

INSTRUCTIONS

SOCIAL WORKER (SW) AND CLINICAL SOCIAL WORKER (CSW)

Examination--SW and CSW
Acceptance of Examination--SW and CSW
Endorsement of License--SW and CSW
Restoration - SW and CSW

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

BEFORE COMPLETING THE APPLICATION PACKAGE, read each of the 4 steps below in the order that they are listed, then follow the directions as they apply to you. This will aid you in accurately completing your application and eliminate any delay in processing. **THE APPLICATION WHICH YOU SUBMIT IS VALID FOR THREE YEARS FROM DATE OF RECEIPT.** If you are issued a license, please be advised that your license will expire on November 30 of each odd-numbered year.

Step 1. Use the **REFERENCE SHEET (CHART I)** to select the appropriate Profession Name, 3 digit Profession Code, Licensure Method and Fee, and record that information in **PART I** (page one) of the **Application for Licensure and/or Examination**.

Step 2. Proceed with **PART II** (page one) by completing all applicable information requested on all 4 pages of the **Application for Licensure and/or Examination**.

NOTE: a) If you have ever held a Certified Social Worker license or Registered Social Worker license in Illinois, you **MUST** record this information in **PART IV** (page three) of the **Application for Licensure and/or Examination**.

b) Do not complete **PART VII** of the **Application for Licensure and/or Examination**.

Step 3. The remainder of this form contains specific instructions for each Licensure Method. Locate the instructions for the Licensure Method you recorded on **PART I** (page one) of the **Application for Licensure and/or Examination** and follow those instructions only.

NOTE: All documents in a foreign language that are required to be submitted with an application or for any other purpose in connection with licensure must be accompanied by an original, notarized translation that has been performed by a person, other than the applicant, who is fluent in both English and the language of the document(s). The translator shall certify to the above requirements as well as to the accuracy of the translation.

Step 4. If needed, a telephone number for assistance in completing the Application Package is provided on the **REFERENCE SHEET**.

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com.

EXAMINATION--SOCIAL WORKER

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

1. Supporting Document **ED** must be completed by the appropriate official of the college or university from which your degree in social work was obtained. This form must be signed by the school's official and must bear the school seal.

NOTE: The Supporting Document **ED** must reflect information regarding the degree upon which you are basing your application. The degree must be either a B.S.W. or a M.S.W. from an approved school of social work.

2. Persons applying on the basis of a B.S.W. must submit Supporting Document **VE-SW** which must verify that you successfully completed at least 3 years of supervised professional experience subsequent to the conferral of the B.S.W. Supporting Document **VE-SW** must be completed by the person who supervised the applicant. One Supporting Document **VE-SW** is enclosed. You are authorized to photocopy the form if necessary.
3. If you have ever held a license as a social worker or clinical social worker in a state other than Illinois, Supporting Document **CT** must be completed by the state of original licensure and the state of current licensure where you have most recently been practicing. You are authorized to photocopy the form if necessary. You must direct the licensing agency/board to return completed **CT** form directly to you.
4. Fee payment is indicated on the **REFERENCE SHEET (CHART I)**. Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation.
5. Forward four-page application, all supporting documentation, and fee payment to the Illinois Department of Financial and Professional Regulation, Attn: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

EXAMINATION--CLINICAL SOCIAL WORKER

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

1. Supporting Document **ED** must be completed by the appropriate official of the college or university from which your graduate degree was obtained. This form must be signed by the school's official and must bear the school seal.

NOTE: The Supporting Document **ED** must reflect information regarding the degree upon which you are basing your application. The degree must be either a M.S.W. or a Ph.D. in social work from an approved school of social work.

2. Supporting Document **VE-SW** must verify your supervised clinical professional experience. For persons with a M.S.W.; 3,000 hours of satisfactory supervised clinical professional experience must be verified. All hours must have been obtained subsequent to securing the M.S.W. For persons with a Ph.D. in Social Work; 2,000 hours of satisfactory supervised clinical professional experience subsequent to the degree must be verified. Supporting Document **VE-SW** must be completed by the person who supervised the applicant.

One Supporting Document **VE-SW** is enclosed. You are authorized to photocopy the form if necessary.

NOTE: If you hold the Diplomate designation, submit a photocopy of the certificate.

3. If you have ever held a license as a social worker or clinical social worker in a state other than Illinois, Supporting Document **CT** must be completed by the state of original licensure and the state of current licensure where you have most recently been practicing. You are authorized to photocopy the form if necessary. You must direct the licensing agency/board to return the completed **CT** form directly to you.
4. Fee payment is indicated on the **REFERENCE SHEET (CHART I)**. Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation.
5. Forward four-page application, all supporting documentation, and fee payment to the Illinois Department of Financial and Professional Regulation, Attn: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

ACCEPTANCE OF EXAMINATION--SOCIAL WORKER

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

NOTE: Applicant has one year from the date of passage of examination to make application for licensure. The address and telephone number for ASWB is ASWB Registration Center, P.O. Box 1508, Culpepper, VA 22701, 1-888-579-3926.

1. Supporting Document **ED** must be completed by the appropriate official of the college or university from which your degree in social work was obtained. This form must be signed by the school's official and must bear the school seal.

NOTE: The Supporting Document **ED** must reflect information regarding the degree upon which you are basing your application. The degree must be either a B.S.W. or a M.S.W. from an approved school of social work.

2. Persons applying on the basis of a B.S.W. must submit Supporting Document **VE-SW** which must verify that you successfully completed at least 3 years of supervised professional experience subsequent to the conferral of the B.S.W. Supporting Document **VE-SW** must be completed by the person who supervised the applicant. One Supporting Document **VE-SW** is enclosed. You are authorized to photocopy the form if necessary.
3. If you have ever held a license as a social worker or clinical social worker in a state other than Illinois, Supporting Document **CT** must be completed by the state of original licensure and the state of current licensure where you have most recently been practicing. You are authorized to photocopy the form if necessary. You must direct the licensing agency/board to return completed **CT** form directly to you.
4. Direct the ASWB to forward your examination grades directly to the address indicated in number 6 below.
5. Fee payment is indicated on the **REFERENCE SHEET (CHART I)**. Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation.
6. Forward four-page application, all supporting documentation, and fee payment to the Illinois Department of Financial and Professional Regulation, Attn: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

ACCEPTANCE OF EXAMINATION - CLINICAL SOCIAL WORKER

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

NOTE: Applicant has one year from the date of the passage of the examination to make application for licensure with this Department. The address and telephone number for ASWB is ASWB Registration Center, P.O. Box 1508, Culpepper, VA 22701, 1-888-579-3926.

1. Supporting Document **ED** must be completed by the appropriate official of the college or university from which your graduate degree was obtained. This form must be signed by the school's official and must bear the school seal.

NOTE: The Supporting Document **ED** must reflect information regarding the degree upon which you are basing your application. The degree must be either a M.S.W. or a Ph.D. in social work from an approved school of social work.

2. Supporting Document **VE-SW** must verify your supervised clinical professional experience. For persons with a M.S.W.; 3,000 hours of satisfactory supervised clinical professional experience must be verified. All hours must have been obtained subsequent to securing the M.S.W. For persons with a Ph.D. in Social Work; 2,000 hours of satisfactory supervised clinical professional experience subsequent to the degree must be verified. Supporting Document **VE-SW** must be completed by the person who supervised the applicant.

One Supporting Document **VE-SW** is enclosed. You are authorized to photocopy the form if necessary.

NOTE: If you hold the Diplomate designation, submit a photocopy of the certificate.

3. If you have ever held a license as a social worker or clinical social worker in a state other than Illinois, Supporting Document **CT** must be completed by the state of original licensure and the state of current licensure where you have most recently been practicing. You are authorized to photocopy the form if necessary. You must direct the licensing agency/board to return the completed **CT** form directly to you.
4. Direct the ASWB to forward your examination grades directly to the address indicated in number 6 below.
5. Fee payment is indicated on the **REFERENCE SHEET (CHART I)**. Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation.
6. Forward four-page application, all supporting documentation, and fee payment to the Illinois Department of Financial and Professional Regulation, Attn: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

ENDORSEMENT OF LICENSE

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

ILLINOIS WILL ENDORSE ONLY THE ASWB CLINICAL EXAM FOR CLINICAL SOCIAL WORKERS AND THE ASWB INTERMEDIATE EXAM FOR SOCIAL WORKERS

Scores must be sent directly to the Department from ASWB. Please address request to: ASWB Score Transfer, 400 S. Ridge Suite B, Culpepper, VA 22701. There is a \$30.00 charge for each state specified. Submit a certified check or money order made payable to ASWB. Do not send cash.

1. Supporting Document **ED** must be completed by the appropriate official of the college or university from which your degree in social work was obtained. This form must be signed by the school's official and must bear the school seal.

NOTE: The Supporting Document **ED** must reflect information regarding the degree upon which your original licensure was based. This should also be the degree which supports the level of licensure you are seeking in Illinois. The degree must be from an approved school of social work.

2. Supporting Document **VE-SW** must be completed in accordance with the following instructions:
 - a. **For Licensed Social Worker:** Persons applying on the basis of a B.S.W. must submit Supporting Document **VE-SW** which must verify that you successfully completed at least 3 years of supervised professional experience subsequent to the conferral of the B.S.W. Supporting Document **VE-SW** must be completed by the person who supervised the applicant. One Supporting Document **VE-SW** is enclosed. You are authorized to photocopy the form if necessary.
 - b. **For Licensed Clinical Social Worker:** Supporting Document **VE-SW** must verify your supervised clinical professional experience. For persons with a M.S.W.; 3,000 hours of satisfactory supervised clinical professional experience must be verified. All hours must have been obtained subsequent to securing the M.S.W. For persons with a Ph.D. in Social Work; 2,000 hours of satisfactory supervised clinical professional experience subsequent to the degree must be verified. Supporting Document **VE-SW** must be completed by the person who supervised the applicant.
3. Supporting Document **CT** must be completed by the state of original licensure and the state of current licensure where you have most recently been practicing. You are authorized to photocopy the form if necessary. You must direct the licensing agency/board to return the completed document directly to you.
4. You must submit a copy of the licensure Act and Rules which were in effect in the state of your original licensure at the time your license was issued.
5. Fee payment is indicated on the **REFERENCE SHEET (CHART I)**. Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation.
6. Forward four-page application, all supporting documentation, and fee payment to the Illinois Department of Financial and Professional Regulation, Attn: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

RESTORATION--SOCIAL WORKER / CLINICAL SOCIAL WORKER

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

~IMPORTANT NOTICE~

These Restoration Instructions apply only to those social workers and clinical social workers whose licenses have been on inactive status, or in non-renewed status, for five or more years.

If your license has been inactive, or in non-renewed status, for less than five years, you should contact the Department of Financial and Professional Regulation at 217-782-0458 for detailed instructions on how to restore it to active status.

1. Supporting Document **RS** must be completed. If this form was not included in the application packet, you must obtain one by contacting the Department of Financial and Professional Regulation at 217-782-0458.
2. Fee Payment amount is indicated in the Official Use Only Box on Supporting Document **RS**. Fee payment must be in the form of a check or money order and made payable to the Illinois Department of Financial and Professional Regulation.
3. All applicants for Restoration of Social Work / Clinical Social Work license in Illinois must submit proof of having met the 30 hour requirement of approved continuing education completed within the 24 months immediately preceding submission of Restoration application.
4. You are also required to submit one of the following:
 - a. Submit Supporting Document **CT** verifying current licensure in another U.S. jurisdiction. The licensing agency/board must return Supporting Document **CT** directly to you;
 - and**
 - Verification of active practice in that jurisdiction. Supporting Document **VE-SW** must be completed by the person who supervised you, or if self-employed by a peer or colleague or consultant who is familiar with your work; **or**
 - b. Submit proof of passage of the examination as set forth in the Rules for the Administration of the Social Work Licensing Act within the twelve months preceding application; **or**
 - c. An affidavit attesting to military service (form DD214).
5. Forward four-page application, all supporting documentation and fee payment to: Illinois Department of Financial and Professional Regulation, Attn: Division of Professional Regulation, P.O. Box 7007, HSS-4, Springfield, Illinois 62791.

LICENSURE METHODS AND DEFINITIONS

Following are definitions of the various methods used in issuing licenses for professionals in the State of Illinois. Some of these licensure methods may not be applicable to your profession. Refer to the enclosed instruction sheet to determine the specific licensure methods/requirements for your profession.

Licensure Methods

Definition

Examination

Applicant has applied or is required to take and pass all or a portion of an exam scheduled and/or given by the Department or a representative of the Department.

Endorsement of License

Original license issued in another state and that state's requirements were substantially equivalent to Illinois requirements at time license was issued.

Acceptance of Examination

Applicant has taken a National Exam, referred to by Illinois statute, in any state. Applicant may or may not be licensed in another state.

Restoration

Applicant has previously been licensed in State of Illinois and has allowed license to lapse long enough to require reapplication. Possible exam passage and/or committee review.

Grandfather/Waiver

Applicant will be licensed without regard to current requirements because statute allows this based on past qualification and practices (for a specified time only).

Non-examination

Applicant is licensed by meeting qualifications required by statute. There is no exam for these professions. These can be either businesses or individuals.

IMPORTANT NOTICE

Elder and Child Abuse Reporting

"Pursuant to Public Act 91-0244, effective January 1, 2000, if you have reason to believe that an adult 60 years of age or older who resides in a domestic living situation who, because of dysfunction is unable to seek assistance for himself or herself has, within the previous 12 months been subject to abuse, neglect or financial exploitation, the mandated reporter shall, within 24 hours after developing such belief, report this suspicion to the Department on Aging. Reports should be made to **DEPARTMENT ON AGING AT 1-800-252-8966.**"

"Public Act 91-0244 also requires that if you have reasonable cause to believe a child known to you in your professional capacity may be an abused or neglected child you are required to report such possible neglect or abuse to the **DEPARTMENT OF CHILDREN AND FAMILY SERVICES AT 1-800-25abuse.**"

REFERENCE SHEET

ALL FEES ARE NONREFUNDABLE

Department reserves the right to change examination dates and fees if prevailing circumstances necessitate such action.

CHART I - PROFESSION NAME, PROFESSION CODE, LICENSURE METHOD & FEE

<u>PROFESSION NAME</u>	<u>PROFESSION CODE</u>	<u>LICENSURE METHOD</u>	<u>APPLICATION FEE</u>
Clinical Social Worker	149	Examination	\$ 50.00
Clinical Social Worker	149	Acceptance of Examination	\$ 50.00
Clinical Social Worker	149	Endorsement of License	\$200.00
Clinical Social Worker	149	Restoration	See Supporting Document RS
Social Worker	150	Examination	\$ 50.00
Social Worker	150	Acceptance of Examination	\$ 50.00
Social Worker	150	Endorsement of License	\$200.00
Social Worker	150	Restoration	See Supporting Document RS

* * * * * REQUEST FOR ASSISTANCE * * * * *

If assistance is needed, direct your request to one of the following telephone numbers:

217/782-8556

Telecommunicative Device for the Deaf (TDD) - **217/524-6735**

Please allow 6 weeks from mailing your application before making an inquiry concerning its status.

ILLINOIS DEPARTMENT OF PROFESSIONAL REGULATION
SOCIAL WORK EXAMINING AND DISCIPLINARY BOARD

After January 1, 1995, only experience supervised by a licensed clinical social worker will be acceptable to meet the professional experience requirement. If supervision was in another jurisdiction in which clinical social workers are not licensed, the supervisor shall be engaged in clinical social work and be credentialed at the highest level required by that state.

The guidelines used prior to January 1, 1995, for acceptable supervisor/supervision for licensure as a clinical social worker were as follows:

Supervisors:

1. Supervisor was a certified social worker registered under the Social Workers Registration Act with clinical experience.
2. Supervisor is a licensed clinical social worker.
3. Supervisor is a diplomate in clinical social work.
4. Supervisor is a member of the Academy of Certified Social Workers.
5. Other clinical supervisor such as:
 - A. A psychiatrist certified by the American Board of Psychiatry.
 - B. A licensed clinical psychologist.
 - C. A person who is licensed in another jurisdiction as a social worker or psychologist who is engaged in clinical practice. (This applies to jurisdictions where clinical social workers or clinical psychologists are not licensed by those titles.)

Supervision may be:

1. paid for by an individual.
2. paid for by an individual's employer.
3. provided during employment.
4. provided outside of employment.
5. provided to more than one person at a time as long as each individual receives one hour of supervision per week.

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Application Checklist for Social Worker

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
 with the application and required fee unless otherwise directed in the instructions.*

Before you mail your application, check the following items to make sure your application is complete!

FOUR-PAGE APPLICATION REVIEW	COMPLETED
Part I. Application Category Information	
Part II. Applicant Identifying Information	
Part III. Education Information	
Part IV. Record of Licensure Information	
Part V. Record of Examination	
Part VI. Personal History Information	
Part VII. Examination Coding Information (if applicable)	
Part VIII. Child Support and/or Student Loan Information	
Part IX. Certifying Statement--Signed and Dated	
SUPPORTING DOCUMENTS	SUBMITTED
ED Form (if applicable)	
VE-SW Form (if applicable)	
ASWB Examination Scores (if applicable)	
CT Form from original state of licensure and current state of licensure	
Proof of 30 hours of Approved Continuing Education (if applicable)	
RS Form, if applicable (NOTE: if restoring)	
Copy of DD214 if restoring from active military service	

All supporting documents *may not be required*. Please refer to application instructions for your specific method of licensure.

PART IV: Record of Licensure Information

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure				
State of Current Licensure where you most recently have been practicing.				
Other States of Licensure				

(If additional space is needed, attach a separate sheet.)

PART V: Record of Examination

If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS
			(Passed, Failed, Absent)

(If additional space is needed, attach a separate sheet.)

PART VI: Personal History Information <i>(This part must be completed by all applicants)</i>		YES	NO
1. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? <i>If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.</i>			
2. Have you been convicted of a felony?			
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? <i>If yes, attach a copy of the certificate.</i>			
4. Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i>			
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i>			
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i>			

PART VII: Examination Coding Information <i>(This part is for examination applicants only)</i>													
Refer to the REFERENCE SHEET enclosed with this application package and complete the following:													
a) CHART II - Select examination(s) you desire and enter Test Codes.	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												
b) CHART III - Select the examination site you desire and enter Test Center Code:	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td> </tr> </table>												
c) CHART IV - Find your School of Graduation and enter school code:	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												
d) Record the number of times you have taken this exam in Illinois or any other state:	<table border="1"> <tr> <td></td><td></td> </tr> </table>												

PART VIII: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)	
1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.	
Are you more than 30 days delinquent in complying with a child support order? (NOTE: If you are not subject to a child support order, answer "no.")	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)	
Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State?	Yes <input type="checkbox"/> No <input type="checkbox"/>

PART IX: Certifying Statement	
Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.	
_____	_____
Signature of Applicant	Date
I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.	

PART III - CERTIFICATION OF EXAMINATION SCORES

A1. National or other Profession Specific Examination
(Record all available information)

Date of Examination _____

Scaled Score	_____	Raw Score	_____
Standard Deviation	_____	Corrected Score	_____
National Mean	_____	Percent Score	_____

A 2.

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

B. State Constructed Examination

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

PART IV - FORMAL ACTIONS

- A. Is there now or has there ever been any formal action commenced against the applicant? Yes No
- B. Have there ever been any formal sanctions imposed against the applicant as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? **(If yes, attach a certified copy of disciplinary action.)** Yes No

PART V - RECIPROCAL REGISTRATION

This state does does not grant the same privilege of reciprocal registration to Illinois registrants.

I certify that the information contained herein is true and correct according to the official records of the State.

S E A L	Print Name	Signature
	Title	Date
	Agency/Board Street Address	Area Code ()
	City, State, ZIP Code	Telephone Number

Attention Licensing Agency/Board: RETURN THIS FORM TO THE APPLICANT.

Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.

NAME (Last, First, MI):

SS#:

Profession:

O. USE THIS SPACE TO RECORD ANY OTHER INFORMATION THAT YOU FEEL WOULD ASSIST THE DEPARTMENT IN EVALUATING THE APPLICANT'S EDUCATIONAL EXPERIENCES.

NAME (Last, First, MI):

I certify that the information recorded herein is true and correct according to the official records of this institution.

SS#:

Print Name of School Official

Signature of School Official

Title

Date

SCHOOL SEAL OR NOTARY SEAL

NOTE: If the institution does not have a school seal, this form must be notarized.

Subscribed and sworn before me this _____ day of _____, 20_____.

Profession:

Date of Expiration

Signature of Notary Public

SCHOOL OFFICIAL: RETURN THIS FORM TO APPLICANT

ATTENTION APPLICANT: FOR INCLUSION WITH THE APPLICATION PACKET.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 20/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

VERIFICATION OF EMPLOYMENT/EXPERIENCE

SUPPORTING DOCUMENT

VE-SW

APPLICANT: Complete the applicant section of this form, then forward it to your employer. You are authorized to photocopy this form as necessary.

1. NAME LAST FIRST MIDDLE _____ / _____ / _____ <small>Month Day Year</small>	2. DATE OF BIRTH _____ / _____ / _____ <small>Month Day Year</small>	3. SOCIAL SECURITY NUMBER _____ - _____ - _____
4. ADDRESS STREET, CITY, STATE, ZIP CODE _____ _____ _____	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. <div style="text-align: right; margin-right: 50px;"> _____ <small>Profession Name</small> </div> <div style="text-align: right;"> _____ <small>Profession Code</small> </div>	
6. MAIDEN OR GIVEN SURNAME _____		

COMPLETE BOXES 7, 8, 9 AND 10 TO REFLECT INFORMATION AT TIME OF EMPLOYMENT/EXPERIENCE

7. SUPERVISOR NAME _____ _____	8. BUSINESS/INSTITUTION NAME _____ _____
9. SUPERVISOR TITLE _____	10. ADDRESS STREET, CITY, STATE, ZIP CODE _____ _____ _____

SUPERVISOR: Complete the remainder of this form. RETURN THE COMPLETED FORM DIRECTLY TO THE APPLICANT IN A SEALED ENVELOPE. If the supervisor was other than a Certified Social Worker, A.C.S.W., a Licensed Clinical Social Worker, or a Diplomate in Clinical Social Work, it is requested the supervisor provide a copy of his curriculum vitae or professional/educational credentials.

PART I. - SOCIAL WORK SUPERVISION INFORMATION

A. IMMEDIATE/DIRECT SUPERVISOR'S NAME _____ _____	B. BUSINESS/INSTITUTION NAME _____ _____
C. REGISTRATION NUMBER _____	D. REGISTRATION STATE _____
E. BUSINESS ADDRESS STREET, CITY, STATE, ZIP CODE _____ _____ _____	F. PROFESSIONAL DESIGNATION (Date Awarded) <input type="checkbox"/> Illinois L.C.S.W. _____ <input type="checkbox"/> Diplomate <input type="checkbox"/> Illinois L.S.W. _____ <input type="checkbox"/> Clinical S.W. <input type="checkbox"/> A.C.S.W. _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> L.C.S.W. _____
G. BUSINESS TELEPHONE NUMBER Area Code (_____) _____ - _____	

PART II. - APPLICANT EMPLOYMENT INFORMATION

A. APPLICANT'S JOB TITLE AT TIME OF EMPLOYMENT/ EXPERIENCE _____ _____	B. DATES OF APPLICANT'S EMPLOYMENT/EXPERIENCE From _____ / _____ / _____ To _____ / _____ / _____ <small>Month Day Year Month Day Year</small>
C. NUMBER OF HOURS APPLICANT WORKED PER WEEK _____	D. NUMBER OF HOURS YOU MET WITH THE APPLICANT PER WEEK _____

PART II. - APPLICANT EMPLOYMENT INFORMATION (Continued)

E. INDICATE YOUR OVERALL EVALUATION OF THE APPLICANT'S PERFORMANCE UNDER YOUR DIRECT SUPERVISION

Circle One	Excellent	Satisfactory	Poor
	5 4	3 2	1

F. COMMENTS ABOUT APPLICANT'S JOB PERFORMANCE:

G. INDICATE PERCENTAGE OF APPLICANT'S TIME SPENT IN THE FOLLOWING AREAS:

PERCENT OF TIME WORKED

SERVICE AREA

_____	1. Psychosocial assessments
_____	2. Therapeutic interventions
_____	3. Casework services
_____	4. Community organization
_____	5. Management/supervision
_____	6. Educational experiences
_____	7. Research
_____	8. Teaching

The above indicated experience has been documented by myself and has been performed by the applicant pursuant to my order, control, and full professional and legal responsibility as a supervisor. I do hereby declare that the information contained herein is true and correct.

Signature

Date

Title

NAME (Last, First, MI):

SS#:

Profession: