



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Social Work Examiners

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

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llr.sc.gov/sw

SOCIAL WORK LISW SUPERVISOR APPLICATION

- To become a licensed supervisor you must have a current SC LISW-CP, LISW-AP, or LISW-DUAL license.
- Provide proof of 4500 hours of clinical/advanced practice earned over a period of no less than 3 years beyond receipt of your initial LISW-CP or LISW-AP license.
- Provide proof of 45 academic contact hours in supervision or 45 continuing education contact hours in supervision.

Select the license type you are applying for:

Licensed Independent Social Worker (LISW)

Clinical Practice (CP) Supervisor Current LISW - CP or DUAL License Number: _____

Advance Practice (AP) Supervisor Current LISW - AP or DUAL License Number: _____

Include with your application:

- Check or money order in the amount of \$45.00 made payable to LLR-Board of Social Work Examiners. Application fee is non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.
- Copy of your valid driver's license, state issued ID, passport or military ID
- Legal documentation for name change (marriage cert, divorce decree, etc.)(if applicable)
- Proof of 45 academic contact hours or 45 clock hours of continuing education contact in supervision
- Proof of 4500 clinical/advanced practice hours within 3 years of receiving your initial CP/AP license.

APPLICANT INFORMATION

First Name: _____ Middle: _____ Last: _____

Since you were initially licensed, have you legally changed your name? Yes No
If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
(If different than above)

Phone No.: _____ Email: _____

Social Security: _____ Date of Birth: _____

CURRENT EMPLOYMENT INFORMATION

Business Name: _____ Business Phone: _____

Business Email (optional): _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Supervisor Name/Title: _____ Supervisor Phone: _____

DISCIPLINARY QUESTIONS

If you answer “Yes” to any of the questions below, submit a detailed letter of explanation along with any other relevant documentation.

SINCE YOU WERE INITIALLY LICENSED IN SC:

- 1. Have you been convicted, pled guilty or pled nolo contendere (no contest) to a felony, or a crime involving drugs or moral turpitude? YES NO
- 2. 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. Do you currently have a physical or mental impairment or disability, including alcohol or other substance abuse that may render further practice dangerous to the public? YES NO
- 4. Have you been treated for a drug or alcohol addiction or participated in a rehabilitation program? YES NO
- 5. 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. Have you resigned from any employment in lieu of disciplinary action? YES NO

ATTESTATION

I HEREBY swear/affirm I have read all questions on this 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 licensure.

Signature: _____ Date: _____

PRIVACY DISCLOSURE

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. 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 the application 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.