

**APPLICATION FOR MASTER'S SOCIAL WORKER OR BACHELOR'S SOCIAL WORKER  
 LICENSE OR SOCIAL SERVICE TECHNICIAN REGISTRATION**

Authority: 1978 PA 368

Name (First, Middle, Last)		10-Digit MI Permanent ID/License Number <i>(If Applicable)</i>	
US Social Security # <i>(New Applicants Only)</i>		Date of Birth <i>(New Applicants Only)</i>	
Address			
City	State	Zip Code	Country
Telephone Number		Email Address	
List any other name or alias by which you have ever been known, including maiden name, if applicable: <hr/>			

CHECK THE LICENSE/OBTAINED BY METHOD		FOR OFFICE USE ONLY	
S.S.T. Registration	<b>\$41.60</b> 6803-01	License Number	Issue Date
S.S.T. Reregistration	<b>\$61.60</b> 6803-06		
Limited S.S.T. Registration	<b>\$41.60</b> 6803-03		
Limited S.S.T. Reregistration	<b>\$61.60</b> 6803-06		
L.B.S.W. by Endorsement	<b>\$41.60</b> 6802-01		
L.B.S.W. by Exam	<b>\$41.60</b> 6802-01		
L.B.S.W. Relicensure	<b>\$61.60</b> 6802-06		
Limited L.B.S.W.	<b>\$41.60</b> 6802-03		
Limited L.B.S.W. Relicensure	<b>\$61.60</b> 6802-06		
L.M.S.W. by Endorsement	<b>\$41.60</b> 6801-01		
Clinical    Macro			
L.M.S.W. by Exam	<b>\$41.60</b> 6801-03		
Clinical    Macro			
Additional Specialty:	<b>\$15.60</b> 6801-01		
Add Clinical <i>(active licensees only)</i>			
Add Macro <i>(active licensees only)</i>			
L.M.S.W. Relicensure	<b>\$61.60</b> 6801-06		
Limited L.M.S.W.	<b>\$41.60</b> 6801-03		
Clinical    Macro			
Limited L.M.S.W. Relicensure	<b>\$61.60</b> 6801-06		
Your check or money order, drawn from a U.S. financial institution and made payable to the <b>STATE OF MICHIGAN</b> , must accompany this request. <b>DO NOT SEND CASH.</b> Fees are non-refundable.			

Have you taken a National or State Constructed Examination for another U.S. Jurisdiction? Yes                      No  
*(Bachelor's or Master's Social Worker by Exam Applicants only)*

If "Yes," list exam name, state, and date taken (month/year) \_\_\_\_\_

**Professional Education**

Name of School	Name of Education Program	Graduation Date

**License(s) in Other State(s) and/or Country**

List each state or country where you have ever held a social work profession license, the license or registration number, the date issued, how the license was obtained, and whether sanctions have ever been imposed against that license or registration. *(Attach additional sheets as necessary)*

If you indicate there have been sanctions imposed against a license or registration, you must submit documentation that sanctions are not in force at the time of this application.

State/Country	Permanent License/Registration Number	Date of Issuance	How Obtained (Examination, Endorsement, or Compact)	Have You Ever Had Sanctions Imposed Against this License/Registration?

**Good Moral Character Questions**

Have you ever been convicted of a felony? Yes                      No

Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of two years or a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance? Yes                      No

If you answer "yes" to either question, you must submit documentation which shows at the current time you have the ability to, and are likely to, serve the public in a fair, honest, and open manner, that you are rehabilitated, or that the substance of the former offense is not reasonably related to the occupation or profession for which you are seeking a license. Documentation may include a certificate of employability, if applicable.

## **ADDITIONAL DOCUMENTS AND/OR INFORMATION**

### **All Applicants**

- Upon review of your application, you will be mailed an Application Confirmation letter containing instructions to complete the Criminal History Check (**except those applicants seeking relicensure/reregistration, if the license/registration expired within the last three years**).
- Transcripts and other forms may be submitted via e-mail at [bpldata@michigan.gov](mailto:bpldata@michigan.gov) by the required authorities. In addition, if you are upgrading a license from the Limited to full Bachelor's or Master's level licenses, it is not required to resubmit transcripts, Certifications of Education, or Supervision Evaluation forms required for the limited licenses.
- Administrative Rules including Continuing Education Requirements can be found at [www.michigan.gov/bpl](http://www.michigan.gov/bpl). Click the "Laws, Rules & Other Resources" box, then "Administrative Rules".

### **S.S.T. Registration**

**(must meet one of the following)**

- Have each licensed L.M.S.W. or L.B.S.W. supervisor in Michigan or supervisor with an equivalent license, certificate, or registration in another state submit the completed Supervisor's Verification of Social Work Experience for Social Service Technician form verifying a total of 2,000 hours of social work experience earned over not less than one year.  
**OR**
- Have the completed Certification of Education for a Social Service Technician Registration form submitted directly to this office by your school certifying either:
  - Completion of an Associate's degree in Social Work that includes not less than 18 semester or 27 quarter hours of social work courses and a field placement or internship of 350 hours under the supervision of a licensed Bachelor's or Master's Social Worker.  
**OR**
  - Two years of college with a minimum of at least 60 semester or 90 quarter hours of college level courses while maintaining a cumulative grade point average of at least 2.0.  
**AND**
  - Have your supervisor submit the completed Supervisor's Verification of Social Service Employment form confirming current employment in human or social services.

### **S.S.T. Reregistration**

- If the registration has lapsed MORE than 3 years, submit documentation that an offer of employment has been made in the practice of social service work at an agency approved by the board.

### **Limited S.S.T. Registration**

- Have the completed Certification of Education for a Social Service Technician Registration form verifying two years of college submitted directly to this office by your school.
- Have your supervisor submit the completed Supervisor's Verification of Social Service Employment for Social Service Technician form confirming current employment or an offer of employment in human or social services.

### **L.B.S.W. by Exam or Endorsement**

- Have the final official transcripts for a bachelor's degree from a program accredited by the Council on Social Work Education (CSWE) forwarded directly to this office from your school. The transcript must include the date the Bachelor's of Social Work (BSW) degree was conferred. (**You do not need to resubmit transcripts if you currently hold a Limited Bachelor's Social Worker license.**)
- Have each licensed L.M.S.W. supervisor in Michigan or supervisor with an equivalent license, certificate, or registration in another state submit a completed Supervisor's Verification of Social Work Experience for Bachelor's Social Worker form verifying a total of 4,000 hours of post-degree supervised work experience directly to this office.
- Must have passed the ASWB Bachelor Examination. If licensure was taken in another state, contact the ASWB at [www.aswb.org](http://www.aswb.org) to have them submit official copies of your score reports to this office.

### **Limited L.B.S.W.**

- Have the final official transcripts for a bachelor's degree from a program accredited by the Council on Social Work Education (CSWE) forwarded directly to this office from your school. The transcript must include the date the Bachelor's of Social Work (BSW) degree was conferred.
- Upon issuance of the Limited Bachelor's Social Worker license, you will be eligible to take the licensing examination required for a full Bachelor's Social Worker license. You may contact the Association of Social Work Boards (ASWB) at [www.aswb.org](http://www.aswb.org) for

information about the exam. After registering with the ASWB, you will receive an Authorization to Test (ATT) and instructions on how to schedule the exam.

- A limited license shall be issued for 1 year and may be renewed for not more than 6 years, as specified under section 18509(2) of the code, MCL 333.18509.

**L.M.S.W. by Exam or Endorsement**

- Have the final official transcripts for a master’s degree from a program accredited by the Council on Social Work Education (CSWE) forwarded directly to this office from your school. The transcript must include the date the MSW degree was conferred. **(You do not need to resubmit transcripts if you currently hold a Limited Master’s Social Worker license.)**
- Have each licensed L.M.S.W. supervisor in Michigan or supervisor with an equivalent license, certificate, or registration in another state submit a completed Supervisor’s Verification of Social Work Experience for Master’s Social Worker form verifying a total of 4,000 hours of post-degree supervised work experience directly to this office.
- Verification of education and work history will be accepted from the ASWB. Contact the ASWB for information about participation in the registry at [www.aswb.org](http://www.aswb.org). **(Applicants by Endorsement only)**
- Must have passed either the ASWB Clinical Examination or the ASWB Advanced Generalist Examination. If licensure was taken in another state, contact the ASWB at [www.aswb.org](http://www.aswb.org) to have them submit official copies of your score report to this office.

**Add Clinical or Add Macro (active licensees only)**

- Have each licensed L.M.S.W. supervisor in Michigan or supervisor with an equivalent license, certificate, or registration in another state submit a completed Supervisor’s Verification of Social Work Experience for Master’s Social Worker form verifying a total of an additional 2,000 hours (one year) of post-degree social work experience in the specialty-designated area with at least 50 hours of supervisory review directly to this office.

**L.M.S.W or L.B.S.W. Relicensure**

- Submit documentation of having earned 45 hours of board-approved continuing education within the three-year period immediately preceding the date of your application with a minimum of five of those hours in ethics and one hour in pain and symptom management.

**Limited L.M.S.W. Relicensure**

- Have the final official transcripts for a master’s degree from a program accredited by the Council on Social Work Education (CSWE) forwarded directly to this office from your school. The transcript must include the date the Masters of Social Work (MSW) degree was conferred.
- Upon issuance of the Limited Master’s Social Worker license, you will be eligible to take the licensing examination required for a full Master’s Social Worker license. You may contact the Association of Social Work Boards (ASWB) at [www.aswb.org](http://www.aswb.org) for information about the exam. After registering with the ASWB, you will receive an Authorization to Test (ATT) and instructions on how to schedule the exam.
- The limited license shall be issued for 1 year and may be renewed for not more than 6 years.

**CERTIFICATION AND SIGNATURE**

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the **Federal Bureau of Investigation**, Central Records Division of the Michigan Department of State Police, law enforcement, or judicial record-keeping organization. I consent to the release of information regarding a disciplinary investigation conducted by a similar licensure, registration, or specialty licensure or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

I certify that the statements in this application are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I further attest that I have a written policy for protecting, maintaining, and providing access to my medical records in accordance with Section 16213 of the Public Health Code, 1978 PA 368, MCL 333.16213, and for complying with Section 16213 in the event that I sell or close my practice, retire from practice, or otherwise cease to practice under Article 15 of the Public Health Code, 1978 PA 368, MCL 333.16101 to 333.18838. Further, if I am applying for relicensure and sign below, I certify that I have completed the required number of continuing education credits.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date