Michigan Department of Licensing and Regulatory Affairs
Board of Social Work
P.O. Box 30670
Lansing, Michigan 48909
(517) 335-0918
www.michigan.gov/healthlicense

BACHELOR'S SOCIAL WORKER LICENSE INSTRUCTIONS

Authority: P.A. 368 of 1978, as amended
This form is for information only.

NOTE: It is your responsibility to have all the required documentation sent to the Board of Social Work. Questions regarding your application can be directed to the Michigan Board of Social Work at (517) 335-0918 three weeks after the date you sent the application. Applications submitted without the applicant's signature and date will be returned. Please allow 6-8 weeks processing time.

INSTRUCTIONS FOR LIMITED BACHELOR'S SOCIAL WORKER LICENSE – intended for someone with a bachelor's degree in social work to gain experience under a licensed master's degree social worker. A limited license is required if work experience for the full BSW license is completed in Michigan. Experience done in Michigan without the limited license will not be counted toward the 4,000 hour work experience requirement for full licensure.

Applicants for a limited bachelor's social worker license must have a bachelor's degree from a program accredited by the Council on Social Work Education (CSWE) and intent to practice under the supervision of a licensed master's social worker.

1. Complete the application and return it to the Board of Social Work with the appropriate fee.

2. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.

3. Read all instructions carefully and answer all questions on the application including providing details on a separate sheet if necessary. Failure to correctly complete the application in its entirety may delay the processing of your application.

4. All applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license or registration will not be issued until this process is complete.

5. Submit the *Certification of Education* form to your accredited educational institution for completion to verify your bachelor's degree in social work. If you do not have a degree from the school of social work, you will not be eligible for licensure. The C*ertification of Education* form must be sent directly to this office by your educational institution along with **final official transcripts**.

6. Applicants for Bachelor's Social Worker license are required to pass the ASWB Bachelor's Examination. Once your limited license is issued, information will be sent to ASWB indicating your exam eligibility. More information about the exam including the ASWB Candidate Handbook is available at www.aswb.org. Do not register for the exam until your limited license has been issued.

7. After you have registered with ASWB for the exam, you will receive an Authorization Number and instructions about how to schedule your exam. The exams are administered in a computerized format in over 150 test centers across the United States. You must take the examination within two years from the date you receive your Authorization Number.

GENERAL INFORMATION

1. NAME AND/OR ADDRESS CHANGES: If your name and/or address changes please notify the Board of Social Work in writing. To change a name or address, you can download the Data Change/Duplicate License Request Form from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.

2. REFUND POLICY: If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Social Work in writing to request a refund.

3. **The required forms for requesting ASWB examination accommodations for a documented disability are available at www.aswb.org. There is one form for you to complete and have notarized by a Notary Public. The second form must be completed by your licensed healthcare practitioner. Both forms must be mailed directly to ASWB at ASWB Candidate Registration Center, PO Box 1508, Culpeper, VA 22701. You will be notified by ASWB if additional information is required.**

4. **NOTE:** If you have ever been licensed in another state and you have a current disciplinary sanction on that license, (even if the license is inactive), you are **not** eligible for licensure in Michigan according to the Public Health Code, PA 368, as amended, Section 333.16174 (2). Sanctions include probation, limitation, suspension, revocation or fine. Upon resolution of the sanction and verification that the license is active with no disciplinary action in effect, you can proceed with the filing of an application for a Michigan license or registration.

5. INITIAL LIMITED BACHELOR'S SOCIAL WORKER LICENSES ARE VALID UNTIL THE NEXT EXPIRATION DATE OF APRIL 30. LIMITED BACHELOR'S SOCIAL WORKER LICENSES ARE VALID FOR ONE YEAR AND CAN BE RENEWED NO MORE THAN SIX (6) TIMES.

INSTRUCTIONS FOR BACHELOR'S SOCIAL WORKER LICENSE

Applicants for a bachelor's social worker license must:

- Verify completion of a bachelor degree in social work from a program accredited by the Council on Social Work Education (CSWE).
- Have completed 4,000 hours of supervised post-degree social work experience over at least a two-year period. If the work experience was completed in Michigan, you must have held the limited BSW license for these hours to count toward full BSW licensure.
- Successfully complete the ASWB Bachelor's examination.

1. Complete the application and return it to the Board of Social Work with the appropriate fee. Read all instructions carefully and answer all questions on the application including providing details on a separate sheet if necessary.

2. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid. Failure to correctly complete the application in its entirety may delay the processing of your application.

3. All applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license or registration will not be issued until this process is complete. If you were previously fingerprinted for your limited BSW license, you do not have to repeat this process.

4. If you do not hold a limited bachelor's social worker license, submit the *Certification of Education* form to your accredited educational institution for completion. The C*ertification of Education* form must be sent directly to this office by your accredited educational institution along with **final official transcripts**. If you have a limited bachelor's social worker license, do not re-submit your educational documentation.

5. Submit the *Supervisor's Verification of Social Work Experience* form to your licensed MSW supervisor to verify the completion of 4,000 hours of post-degree supervised work experience. If your work experience was obtained in Michigan, you must have held the limited license for your hours to count toward full BSW licensure. Your licensed supervisor(s) must submit the completed form directly to this office. A separate form must be submitted by your supervisor(s) for each work experience/employment. Experience is defined as:

   - Earned only when holding a limited license, if experience was completed in Michigan
   - Under the supervision of a licensed master's social worker.
   - Supervision can be individual or group, but the supervisor must review the work of the the applicant for at least 4 hours per month with at least 1 hour being on an individual basis.
   - One year of experience is equivalent to 2,000 hours.
   - Experience can be earned at not less than 16 hours per week but no more than 40 hours per week.

6. Arrange for a verification and/or certification to be sent directly to the Michigan Board from any state or province where you currently hold or have ever held a permanent license or registration. Copies of licenses are not acceptable.

7. Applicants for a BSW license are required to pass the ASWB Bachelors Examination. If you have not previously passed the ASWB Bachelors exam, once the required documentation is received information will be sent to ASWB indicating your exam eligibility. Information about the exam including the ASWB Candidate Handbook is available at www.aswb.org.

8. After you have register with ASWB for the exam, they will send you an Authorization Number and instructions about how to schedule your exam. The exams are administered in a computerized format in over 150 test centers across the United States. You must take the examination within one year from the date you receive your Authorization Number.

INSTRUCTIONS FOR BACHELOR'S SOCIAL WORKER LICENSE BY ENDORSEMENT

Must be currently licensed in another state that had requirements that were equivalent to the licensing requirements in Michigan at the time you were originally licensed.

1. Complete the application and return it to the Board of Social Work with the appropriate fee.

2. All applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license or registration will not be issued until this process is complete.

3. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.

4. Read all instructions carefully and answer all questions on the application including providing details on a separate sheet if necessary. Failure to correctly complete the application in its entirety may delay the processing of your application.

5. Arrange to have your school submit a **FINAL, OFFICIAL transcript** of grades from your social work program. **The transcript must be submitted directly to the Board from your school.**

6. Contact ASWB at (800) 225-6880 or on the web at www.aswb.org to provide the Michigan board with official copies of your score report from the examination you took for licensure in another state.

7. Arrange for a verification and/or certification to be sent directly to the Michigan Board from any state or province where you currently hold or have ever held a permanent license or registration. Copies of licenses are not acceptable.

GENERAL INFORMATION

1. NAME AND/OR ADDRESS CHANGES: If your name and/or address changes please notify the Board of Social Work in writing. To change a name or address, you can download the Data Change/Duplicate License Request Form from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.

2. REFUND POLICY: If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Social Work in writing to request a refund.

3. **The required forms for requesting ASWB examination accommodations for a documented disability are available at www.aswb.org. There is one form for you to complete and have notarized by a Notary Public. The second form must be completed by your licensed healthcare practitioner. Both forms must be mailed directly to ASWB at ASWB Candidate Registration Center, PO Box 1508, Culpeper, VA 22701. You will be notified by ASWB if additional information is required.**

4. CONTINUING EDUCATION: The full bachelor's license has a continuing education requirement for renewal. Please check our website at www.michigan.gov/healthlicense for more information on the specific requirements.

   PLEASE NOTE: You are not required to complete any continuing education credits in order to renew your license for the first time because you will not have held your license for a full three-year period.

5. **NOTE:** If you have ever been licensed in another state and you have a current disciplinary sanction on that license, (even if the license is inactive), you are **not** eligible for licensure in Michigan according to the Public Health Code, PA 368, as amended, Section 333.16174 (3). Sanctions include probation, limitation, suspension, revocation, or fine. Upon resolution of the sanction and verification that the license is active with no disciplinary action in effect, you can proceed with the filing of an application for a Michigan license or registration.

6. **NOTE:** INITIAL BACHELOR'S SOCIAL WORKER LICENSES ARE VALID FOR ONE YEAR OR LESS (UNTIL THE NEXT APRIL 30); SUBSEQUENT RENEWALS ARE FOR A THREE-YEAR PERIOD.

STATE OF MICHIGAN

RICK SNYDER
GOVERNOR

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES

STEVE ARWOOD
DIRECTOR

CRIMINAL BACKGROUND CHECK
FINGERPRINT REQUEST FORM INSTRUCTIONS
(For Applicants in Michigan)

1. Applicants for a Michigan health professional license must have their fingerprints taken under an Agency ID/ORI Number specific for the board for which they are applying. Fingerprints may be taken by either Identogo (formerly L-1 Enrollment) or another agency listed at www.michigan.gov/lsvendor. Whether you use Identogo or another agency, you must use an Agency ID Number for a Health Professional licensing board. These Agency ID numbers MUST be used in order to have the fingerprint report sent to the Health Professions Licensing Division. Receipts **should not** be mailed to the office, but kept for your own records.

2. Please complete the Livescan Fingerprint Request Form and check the box for the profession for which you have applied. Incorrectly selected professions/agency ID's may delay the criminal background check process.

3. You must bring the Livescan Fingerprint Request Form with a driver's license or other state or federal-issued picture identification to your fingerprint appointment. You will also be required to pay a separate fee to the fingerprint agency when registering and/or scheduling your appointment.

4. When your fingerprints are taken, a technician will perform a scan of your fingerprints and submit the data electronically to the Michigan State Police.

5. If no criminal history is found, the Health Professions Licensing Division will be notified.

6. If criminal history information is found, the Michigan State Police will send the record directly to the Health Professions Licensing Division for review.

7. Information about fees and scheduling your fingerprint appointment with Identogo can be found at www.identogo.com or by calling 1-866-226-2952.

8. Identogo is under contract with the Michigan State Police to provide fingerprint services. For questions, call the Michigan State Police at (517) 241-0606.

9. Please do not contact the board office regarding your criminal background check, unless your fingerprints were taken **more** than 30 days ago.

10. **Please note:** Fingerprints taken for any other agency will not fulfill fingerprint requirements for a health professional license in Michigan.

RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES

STEVE ARWOOD
DIRECTOR

CRIMINAL BACKGROUND CHECK
FINGERPRINT REQUEST FORM INSTRUCTIONS
(For applicants out of state or out of country)

1. Contact a local law enforcement, governmental, or private fingerprint agency to perform an ink fingerprint on an FBI (FD-258) card or on another state's or country's official fingerprint card. The ink fingerprint must be completed on card stock paper.

2. Submit the ink fingerprint card along with the completed Livescan Fingerprint Request Form and a business check or money order for $62.75, made payable in U.S. Funds, to “MorphoTrust USA” to the following address:

   MorphoTrust USA
   Attn: Card Scan Processing Unit
   3051 Hollis Drive Ste 310
   Springfield IL 62704

3. Please include a daytime telephone number or e-mail address with your request where you can be reached if there are any questions.

4. Identogo will submit your fingerprints to the Michigan State Police for analysis.

5. If no criminal history information is found, the Health Professions Licensing Division will be notified.

6. If criminal history information is found, the Michigan State Police will send the record directly to the Health Professions Licensing Division for review.

7. Call Identogo toll-free at 1-866-226-2952 (8am - 5pm EST) if you have any questions.

8. Identogo is under contract with the Michigan State Police to provide fingerprint services. For questions, call the Michigan State Police at (517) 241-0606.

9. Applicants for a Michigan health professional license must have their fingerprints taken under the Agency ID/ORI Number specific for the board for which they are applying.

10. Please do not contact the board office regarding your criminal background check, unless your fingerprints were taken **more** than 30 days ago.

11. **Please note:** Fingerprints taken for any other agency will not fulfill fingerprint requirements for a health professional license in Michigan.

STATE OF MICHIGAN

RICK SNYDER
GOVERNOR

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES

STEVE ARWOOD
DIRECTOR

LIVESCAN FINGERPRINT REQUEST FORM

Applicant Instructions: Please complete the top section of this form then print it and take it along with your picture ID to your scheduled appointment.

First Name:	Middle Name:	Last Name:
Street Address:		Apt/Bldg.#:
City:	State:	ZIP Code:
Daytime Telephone Number w/ Area Code:	State or Country of Birth:	
Date of Birth (MM/DD/YYYY):	Race:	Sex:
Height:	Weight:	Eye Color:	Hair Color:

Please select the type of license/registration you are applying for (MD, DO, RPH, LPN, RN, PT, etc.):

❒ Acupuncture Agency ID # 90889P	❒ Medicine Agency ID # 90897K	❒ Physical Therapy Agency ID # 90906M
❒ Athletic Trainer Agency ID # 90890J	❒ Nursing- LPN Agency ID # 90899J	❒ Physician Assistant Agency ID # 90907E
❒ Audiology Agency ID # 90891P	❒ Nursing- RN Agency ID # 90898T	❒ Podiatry Agency ID # 90908L
❒ Chiropractic Agency ID # 90892H	❒ Nursing Home Admin Agency ID # 90901K	❒ Psychology Agency ID # 90909A
❒ Counseling Agency ID # 90893M	❒ Occupational Therapy Agency ID # 90902T	❒ Respiratory Care Agency ID # 90910L
❒ Dentistry Agency ID # 90894E	❒ Optometry Agency ID # 90903J	❒ Social Work Agency ID # 90912K
❒ Marriage & Fam. Ther. Agency ID # 90895L	❒ Osteopathic Medicine Agency ID # 90904P	❒ Speech-Lang Pathology Agency ID # 90913T
❒ Massage Therapy Agency ID # 90896A	❒ Pharmacy Agency ID # 90905H	❒ Veterinary Medicine Agency ID # 90914J

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE FINGERPRINTING AGENCY

Fingerprint Date:	TCN:
Type of ID Presented:	

REQUESTING AGENCY INFORMATION

Agency Name:	Reason Fingerprinted:	Cost:
MI DEPT OF LARA-	**LHP – Licensed Health Care Professional (MCL333.16174)**	

Michigan Department of Licensing and Regulatory Affairs
Board of Social Work
P.O. Box 30670
Lansing, MI 48909
(517) 335-0918
www.michigan.gov/healthlicense

APPLICATION FOR A BACHELOR'S SOCIAL WORKER LICENSE

Authority: Public Act 368 of 1978, as amended.
If this form is not completed, a license will not be issued.

Board Use Only
License Number
Date of Licensure

Type or Print Only

I AM APPLYING FOR THE FOLLOWING:

- ☐ **Limited Bachelor's Social Worker License Fee: $ 40.00 71-6802-03**
- ☐ **Bachelor's Social Worker License - Fee: $ 40.00 71-6802-01**
- ☐ **Bachelor's Social Worker License by Endorsement- Fee: $ 40.00 71-6802-09**

Your check or money order drawn on a US financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH**. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Daytime Telephone Number
Street Address		E-Mail Address
City	State	ZIP Code
All Previous Names and/or Birth Name Used (if applicable)		
Have you ever held a health professional license in Michigan? ☐ No ☐ Yes	Michigan Health Professional Registration Number and Expiration Date	

Check the appropriate answer to each of the following questions. NOTE: Submit a detailed explanation for any YES answer you check on a separate sheet with your application.

1. Have you ever been convicted of a felony?	☐ Yes	☐ No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	☐ Yes	☐ No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	☐ Yes	☐ No
4. Have you been treated for substance abuse in the past 2 years?	☐ Yes	☐ No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	☐ Yes	☐ No
6. Have you had one or more malpractice settlements, awards, or judgments totaling $200,000 or more in any consecutive 5 year period?	☐ Yes	☐ No
7. Have you ever had a federal or state health professional license or registration revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you?	☐ Yes	☐ No
8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified?	☐ Yes	☐ No

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Name

9. Do you hold or have you held a bachelor's social worker registration or license in any state(s)? ☐ Yes ☐ No
List each state, the license number, the date issued, and how it was obtained.
DO NOT LIST TEMPORARY LICENSES. **You must have each state board verify licensure** directly **to this board office.** (Attach additional sheets if necessary.)

State	Permanent License Number	Date of Issue	Obtained by (Exam/Endorsement)

EDUCATIONAL RECORD

Provide a chronological record of your educational preparation. Attach additional sheets if necessary.

Name and Address of College	Major Area of Study	Degree	Graduation Date

SOCIAL WORK EXPERIENCE

ALL QUALIFYING EXPERIENCE FOR BACHELOR'S SOCIAL WORKER LICENSE MUST:

1. Have been earned only when holding a limited license, if experience was earned in Michigan after September 1, 2005.
2. Be under the supervision of a licensed master's social worker.
3. Have been supervised either as an individual or group, but the supervisor must have reviewed the work of the individual for at least 4 hours per month with at least one hour being on an individual basis.
4. Be earned at not less than 16 hours per week but no more than 40 hours per week.

FROM: (Month, Day, Year)	TO: (Month, Day, Year)	EMPLOYER'S NAME AND ADDRESS	POSITION OR TITLE HELD	HOURS PER WEEK	SUPERVISOR'S NAME AND LICENSE NUMBER

CERTIFICATION

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 Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant	Date

Michigan Department of Licensing and Regulatory Affairs
Board of Social Work
P.O. Box 30670
Lansing, MI 48909
(517) 335-0918
www.michigan.gov/healthlicense

SUPERVISOR'S VERIFICATION OF SOCIAL WORK EXPERIENCE FOR BACHELOR'S SOCIAL WORKER

Authority: Public Act 368 of 1978, as amended.
If this form is not completed, a license will not be issued.

THIS FORM MUST BE SUBMITTED DIRECTLY TO THIS OFFICE BY THE SUPERVISOR(S) WHO IS VERIFYING YOUR SOCIAL WORK EXPERIENCE. IF SUBMITTED BY APPLICANT, IT WILL NOT BE ACCEPTED.

A separate Supervisor's Verification of Social Work Experience form must be submitted for each work experience/employment. The supervisor must be a Michigan licensed Master's Social Worker. If social work experience is gained in another state, the supervisor must hold an MSW license in that state. If the supervisor does not meet one of these requirements he/she cannot verify work experience unless the Board has granted special permission. Work experience requirements: At all levels, work experience must be earned following the completion of the educational requirements.

ALL QUALIFYING EXPERIENCE FOR BACHELOR'S SOCIAL WORKER LICENSE MUST:

1. Have been earned only when holding a limited license, if experience was earned in Michigan after September 2005.
2. Be under the supervision of a licensed master's social worker.
3. Have been supervised either as an individual or group, but the supervisor must have reviewed the work of the individual for at least 4 hours per month with at least one hour being on an individual basis.
4. Be earned at not less than 16 hours per week but no more than 40 hours per week.

Complete Section I. Type or print your name exactly as it appears on your application and forward to your supervisor.
A separate form must be used for each work experience/employment.

Please Print Clearly

Applicant's Name (Last, First, MI)		
Social Security Number	Telephone Number	
Street Address		
City	State	Zip Code

INSTRUCTIONS TO SUPERVISOR:

Type or print the remainder of this form and mail it directly to the Board at the address given above.

Supervisor's Name (Last, First, MI)	
Name of State in which you were licensed at the time you provided supervision to applicant	Registration/License Number
What was your level of Certification or Licensure at the time you provided supervision?	Date License Issued
Applicant's Place of Employment (Organization Name and Complete Address)	
What was the Applicant's title at the time of supervision?	

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Name

Other Licensure/Credential if Supervisor is not a licensed Master's Social Worker:

License or credential held at time of supervision:

License or credential number:

Issuing jurisdiction or organization:

Did Board approve your special supervisory situation: ☐ Yes - Date _____ ☐ No

Supervision Information:

Name of Agency/Employer at time of Supervision:

Agency Sector (Check only one):

- ☐ Private/Profit
- ☐ Private/Non-Profit
- ☐ Government
- ☐ Other (Specify): _____

Setting (Check all that apply):

- ☐ Nursing Home
- ☐ Gov't Social Service Agency
- ☐ Employee Assistance Program
- ☐ Outpatient Facility/Mental Health Clinic
- ☐ Hospice
- ☐ Regional Treatment Center
- ☐ Research Setting/Consultant
- ☐ Group Home/Resident Facility
- ☐ Hospital
- ☐ In-Home Services
- ☐ Court/Criminal Justice System
- ☐ Elementary/Secondary School System
- ☐ Other Social Service Agency
- ☐ Other (Specify): _____

Supervisor's Title:

Name

Applicant's Employment and Supervision Information:

Date supervision began:	MM	DD	YY		Date supervision ended:	MM	DD	YY	

Social Work functions performed by applicant:

- ☐ Case management
- ☐ Advocacy for individual
- ☐ Advocacy for group/communities
- ☐ Psychosocial Assessment
- ☐ Information and referral
- ☐ Community organization
- ☐ Identification of presenting problem
- ☐ Teaching/Education of Client
- ☐ Research
- ☐ Intervention planning and evaluation
- ☐ Other - Please describe area of practice: _____

Supervision Details:	Hours per week	Total hours
Hours worked (16-40 hours/week)		
Hours of supervisory review of records and active work functions		
Face-to-face individual supervision		
Telephone or teleconference supervision		
Group supervision		

Additional description of how supervision was conducted, if needed:

I affirm that the content of the supervision has included: ☐ Yes ☐ No

(1) The transmission of social work knowledge, skills, values and ethics with specific application to the applicant's practice;
(2) The standards of practice and ethical conduct with emphasis given to the social worker's role, appropriate responsibilities, professional boundaries and power dynamics; and
(3) The applicant's permissible scope of practice

Supervisor: Please send this form with your original signature to the address on the top of page one.
If you have any questions, please contact his office at 517-335-0918 or by e-mail at **bhphelp@michigan.gov**

Supervisor's Declaration

I declare that the information contained in this document is true and correct.

Signature and Title:	Date:

Michigan Department of Licensing and Regulatory Affairs
Board of Social Work
P.O. Box 30670
Lansing, MI 48909
(517) 335-0918
www.michigan.gov/healthlicense

CERTIFICATION OF SOCIAL WORK EDUCATION

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

INSTRUCTIONS: Complete Section I. Type or print your name exactly as it appears on your application. For completion of Section II, send this form to the Director of your education program or the Registrar of the institution in which you completed your course work or social work degree. **This certification must be submitted directly to the Michigan Board of Social Work by your educational institution along with a final official transcript.**

SECTION I - APPLICANT INFORMATION

First Name	Middle Name	Last Name

U.S. Social Security Number	Date of Birth

Street Address

City

State	ZIP Code

Name and Address of Educational Institution	Degree Awarded (if Applicable)

Date of Admission	Date of Completion

Signature of Applicant	Date

APPLICANT: UPON COMPLETION OF SECTION I, SEND THIS FORM TO YOUR EDUCATIONAL INSTITUTION FOR COMPLETION OF SECTION II ON THE NEXT PAGE.

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Name

THIS SIDE TO BE COMPLETED BY THE EDUCATIONAL INSTITUTION

Please complete the following information. Return this completed certification along with a copy of the applicant's transcript directly to the Michigan Board of Social Work at the address shown on the reverse side of this form.

SECTION II - CERTIFICATION OF EDUCATION FOR SOCIAL WORK

Name of Educational Institution

I certify that _____ **attended the**
(Applicant's Name)

educational institution named above from _____ **to** _____ **was granted**
(Month/Day/Year) (Month/Day/Year)

the following degree and/or completed the course work as checked below:

☐ **Master's degree in Social Work granted on** _____
(Month/Day/Year)

☐ **Bachelor's degree in Social Work granted on** _____
(Month/Day/Year)

☐ **Associate degree in Social Work granted on** _____
(Month/Day/Year)

- ☐ **This degree included at least 18 semester or 27 quarter hours of social work courses**
- ☐ **This degree included a field placement or internship of 350 hours of experience under the supervision of a licensed bachelor's or master's Social Worker.**

☐ **Two years of college education in an accredited college or university with the completion of at least 60 semester or 90 quarter hours.**

- ☐ **This course work included at least 4 courses relevant to human service needs.**

_____
Signature of Program Director

_____
Date

_____
Print or Type Name of Program

(S E A L)

If school has no seal, please indicate