



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/



REQUIREMENTS AND INSTRUCTIONS FOR SOCIAL WORK LICENSURE

The licensure process may take from 6-8 weeks. Applications are processed in the order they are received.

Before calling in to the Board Office - You may check your application status online at:
www.llr.state.sc.us/pol/socialworkers/ and select Application Status.

All credential types require the following:

- Submit completed application with non-refundable application fee of \$45 and all required documentation listed below. You will have the opportunity to upload your required documentation at the end of the online application. This includes:
 - Copy of your valid driver's license, state issued ID, passport or military ID
 - Copy of your social security card
 - Notarized Verification of Lawful Presence
 - Legal documentation for name change, if applicable
 - LISW APPLICATIONS ONLY
 - Supervision Contract
- Have the following submitted directly to the Board Office address above from issuing agent:
 - Official Transcripts
 - Test Scores from the Association of Social Work Boards (ASWB) (1-800-225-6880 or www.aswb.org), if taken already
 - Verification of licensure form or state issued verification form from all state boards in which you are currently or have previously been licensed in, if applicable
- Applicants that have a "Yes" answer to any question will be considered for licensure on a case-by-case basis after receipt of all required materials. For each case, the applicant should submit:
 - A personal written explanation for the "Yes" answer
 - A copy of the formal complaint pleading(s), if applicable
 - A copy of the final action, disposition or settlement, if applicable
 - Any further information requested by the Board office
 - You must agree to a Board appearance if requested

Basis for Licensure:

License Baccalaureate Social Work (LBSW):

- Must have a Baccalaureate degree from a social work program that has been accredited by the Council on a Social Work Education. Go to www.cswe.org to verify accreditation.
- Must take the Bachelors level of the examination that is administered by a testing service through the Association of Social Work Boards (ASWB).
- Students may be allowed to take the examination prior to degree received, if in the final semester of social work program and have a letter from the Dean of the program to verify that information.
- Upon approval of application by the Board, applicant will be sent a letter allowing registration of the Bachelors level examination.

License Master Social Work (LMSW):

- Must have a Masters or a Doctorate degree from a social work program that has been accredited by the Council on a Social Work Education. Go to www.cswe.org to verify accreditation.
- Must take the Masters level of the examination that is administered by a testing service through the Association of Social Work Boards (ASWB).
- Students may be allowed to take the examination prior to degree received, if in the final semester of social work program and have a letter from the Dean of the program to verify that information.
- Upon approval of application by the Board, applicant will be sent a letter allowing registration of the Masters level examination.

License Independent Social Work (LISW):

Clinical Practice:

- Must have a Masters or a Doctorate degree from a social work program that has been accredited by the Council on a Social Work Education. Go to www.cswe.org to verify accreditation.
- Must have at least forty-five (45) academic contact hours each of psychopathology and psychodiagnostics. (official transcript required)
- An applicant must demonstrate 15 academic contact hours or 20 continuing education contact hours in professional ethics during the course of the professional supervision period or have completed a Board-sponsored specialty course in professional ethics. (official documentation required)
- Before the initiation of LISW-CP supervision, the applicant and the supervisor must complete the LISW Supervision Contract. The contract must be approved by the Board prior to the start of the supervision. The Board may ask that the applicant and proposed supervisor appear before the Board to answer questions concerning the proposed supervision contract.
- An applicant must demonstrate to the Board the satisfactory completion of 3000 hours of social work practice under clinical supervision. This supervised experience must have occurred after licensure as a Masters Social Worker and over a **minimum two-year and maximum four-year period** within a recognized, organized setting such as social, medical, or governmental agencies. This supervised experience must include **100 hours of face-to-face** meetings between the approved clinical supervisor and the supervisee, equitably distributed.
- The Board will allow 50 percent of the supervision time to be group supervision with no more than six (6) supervisees. Those applicants already in a supervision contract wishing to obtain group supervision can amend their Contract in writing to the Board.
- The supervisor must submit the **“Report of Supervised Experience Form”** for documentation of supervision at the conclusion of the supervision.
- Must take and pass the Clinical level of the examination that is administered by a testing service through the Association of Social Work Boards (ASWB).
- Following receipt of all completed coursework and supervision, the Board office will send an approval letter allowing applicant to contact the Association of Social Work Boards (ASWB) to register for Clinical level examination.

License Independent Social Work (LISW):

Advanced Generalist Practice:

- Must have a Masters or a Doctorate degree from a social work program that has been accredited by the Council on a Social Work Education. Go to www.cswe.org to verify accreditation.
- An applicant must have at least ninety (90) academic contact hours of coursework in advanced social work practice with communities and organizations. (official transcript required)

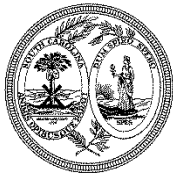
- An applicant must demonstrate 15 academic contact hours or 20 continuing education contact hours in professional ethics during the course of the professional supervision period or have completed a Board-sponsored specialty course in professional ethics. (official documentation required)
- Before the initiation of LISW-AP supervision, the applicant and the supervisor must complete the LISW Supervision Contract. The contract must be approved by the Board prior to the start of the supervision. The Board may ask that the applicant and proposed supervisor appear before the Board to answer questions concerning the proposed supervision contract.
- An applicant must demonstrate to the Board the satisfactory completion of 3000 hours of social work practice under advanced supervision. This supervised experience must have occurred after licensure as a Masters Social Worker and over a **minimum two-year and maximum four-year period** within a recognized, organized setting such as social, medical, or governmental agencies. This supervised experience must include **100 hours of face-to-face** meetings between the approved advanced supervisor and the supervisee, equitably distributed.
- The Board will allow 50 percent of the supervision time to be group supervision with no more than six (6) supervisees. Those applicants already in a supervision contract wishing to obtain group supervision can amend their Contract in writing to the Board.
- The supervisor must submit the “**Report of Supervised Experience Form**” for documentation of supervision at the conclusion of the supervision.
- Must take and pass the Advanced Generalist level of the examination that is administered by a testing service through the Association of Social Work Boards (ASWB).
- Following receipt of all completed coursework and supervision, the Board office will send an approval letter allowing applicant to contact the Association of Social Work Boards (ASWB) to register for Advanced Generalist level examination.

For ALL Out-of-State Applicants:

If you are licensed, currently or were previously licensed in another state provide the following:

- Must have a Baccalaureate, Masters or a Doctorate degree from a social work program that has been accredited by the Council on a Social Work Education. Go to www.cswe.org to verify accreditation.
- Must have official transcript submitted directly to the Board office.
- Must have taken the examination that is administered by a testing service through the Association of Social Work Boards (ASWB) (1-800-225-6880 or www.aswb.org). Have ASWB send official score report to the Board office.
- Must have verification of licensure form or state issued verification form from all state boards in which you are currently or have previously been licensed submitted directly to the Board office.

South Carolina Board of Social Work does not issue temporary or provisional licenses.



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)
being first duly sworn deposes and states as follows:

Check only one box:

1. I am a United States citizen; or

2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4. Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____ I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

Signature of Affiant

SWORN to before me this _____ day of _____, 20____

Notary Signature

Print Name

Notary Public for _____

My Commission Expires: _____

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)



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FOR LISW APPLICANTS ONLY – LISW SUPERVISION CONTRACT

(TO BE SUBMITTED PRIOR TO THE INITIATION OF SUPERVISION ALONG WITH AN LISW APPLICATION & FEE)

LEVEL OF LISW SUPERVISION APPLYING FOR: _____ **CLINICAL** _____ **ADVANCED**

About the Supervisee:

Supervisee: _____ Last five digits of SS#: _____

Place of Employment: _____

Employment Address: _____

Position: _____ Work #: _____ Home #: _____

License #: _____ License Level: _____ Date of Issue: _____

About the Supervisor:

Supervisor: _____ Last five digits of SS#: _____

Place of Employment: _____

Employment Address: _____

Position: _____ Work#: _____

License#: _____ License Level: CP _____ AP _____ Date of Issue: _____

Which level of the ASWB exam have you successfully completed? _____ Clinical _____ Advanced

School Awarding MSW degree: _____

Have you obtained forty-five academic contact hours or forty-five continuing education contact hours in supervision?

_____ Yes _____ No

If "yes" are copies on file with the Board? _____ Yes _____ No (If "no" please attach copies.)

About the Supervision:

Setting of the Proposed LISW Supervised Practice: _____

Dates of the Proposed LISW Supervision: _____

Number of Proposed Clinical or Advanced Practice Hours / Total hours of actual work (3000 hours of social work practice under clinical/advanced supervisor must be completed by the supervisee over a minimum of 2 years and maximum of 4 year period. The supervision must include face-to-face meetings between the approved clinical/advanced supervisor and the supervisee for a minimum of 100 hours equitably distributed.) _____

Supervisee's Duties: _____

I agree to supervise the undersigned applicant named on this Supervision Contract for LISW licensure in those services to be provided in clinical or advanced social work practice and I will abide by the Guidelines for LISW Supervision and Chapter 63 of the Code of Laws of South Carolina. I understand that 3000 hours of social work practice under clinical/advanced supervisor must be completed by the supervisee over a minimum of 2 years and maximum of 4 year period. The supervision must include face-to-face meetings between the approved clinical/advanced supervisor and the supervisee for a minimum of 100 hours equitably distributed. I understand that the LISW supervision cannot begin until this LISW contract has been approved by the Board. (For your records a copy of the approved contract will be mailed to the applicant with the approval signature and date.) I understand that I will be expected to keep notes and documentation of the supervision that occurs and the issues discussed. I understand that upon completion of the supervision, I will be asked to comment on the performance assessment of the supervisee and provide a statement as to whether or not licensure is recommended for the applicant. If, for any reason, the conditions of this contract are changed, or this supervisory relationship is terminated or changed, I will immediately notify the Board. Furthermore, I do certify that my license is current and in good standing and will be maintained throughout this period.

Signature of Supervisor: _____ Date: _____

I understand that this supervision is to be in those services to be provided in clinical or advanced social work practice and I will abide by the Guidelines for LISW Supervision and Chapter 63 of the Code of Laws of South Carolina. I understand that 3000 hours of social work practice under clinical/advanced supervisor must be completed by the supervisee over a minimum of 2 years and maximum of 4 year period. The supervision must include face-to-face meetings between the approved clinical/advanced supervisor and the supervisee for a minimum of 100 hours equitably distributed. I understand that I will be expected to comply with the provisions of this contract in its entirety and must notify the Board of any modifications of this plan once it has been approved. Failure to do so may result in voiding the approval given by the Board and loss of supervision hours gained. I also understand that if supervision is terminated with one supervisor, a new supervision contract must be completed and approved by the Board before initiation of new supervision. **I understand that the LISW supervision cannot begin until this LISW contract has been approved by the Board.** (For your records a copy of the approved contract will be mailed to you with the approval signature and date.) Furthermore, I do certify that my license is current and in good standing and will be maintained throughout this period.

Signature of Applicant: _____ Date: _____

Please return all materials to the Board office:

**South Carolina Board of Social Work Examiners
P.O. Box 11329
Columbia, SC 29211-1329**

**This Supervision Contract has been approved by _____ on this
_____ day of _____, 20_____.**



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**VERIFICATION OF SOCIAL WORK LICENSURE IN ANOTHER STATE
(APPLICANTS WHO ARE, OR HAVE BEEN, LICENSED IN ANOTHER STATE)**

Dear Sir/Madam:

In applying for a license to practice social work in the State of South Carolina, the Board of Social Work Examiners requires this form to be completed by each state wherein I hold or have ever held a license. My signature below is your authority to release any and all information in my file, favorable or otherwise regarding myself, directly to the above address.

Applicant's Signature: _____

Type or Print Full Name: _____

Last five digits of SS #: _____

This section should be completed by an official of the state board and returned directly to the SC Bd of SW Examiners.

Verification of Licensee

Full Name of Licensee: _____

State of: _____ License Number: _____ Date of Issue: _____

Expiration Date: _____ Is License Current? _____ If no, why not? _____

Is License in Good Standing? _____ If no, why not? _____

Has License ever been suspended, revoked or restricted? _____ If yes, please attach copies of any actions.

Derogatory Information, if any: _____

Level of Licensure

Level of Licensure: _____ Is this the highest level in your state? _____ If not, what is? _____

Verification of Clinical Supervision

If licensed at the highest level, was 2 years of clinical supervision completed? _____

If yes, what are the dates? From: _____ to _____ How many hours were completed? _____

Supervisor's Name: _____ License Number & Level: _____

Verification of Examination

Licensed by: () ASWB Examination () grandfathering () other

Level of Exam: _____ Passing Score: _____ If other, what exam? _____

If grandfathered in, did licensee ever take the exam? _____ If yes: Level: _____ Score: _____

BOARD SEAL

Signature: _____

Printed Name: _____

Title: _____

Name of Licensing Bd: _____

DATE: _____



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**VERIFICATION OF SOCIAL WORK LICENSURE IN ANOTHER STATE
(APPLICANTS WHO ARE, OR HAVE BEEN, LICENSED IN ANOTHER STATE)**

Dear Sir/Madam:

In applying for a license to practice social work in the State of South Carolina, the Board of Social Work Examiners requires this form to be completed by each state wherein I hold or have ever held a license. My signature below is your authority to release any and all information in my file, favorable or otherwise regarding myself, directly to the above address.

Applicant's Signature: _____

Type or Print Full Name: _____

Last five digits of SS #: _____

This section should be completed by an official of the state board and returned directly to the SC Bd of SW Examiners.

Verification of Licensee

Full Name of Licensee: _____

State of: _____ License Number: _____ Date of Issue: _____

Expiration Date: _____ Is License Current? _____ If no, why not? _____

Is License in Good Standing? _____ If no, why not? _____

Has License ever been suspended, revoked or restricted? _____ If yes, please attach copies of any actions.

Derogatory Information, if any: _____

Level of Licensure

Level of Licensure: _____ Is this the highest level in your state? _____ If not, what is? _____

Verification of Clinical Supervision

If licensed at the highest level, was 2 years of clinical supervision completed? _____

If yes, what are the dates? From: _____ to _____ How many hours were completed? _____

Supervisor's Name: _____ License Number & Level: _____

Verification of Examination

Licensed by: () ASWB Examination () grandfathering () other

Level of Exam: _____ Passing Score: _____ If other, what exam? _____

If grandfathered in, did licensee ever take the exam? _____ If yes: Level: _____ Score: _____

BOARD SEAL

Signature: _____

Printed Name: _____

Title: _____

Name of Licensing Bd: _____

DATE: _____