

Professional Education

Name of School	Name of Education Program	Graduation Date

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

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

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

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

Good Moral Character Questions

If you answer “yes” to either of the next two questions, you must submit a written explanation as to what took place including date(s) of occurrence(s), court documents, documentation which shows at the current time you have the ability to, and are likely to, serve the public in a fair, honest, and open manner, that you are rehabilitated, or that the substance of the former offense is not reasonably related to the occupation or profession for which you are seeking a license.

Answering “yes” to the following question may not automatically prevent you from obtaining a license. In evaluating your good moral character, the department will consider whether the substance of your former offense is reasonably related to the profession to which you are seeking a license. Also, please know that you may request a preliminary determination from the Department concerning whether any court judgments against you would likely result in a denial of a license for failing to meet the good moral character requirement. More information about requesting a preliminary determination can be found at www.michigan.gov/healthlicense .

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

CERTIFICATION AND SIGNATURE

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

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

Signature

Date

L.M.S.W. by Endorsement

- Arrange for the licensing agency of every state or territory of the United States in which you hold a current license or ever held a license as a Social Worker to submit official verification of licensure directly to the department.

If your license is ACTIVE and issued MORE THAN 10 years before the date of application:

- Complete and submit the Supervisor's Verification of Social Work Experience for Master's Social Worker form verifying that you have been engaged in the practice of social work at the master's level as defined in MCL 333.18501(1)(g)(ii) or (iii), as applicable.

If your license is ACTIVE and issued LESS THAN 10 years before the date of application:

- Must have passed the ASWB Clinical or Advanced Generalist Examination. If your exam was taken in another state, contact the ASWB at www.aswb.org to have them submit official copies of your score reports to this office.
- Submit a completed Supervisor's Verification of Social Work Experience for Master's Social Worker form verifying the completion of 4,000 hours of supervised work experience, work experience, or both, at the master's macro or clinical level, as applicable.

Add Clinical or Add Macro (active licensees only)

- Have each licensed L.M.S.W. supervisor in Michigan submit a completed Supervisor's Verification of Social Work Experience for Master's Social Worker form verifying a total of an additional 2,000 hours (one year) of post-degree social work experience in the specialty-designated area with at least 50 hours of supervisory review directly to this office.
- Must have passed the ASWB Clinical Examination or the ASWB Advanced Generalist Examination. If exam was taken in another state, contact the ASWB at www.aswb.org to have them submit official copies of your score report to this office.

Limited L.M.S.W.

- Have the final official transcripts for a master's degree from a program accredited by the Council on Social Work Education (CSWE) forwarded directly to this office from your school. The transcript must include the date the Masters of Social Work (MSW) degree was conferred.
- Beginning June 30, 2021, Limited licensees will not be made eligible to take the licensing examination until a completed Supervisor's Verification of Social Work Experience for Master's Social Worker form, verifying the required 4,000 hours of supervised work experience is received by our office.
- A limited license shall be issued for 1 year and may be renewed for not more than 6 times, as specified under section 18509(2) of the code, MCL 333.18509.

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

If currently licensed in another state or Canada:

- Submit documentation of having earned 45 hours of board-approved continuing education within the three-year period immediately preceding the date of your application with a minimum of five of those hours in social work ethics, two hours in pain and symptom management and 2 hours in human trafficking. One half of the required continuing education contact hours must be completed in person using live, synchronous contact.
- Arrange for the licensing agency of each U.S. state or province of Canada in which you hold a current license or ever held a license as a Social Worker to submit official verification of licensure directly to the department.

If NOT currently licensed in another state or Canada:

- Submit documentation of having earned 45 hours of board-approved continuing education within the three-year period immediately preceding the date of your application with a minimum of five of those hours in social work ethics, two hours in pain and symptom management and 2 hours in human trafficking. One half of the required continuing education contact hours must be completed in person using live, synchronous contact.
- Arrange for the licensing agency of each state or territory of the United States in which you ever held a license as a Social Worker to submit official verification of licensure directly to the department.
- If your license expired **MORE THAN THREE YEARS AGO**, upon meeting the current licensing requirements and other requirements, a limited license shall be issued for 1 year. This must be used for the completion of 1,000 hours of practice under the supervision of a Michigan-licensed master's social worker of the same designation.
- If your license expired **MORE THAN SEVEN YEARS AGO**, in addition to meeting the current licensing requirements and the requirements above, you must pass the ASWB Clinical Examination or the ASWB Advanced Generalist Examination.