i>				ALIASES AAA		C P I		MT920078Z		DATE OF BIRTH DOB Month Day Year	
(DATE) SIGNATURE OF OFFICIAL TAKING FINGERPRINTS <i>Date Technician Signature</i>				CITIZENSHIP CTZ		ID		MAG		MAG	
EMPLOYER AND ADDRESS				Applicant Citizenship		Applicant Identifying Information		Applicant POB			
PERSON FINGERPRINTED DLI-BSD Board of Behavioral Health MCA 37-22-301 - Licensure - LCSW & Candidate				TYPE NO. MTST00008		CLASS		LEAVE BLANK			
				FBI NO. n/a		ARMED FORCES NO. n/a		SOCIAL SECURITY NO. SSN		MONTANAN ID NO. n/a	
				Applicant SSN							
				MONTANAN ID NO. n/a							
1 - THUMB		2 - INDEX		3 - MIDDLE		4 - RING		5 - P. LITTLE			
6 - L. THUMB		7 - L. INDEX		8 - L. MIDDLE		9 - L. RING		10 - L. LITTLE			
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				1 - THUMB		2 - THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY			

Example