

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

MASTER'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 MASTER'S SOCIAL WORKER LICENSE

Applicants for a limited master's social work license must have a master's degree from a program accredited by the Council on Social Work Education for the Accreditation for Social Work Education Programs and Intent to gain experience 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. On the application, please indicate your area of intended practice, either macro or clinical.
 - Macro - Community organization; program planning and development; administration of community services or programs; assessment of client needs for macro community programs or services; coordination and/or evaluation of service delivery; advocacy on behalf of persons or groups with unmet needs; social welfare policy; organizational analysis; and, provision of training about community needs and problems.
 - Clinical - advocating for care; protecting the vulnerable; providing forensic practice functions; increasing social well-being; providing education and resources; providing psychotherapy; providing case management for complex and high-risk cases; serving on clinical programs.
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to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.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. The Certification of Education form must be sent directly to this office by your educational institution along with final official transcripts.
6. Applicants for licensure in the clinical area of practice are required to pass the ASWB Clinical Examination. Applicants for licensure in the macro area of practice are required to pass the ASWB Advanced Generalist 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. You may not register for the exam until you receive the eligibility notice from our office.

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

INSTRUCTIONS FOR MASTER'S SOCIAL WORKER LICENSE – MACRO OR CLINICAL

Applicants for a master's social worker license must have a Master's degree in social work from a program accredited by the Council on Social Work Education (CSWE) and 2 or more years (4,000 hours) of post-degree social work experience under the supervision of a licensed MSW. All experience shall have been obtained after the completion of the MSW degree.

1. Complete the application and return it to the Board of Social Work with the appropriate fee. On the application, please indicate your area of intended practice, either macro or clinical.
 - Macro - Community organization; program planning and development; administration of community services or programs; assessment of client needs for macro community programs or services; coordination and/or evaluation of service delivery; advocacy on behalf of persons or groups with unmet needs; social welfare policy; organizational analysis; and, provision of training about community needs and problems.
 - Clinical - advocating for care; protecting the vulnerable; providing forensic practice functions; increasing social well-being; providing education and resources; providing psychotherapy; providing case management for complex and high-risk cases; serving on clinical programs.
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. **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.
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. If you do not hold a master's limited license, submit the Certificate of Education form to your accredited educational institution for completion. The Certification of Education form must be sent directly to this office by your educational institution along with **final official transcripts**. If you have a limited master's social work license, you do not have to re-submit your educational documentation.
6. Submit the Supervisor's Verification of Social Work Experience form to your licensed master's social worker supervisor for completion. Your supervisor must submit this form directly to this office. A separate form must be submitted by your supervisor for each work experience/employment. Your supervisor should be experienced in the same field in which you are applying, either Macro or Clinical. If you currently are or have ever been credentialed by the ACSW, you can request verification of that credential directly from NASW as verification of your required work experience. You can contact NASW at (202) 408-8600 or e-mail them at credentialing@naswdc.org.
7. You may apply for the second master's social worker designation (either macro or clinical) by checking the "Add Clinical" or "Add Macro" boxes on the application and submitting an additional \$15.00 fee. You must complete an additional 2,000 hours (1 year) of post-degree social work experience in the specialty-designated area with at least 50 hours of supervisory review.
8. 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.
9. Applicants for licensure in the clinical area of practice are required to pass the ASWB Clinical Examination. Applicants for licensure in the macro area of practice are required to pass the ASWB Advanced Generalist Examination. Once the documentation above is received, you will be sent a letter that states you are eligible. More information about the exam and an ASWB Candidate Handbook is available at www.aswb.org. You may not register for the exam until you receive the eligibility notice from our office.
10. 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 MASTER'S SOCIAL WORKER LICENSE BY ENDORSEMENT

(must be currently licensed in another state that has requirements that are 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. On the application, please indicate your area of intended practice, either macro or clinical.
 - Macro - Community organization; program planning and development; administration of community services or programs; assessment of client needs for macro community programs or services; coordination and/or evaluation of service delivery; advocacy on behalf of persons or groups with unmet needs; social welfare policy; organizational analysis; and, provision of training about community needs and problems.
 - Clinical - advocating for care; protecting the vulnerable; providing forensic practice functions; increasing social well-being; providing education and resources; providing psychotherapy; providing case management for complex and high-risk cases; serving on clinical programs.
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. **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.
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 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.
6. Contact ASWB at (800) 225-6880 or on the web at www.aswb.org to provide the Michigan Board official copies of the score reports from the exam you took for licensure in another state. The Michigan board does not accept the ASWB Masters examination for licensure purposes.
7. The Michigan Board of Social Work will accept verification of your education and work history from the ASWB Social Work Registry. Information about participating in the registry can be obtained by calling (866) 825-9580 or on the web at www.aswb.org.
8. 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 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. **CONTINUING EDUCATION:** This 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.
6. **INITIAL MASTER'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 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. 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.



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: 71734k	Agency Name: Department of Licensing and Regulatory Affairs, Bureau of Health Professions
Reason Fingerprinted: LHP - Licensed Health Care Professional (MCL333.16174)	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 MASTER'S SOCIAL WORKER LICENSE

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

Type or Print Only

<p>I AM APPLYING FOR THE FOLLOWING:</p> <p><input type="checkbox"/> Limited Master's Social Worker License Fee: \$ 40.00 71-6801 -03 <input type="checkbox"/> Clinical <input type="checkbox"/> Macro</p> <p><input type="checkbox"/> Master's Social Worker License - Clinical - Fee: \$ 40.00 71-6801-01 <input type="checkbox"/> Add Macro Fee \$15.00 71-6801-01</p> <p><input type="checkbox"/> Master's Social Worker License - Macro - Fee: \$ 40.00 71-6801-01 <input type="checkbox"/> Add Clinical Fee \$15.00 71-6801-01</p> <p><input type="checkbox"/> Master's Social Worker License - by Endorsement - Fee: \$ 40.00 71-6801-09 <input type="checkbox"/> Clinical <input type="checkbox"/> Macro</p> <p>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.</p>			Board Use Only		
			License Number:		
			Date of Licensure:		
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?			Michigan Health Professional Registration I.D./License Number and Expiration Date		
<input type="checkbox"/> No <input type="checkbox"/> Yes					

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 master'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 MASTER'S SOCIAL WORKER LICENSE MUST:

1. Be earned only when holding limited license if experience 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 in the intended area of practice.
5. Be earned at not less than 16 hours per week but no more than 40 hours per week. One year of experience is equivalent to 2,000 hours.

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 MASTER'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 the experience is gained in Michigan. If the 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 MASTER'S SOCIAL WORKER LICENSE MUST:

1. Be earned only when holding limited license if experience 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 in the intended area of practice.
5. Be earned at not less than 16 hours per week but no more than 40 hours per week. One year of experience is equivalent to 2,000 hours.

INSTRUCTIONS TO APPLICANT FOR COMPLETING SECTION I:

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.

First Name	Middle Name	Last Name	
Social Security Number		Telephone Number	
Street Address		E-mail Address	
City	State	Zip Code	
Type of License You Are Applying For:			
<input type="checkbox"/> Master's Social Worker - Clinical		<input type="checkbox"/> Master's Social Worker - Macro	

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
Your Area of Practice <input type="checkbox"/> Clinical <input type="checkbox"/> Macro <input type="checkbox"/> Both	
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 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: _____

<p>Agency Sector (Check only one):</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>Setting (Check all that apply):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Nursing Home</td> <td style="width: 33%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Hospital</td> </tr> <tr> <td style="width: 33%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Gov't Social Service Agency</td> <td style="width: 33%; vertical-align: top; padding: 2px;"><input type="checkbox"/> In-Home Services</td> </tr> <tr> <td style="width: 33%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Employee Assistance Program</td> <td style="width: 33%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Court/Criminal Justice System</td> </tr> <tr> <td style="width: 33%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Outpatient Facility/Mental Health Clinic</td> <td style="width: 33%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Elementary/Secondary School System</td> </tr> <tr> <td style="width: 33%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Hospice</td> <td style="width: 33%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Private Practice</td> </tr> <tr> <td style="width: 33%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Regional Treatment Center</td> <td style="width: 33%; vertical-align: top; padding: 2px;"><input type="checkbox"/> College/University</td> </tr> <tr> <td style="width: 33%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Research Setting/Consultant</td> <td style="width: 33%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Other Social Service Agency</td> </tr> <tr> <td style="width: 33%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Group Home/Resident Facility</td> <td style="width: 33%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Other (Specify): _____</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"/> Private Practice	<input type="checkbox"/> Regional Treatment Center	<input type="checkbox"/> College/University	<input type="checkbox"/> Research Setting/Consultant	<input type="checkbox"/> Other Social Service Agency	<input type="checkbox"/> Group Home/Resident Facility	<input type="checkbox"/> Other (Specify): _____
<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"/> Private Practice																
<input type="checkbox"/> Regional Treatment Center	<input type="checkbox"/> College/University																
<input type="checkbox"/> Research Setting/Consultant	<input type="checkbox"/> Other Social Service Agency																
<input type="checkbox"/> Group Home/Resident Facility	<input type="checkbox"/> Other (Specify): _____																

Supervisor's Title: _____

Was this supervision completed for the applicant's licensure? Yes No

Was this supervision completed in a clinical setting? Yes No

Was this supervision completed in a macro setting? Yes No

Name

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

- | | | |
|--|------------------------------|-----------------------------|
| (1) The transmission of social work knowledge, skills, values and ethics with specific application to the applicant's practice; | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) The applicant's permissible scope of practice | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

As a professional licensee overseeing the supervision of this applicant, is this applicant able to practice and/or counsel independently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Name

Social Work functions performed by applicant (can check boxes in one or both areas, as appropriate):

Macro experience:

- Advocacy for individuals
- Advocacy for groups/communities
- Policy and program development and administration
- Information and referral
- Community organizing
- Coordination/evaluation of service delivery
- Development of social welfare policy
- Provision of training regarding community needs and problems
- Supervision of macro social workers
- Research
- Consultation regarding agency practice and policy development
- Other (specify) _____

Clinical experience:

- Advocacy for groups/communities
- Advocacy for individuals
- Case management for high risk clients
- Psychotherapy with adults
- Psychotherapy with children
- Psychosocial assessment
- Information and referral
- Intervention methods using specialized and formal interactions
- Diagnosis of mental, emotional and substance abuse disorders
- Child welfare
- Child or adult custody
- Child or adult abuse
- School social work
- Corrections social work
- Forensics social work
- Medical setting social work
- Supervision
- Teaching/Education of clients
- Treatment planning and evaluation
- Directing clinical programs
- Consultation regarding clinical issues
- Consultation regarding agency practice and policy development
- Other (specify) _____

Supervisor: Please send this form with your original signature to:

Michigan Department of Community Health
 Bureau of Health Professions
Board of Social Work
 P.O. Box 30670
 Lansing, MI 48909

If you have any questions, please contact this 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:
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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
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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