

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](http://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 WORK LICENSE** – intended for someone with a bachelor's degree in social work to gain experience under a licensed master's degree social worker.

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to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.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. **Effective October 1, 2008**, 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 *Certification 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, your information will be sent to ASWB indicating your exam eligibility. More information about the exam and an ASWB Candidate Handbook is available at [www.aswb.org](http://www.aswb.org). Do not register until you have been issued your limited license.
7. After you have registered 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](http://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. CONTINUING EDUCATION: This license has a continuing education requirement for renewal. Please check our website at [www.michigan.gov/healthlicense](http://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.

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. LIMITED BACHELOR'S SOCIAL WORK LICENSES ARE VALID FOR ONE YEAR AND CAN BE RENEWED FOR NOT MORE THAN SIX (6) YEARS.

## **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.
  - ◆ 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 you 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 *Certification 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, you do not have to re-submit your educational documentation.
  5. Submit the *Supervisor's Verification of Social Work Experience* form to your licensed master's social worker supervisor for completion. Your supervisor must submit the completed form directly to this office. A separate form must be submitted by your supervisor for each work experience/employment. Experience is defined as:
    - Earned only when holding a limited license, if experience was earned in Michigan after September 2005.
    - Under the supervision of a Michigan licensed master's social worker.
    - Supervision can be individual or group, but the supervisor must review the work of the individual 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. If you have ever been registered/licensed in another state, a *Verification of Registration/Licensure* form must be received in this office directly from the other state(s). Forward the verification form to the licensing agency in each state for completion. The form must be returned directly to this office by the licensing agency.
  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 documentation is received, you will be sent a letter stating you are eligible for the exam. Information about the exam and an ASWB Candidate Handbook is available at [www.aswb.org](http://www.aswb.org). You may not register for the exam until you receive the eligibility notice from our office.

8. After you have registered 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 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. **Effective October 1, 2008**, 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. Submit a **FINAL, OFFICIAL transcript** of grades from your social work program. **The transcript must be submitted directly to this office from your school.**
6. Contact ASWB at (800) 225-6880 or on the web at [www.aswb.org](http://www.aswb.org) to provide the Michigan board with official copies of your score reports from the examination you took for licensure in another state.
7. A verification of registration/licensure form must be received in this office directly from any state(s) where you have ever been registered or licensed. Forward the verification form to the licensing agency in each state for completion. The form must be returned directly to this office by the licensing agency.

## **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](http://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](http://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 bachelor's license has a continuing education requirement for renewal. Please check our website at [www.michigan.gov/healthlicense](http://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; SUBSEQUENT RENEWALS ARE FOR A THREE-YEAR PERIOD.



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

STEVEN H HILFINGER  
DIRECTOR

**CRIMINAL BACKGROUND CHECK  
FINGERPRINT REQUEST FORM INSTRUCTIONS- (Michigan locations only)  
AGENCY ID NUMBER IS 71734k**

Applicants for a Michigan health professional license may have their fingerprints taken by either L-1 Identity Solutions or Cogent Systems. Whether you use L-1 Identity Solutions or Cogent Systems, the Agency ID Number for health professional licensing is 71734k. This ID number MUST be used in order to have your fingerprint report sent to the Bureau of Health Professions. Keep the receipt you receive once your fingerprints are taken.

You must bring the Livescan Fingerprint Request Form (attached) and 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 fingerprinting agency when registering for or scheduling your appointment.

When your fingerprints are taken, a technician will perform a scan of your fingerprints and submit the data electronically to the Michigan State Police. If no criminal history is found, the Bureau of Health Professions will be notified. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau of Health Professions for review.

Information about fees and scheduling your fingerprint appointment with L-1 Identity Solutions can be found at [www.L1enrollment.com](http://www.L1enrollment.com) or by calling 1-866-226-2952.

Information about fees and registering to have your fingerprints taken by Cogent Systems can be found at [www.cogentid.com/index.htm](http://www.cogentid.com/index.htm). Click on Michigan and then select the Cogent MAPS (Michigan Applicant Processing Service) option. If you are using Cogent Systems, the MAPS option must be used for health professional licensing purposes. Cogent Systems can be reached by phone at 1-877-838-4903. E-mail inquiries about using Cogent Systems may be sent to [mihelp@cogentsystems.com](mailto:mihelp@cogentsystems.com).



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

STEVEN H HILFINGER  
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 fingerprinting agency to see if they can perform an ink fingerprint on an FBI (FD-258) card or on another state's official fingerprint card. The ink fingerprint must be completed on card stock.
2. Submit the card with your fingerprints, the completed Livescan Fingerprint Request Form (attached) and a business check or money order for \$62.75 made payable in U.S. Funds to L-1 Identity Solutions to the following address:

L-1 Enrollment Services/LiveScan Processing Unit  
1650 Wabash Ave. Ste. D  
Springfield, IL 62704

3. Please include a daytime telephone number or e-mail address where you can be reached if there are any questions.
4. L-1 Identity Solutions will submit your fingerprints to the Michigan State Police for analysis.
5. If no criminal history information is found, the Bureau of Health Professions will be notified.
6. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau of Health Professions for review.
7. Call L-1 Identity Solutions toll-free at 1-866-226-2952 (8 am - 5 pm EST) if you have any questions.
8. L-1 Identity Solutions is under contract with the Michigan State Police (MSP) to provide fingerprint services. For questions, call MSP at (517) 241-0606.

## LIVESCAN FINGERPRINT REQUEST FORM

Fingerprint Date:	TCN:
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Type of I.D. Presented:	Type of Licensure/Registration:
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**Applicant Instructions:** Take this completed form along with your picture I.D. to your scheduled appointment. Please print clearly.

First Name:	Middle Name:	Last Name:	
Street Address:			
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:

### REQUESTING AGENCY INFORMATION

Agency I.D. Number: <b>71734k</b>	Agency Name: <b>Department of Licensing and Regulatory Affairs, Bureau of Health Professions</b>
Reason Fingerprinted: <b>LHP - Licensed Health Care Professional (MCL333.16174)</b>	Cost:

**\*\*Disclaimer:** Any and all errors that result in dual fingerprinting (Duplicate transmission to MSP), multiple fingerprint codes, fingerprints processed with incorrect fingerprint codes/reasons, etc., are the responsibility of the **LIVESCAN AGENCY**. **MSP** will charge for dual fingerprinting (transmission), etc.

**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.

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Board Use Only

**Type or Print Only**

<p><b>I AM APPLYING FOR THE FOLLOWING:</b></p> <p><input type="checkbox"/> Limited Bachelor's Social Worker License Fee: \$ 40.00 71-6802-03</p> <p><input type="checkbox"/> Bachelor's Social Worker License - Fee: \$ 40.00 71-6802-01</p> <p><input type="checkbox"/> Bachelor's Social Worker License by Endorsement- Fee: \$ 40.00 71-6802-09</p> <p>Your check or money order drawn on a US financial institution and made payable to the <b>STATE OF MICHIGAN</b> must accompany this application. <b>DO NOT SEND CASH.</b> Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.</p>			<p>License Number:</p>
			<p>Date of Licensure:</p>
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)			
<p>Have you ever held a health professional license in Michigan?</p> <p><input type="checkbox"/> No      <input type="checkbox"/> Yes</p>		<p>Michigan Health Professional Registration Number and Expiration Date</p>	

**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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

**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?	

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: <input type="checkbox"/> Yes - Date _____ <input type="checkbox"/> No

**Supervision Information:**

Name of Agency/Employer at time of Supervision:																		
<p><b>Agency Sector (Check only one):</b></p> <p><input type="checkbox"/> Private/Profit</p> <p><input type="checkbox"/> Private/Non-Profit</p> <p><input type="checkbox"/> Government</p> <p><input type="checkbox"/> Other (Specify): _____</p>	<p><b>Setting (Check all that apply):</b></p> <table style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Nursing Home</td> <td style="width: 33%;"><input type="checkbox"/> Hospital</td> </tr> <tr> <td><input type="checkbox"/> Gov't Social Service Agency</td> <td><input type="checkbox"/> In-Home Services</td> </tr> <tr> <td><input type="checkbox"/> Employee Assistance Program</td> <td><input type="checkbox"/> Court/Criminal Justice System</td> </tr> <tr> <td><input type="checkbox"/> Outpatient Facility/Mental Health Clinic</td> <td><input type="checkbox"/> Elementary/Secondary School System</td> </tr> <tr> <td><input type="checkbox"/> Hospice</td> <td><input type="checkbox"/> Other Social Service Agency</td> </tr> <tr> <td><input type="checkbox"/> Regional Treatment Center</td> <td><input type="checkbox"/> Other (Specify): _____</td> </tr> <tr> <td><input type="checkbox"/> Research Setting/Consultant</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Group Home/Resident Facility</td> <td></td> </tr> </table>		<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Hospital	<input type="checkbox"/> Gov't Social Service Agency	<input type="checkbox"/> In-Home Services	<input type="checkbox"/> Employee Assistance Program	<input type="checkbox"/> Court/Criminal Justice System	<input type="checkbox"/> Outpatient Facility/Mental Health Clinic	<input type="checkbox"/> Elementary/Secondary School System	<input type="checkbox"/> Hospice	<input type="checkbox"/> Other Social Service Agency	<input type="checkbox"/> Regional Treatment Center	<input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> Research Setting/Consultant		<input type="checkbox"/> Group Home/Resident Facility	
<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Hospital																	
<input type="checkbox"/> Gov't Social Service Agency	<input type="checkbox"/> In-Home Services																	
<input type="checkbox"/> Employee Assistance Program	<input type="checkbox"/> Court/Criminal Justice System																	
<input type="checkbox"/> Outpatient Facility/Mental Health Clinic	<input type="checkbox"/> Elementary/Secondary School System																	
<input type="checkbox"/> Hospice	<input type="checkbox"/> Other Social Service Agency																	
<input type="checkbox"/> Regional Treatment Center	<input type="checkbox"/> Other (Specify): _____																	
<input type="checkbox"/> Research Setting/Consultant																		
<input type="checkbox"/> Group Home/Resident Facility																		
Supervisor's Title:																		

Name
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**Applicant's Employment and Supervision Information:**

<b>Date supervision began:</b>	<b>MM</b>	<b>DD</b>	<b>YY</b>		<b>Date supervision ended:</b>	<b>MM</b>	<b>DD</b>	<b>YY</b>	
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**Social Work functions performed by applicant:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Case management<br><input type="checkbox"/> Advocacy for individual<br><input type="checkbox"/> Advocacy for group/communities<br><input type="checkbox"/> Psychosocial Assessment<br><input type="checkbox"/> Information and referral | <input type="checkbox"/> Community organization<br><input type="checkbox"/> Identification of presenting problem<br><input type="checkbox"/> Teaching/Education of Client<br><input type="checkbox"/> Research<br><input type="checkbox"/> Intervention planning and evaluation | <input type="checkbox"/> Other - Please describe area of practice:<br><hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> |
|--|---|--|

**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:**

Additional description of how supervision was conducted, if needed:
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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](mailto:bhphelp@michigan.gov)**Supervisor's Declaration**

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

**Signature and Title:****Date:**

**Board of Social Work**

P.O. Box 30670

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthliconso

**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.**

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

( S E A L )

Print or Type Name of Program

If school has no seal, please indicate

## Michigan Department of Licensing and Regulatory Affairs

## Bureau of Health Professions

P.O. Box 30670

Lansing, MI 48909

www.michigan.gov/healthlicense

## VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

**PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.**

Check the profession for which you are requesting verification.		
<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Medicine	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Audiology	<input type="checkbox"/> Nursing	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Nursing Home Admin.	<input type="checkbox"/> Physician's Assistants
<input type="checkbox"/> Counseling	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Podiatry
<input type="checkbox"/> Dentistry	<input type="checkbox"/> Optometry	<input type="checkbox"/> Psychology
<input type="checkbox"/> Marriage & Family Therapy	<input type="checkbox"/> Osteopathy	<input type="checkbox"/> Respiratory Therapy
<input type="checkbox"/> Sanitarian	<input type="checkbox"/> Social Work	<input type="checkbox"/> Veterinary Medicine
First Name	Middle Name	Last Name
Previous Names Used	Date of Birth	U. S. Social Security Number
State Board	License Number	Date of Issue

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State. Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

**PART II: To be completed by the State Licensing Board.**

Type of License:	Original Issue Date	Expiration Date
Basis for Issuance of License:		
<input type="checkbox"/> Examination - Please indicate type of exam (National, Regional, State, etc.) _____		
<input type="checkbox"/> Endorsement - Please indicate name of state _____		
License Status	Has the applicant incurred any formal or informal actions in your State?	
<input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive	<input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, Please attach certified copies of any actions.	
Are formal or informal actions pending?	Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

**CERTIFICATION**

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name

(S E A L)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Full Name of Licensing Board