



South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Social Work Examiners

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11329 • Columbia • SC 29211-1329

Phone: 803-896-4664 • Contact.SocialWork@llr.sc.gov • Fax: 803-896-4719

www.llronline.com/POL/SocialWorkers/

2017-2018 Renewal Application



Name: \_\_\_\_\_ License # \_\_\_\_\_

Renewal Instructions

- 1. Complete all questions and blank spaces on this renewal application. If an item is not applicable, answer N/A. Make check payable to: LLR – SC Board of Social Work Examiners. Return the completed renewal application and biennial renewal fee of \$90.00 and allow three weeks for processing to:

LLR- SC Board of Social Work Examiners
PO Box 11329

Columbia, SC 29211-1329

- 2. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.
3. A \$50 late renewal fee will be added for renewals postmarked January 1, 2017 – February 1, 2017. After February 1, 2017, the license will be lapsed with the Board.

Please call the Board office at (803) 896-4664 if you have any questions or visit our webpage at

www.llr.state.sc.us/POL/SocialWorkers

Mailing Address

Primary Place of Practice

Home Address

Blank lines for Mailing Address, Primary Place of Practice, and Home Address.

County: \_\_\_\_\_ County: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_ Congressional District: \_\_\_\_\_

Congressional District: \_\_\_\_\_ Congressional District: \_\_\_\_\_

Hrs/Wk: \_\_\_\_\_ Hrs/Wk: \_\_\_\_\_

\*Contact your voter registration office to obtain this information. Failure to provide this information will render delays and possible penalties.

Current Activity Status - (check one only):

- Currently Practicing Profession Not Currently Practicing Profession Out-of-State \_\_\_\_\_ Retired
Specify

Current Form of Practice- (check one only):

- County Gov Local Gov Self, Solo State Gov
Federal Gov Private Employer Self, Partner/Group Other: \_\_\_\_\_

Current Practice Setting - (check one only):

- Elem or Secondary School Group Assigned/Hospital Nursing Home SCH/Treatment Ctr. Tech/Junior College/Voc Sch
Fed Civilian Fac Group Assigned/Nurs Home Other College/Univ State Corrections Univ/College of Med
Fed Military Fac Group Assigned/Var Settings Patient Homes State/County DSS
Freestanding Outpat Clinic Hospital Private Office State/County/Local Hlth Dept.

Please indicate if you are willing for your name to be added to a list of volunteer Social Workers who may be called upon in the event of a natural disaster (i.e. hurricane, etc.). YES NO

## Continuing Education

Each licensee is required to obtain a minimum of 40 hrs of CE during this renewal period. A minimum of 20 of the 40 clock hours must be specifically provided by trained social workers (a person with a BSW, MSW or Doctorate degree in social work) and a maximum of 20 CE hours may be provided by non-social workers (i.e. psychologists, LPCs, etc.).

**You will not be required to list CE activities on this renewal form;** however, the Board will conduct a random, mandatory annual audit of CE at which time licensees shall provide completed CE documentation and certificates to the Board. **Certificates should not be sent to the Board unless licensee is selected for audit.** Licensees are to maintain all CE certificates for 3 years.

### Affirmation of Continuing Education

I **affirm** that I have obtained a minimum of 40 clock hours of social work related CE (a minimum of 20 hrs. of the 40 clock hours have been specifically provided by a trained social worker (a person with a BSW, MSW, or a Doctorate in social work) during this renewal period, **January 1, 2015 – December 31, 2016.**  Yes  No

**IF YOU ANSWER “YES” TO A QUESTION BELOW, PROVIDE A DETAILED WRITTEN EXPLANATION ALONG WITH A COPY OF THE ORDER OR OTHER RELEVANT DOCUMENTATION(S).**

1. Since you last renewed your license, have you been involved in any pre-trial intervention program, been convicted, pled guilty, or pled nolo contendere (no contest) for the violation of any federal, state or local law or do you have charges pending (other than a minor traffic violation)?  Yes  No
2. Since you last renewed your license, have you had an application for a professional license, examination, certification or registration denied or refused by any licensing board or other entity or have you ever surrendered a professional license?  Yes  No
3. Since you last renewed your license, have you developed or been treated for any disease or condition, physical, mental, or emotional (including alcohol or other substance abuse) that may render further practice dangerous to the public?  Yes  No
4. Since you last renewed your license, have you been addicted to or used in excess any drug or chemical substance, including alcohol, or been treated for a drug or alcohol addiction or participated in a rehabilitation program?  Yes  No
5. Since you last renewed your license, have you had any investigation, formal complaint, disciplinary action or consent order filed against you by any person, employer, or licensing board in any jurisdiction?  Yes  No
6. Since you last renewed your license, have you received disciplinary action by any employer for your job performance involving patient care or safety?  Yes  No
7. Since you last renewed your license, have you resigned from any hospital, institution or health care facility in lieu of disciplinary action?  Yes  No
8. Has there been any change in the status of your lawful presence in the United States since initial licensure?  Yes  No

I **HEREBY** swear/affirm I have read all questions on this renewal application and have answered truthfully, accurately, and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina license.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*South Carolina Law requires the agency collect personal information which is only disseminated as required by law. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on your renewal application and other documents on file, may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services. In order to better protect the information you provide, please provide the Department with the following information that may be released to the public upon request: a public mailing address, a public email address and a public telephone number.*