

IDAHO STATE BOARD OF SOCIAL WORK EXAMINERS
BUREAU OF OCCUPATIONAL LICENSES
700 West State Street, PO Box 83720
Boise, Idaho 83720-0063
swo@ibol.idaho.gov

Checklist for Application by Examination:

- Completed application. All requested information must be provided along with notary seal.
- \$70.00 application fee. All returned checks are subject to a \$20.00 fee.
- Copy of driver's license or birth certificate.
- Addendum 1 completed by school registrar if applying prior to graduation.
- Official transcript after degree is posted in a sealed envelope sent directly from college or university.
- Copy of marriage license or divorce decree if name is different on application than accompanying documents.
- Completed reference form.
- Conviction of any felony or any crime involving moral turpitude requires submitting a detailed statement, summary of charges, final order and any probation or parole documentation.

Checklist for Endorsement Applicants:

- Completed application. All requested information must be provided along with notary seal.
- \$90.00 application fee. All returned checks are subject to a \$20.00 fee.
- Copy of driver's license or birth certificate.
- Official transcript in a sealed envelope sent directly from college or university.
- Copy of marriage license or divorce decree if name is different on application than accompanying documents.
- Completed reference form.
- Official verification of licensure sent directly from the states you are currently licensed and any state you have held a license that includes exam information.
- Conviction of any felony or any crime involving moral turpitude requires submitting a detailed statement, summary of charges, final order and any probation or parole documentation.

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 BUREAU OF OCCUPATIONAL LICENSES
 700 WEST STATE STREET, PO BOX 83720
 BOISE IDAHO 83720-0063
 Phone: (208) 334-3233, Fax (208) 334-3945
 Website: www.ibol.idaho.gov E-mail: SWO@ibol.idaho.gov**

**APPLICATION FOR SOCIAL WORK LICENSE
 The appropriate application fee must accompany this application.**

I hereby submit my qualifications and make application for a: (please check applicable box)
 Licensed Social Worker **Licensed Masters Social Worker** **Licensed Clinical Social Worker**
 license to practice in the State of Idaho under the provisions of Title 54, Chapter 32, Idaho Code as amended.

I hereby make application for licensure by: (Check **ONE** box for this application)
 Initial Licensure/Exam **Endorsement**

1. **Full Name** (Mr., Mrs., or Ms.) _____

2. **Address of Record** _____
 (The above address is public record) Street City State Zip

3. **Mailing address** _____
 (Will be used as address of record if none provided above) Street City State Zip

4. **Date of Birth** _____ **Place of Birth** _____ **Social Security No.** _____
 mm-dd-yyyy
 (Proof of age must be attached. A copy of your birth certificate, passport, military ID, or valid driver's license is acceptable.)

5. **Business phone** _____ **Home phone** _____ **E-mail** _____
 (The above phone number is public record) (The above phone number & e-mail is not public record)

6. **Attained Baccalaureate degree from** _____ **on** _____ **with Major in** _____

7. **Attained Masters degree from** _____ **on** _____ **with Major in** _____

8. **Attained Doctoral degree from** _____ **on** _____ **with Major in** _____
 (Official college transcripts must be received by this office directly from the school registrar before your application will be processed. If you have not yet received the required degree, but will within the next 2 quarters, ADDENDUM 1 must be completed AND your official transcripts must be sent directly to this office from the school registrar after your official graduation date.)

9. **Are you currently or have you ever been licensed in any other state(s)?** Yes No
 (If Yes, official certification of licensure must be received by this office directly from the issuing authority before your application will be processed. Enter the state(s) and your license number(s) here _____)

10. **Have you ever had a license, certification, or registration revoked, suspended or otherwise sanctioned?** Yes No
 ("Sanction" includes any voluntary or involuntary action that limits, restricts, or attaches conditions to lawful professional practice. If Yes, a copy of the charges and the final order must be received before your application will be processed.)

11. **Have you ever been convicted of any felony or of any crime involving moral turpitude?** Yes No
 (If Yes, a detailed statement, a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be received before your application will be processed.)

12. **Please attach the names and current addresses of three (3) persons willing to provide references regarding your character, training, and experience.** (This office must receive the completed reference form on page 5 from one of the below listed references before your application will be processed. Please include all three if you answered yes to question 11.)

name	name	name
position & license number	position & license number	position & license number
current address	current address	current address
city, state, zip	city, state, zip	city, state, zip

APPLICATION FOR SOCIAL WORK LICENSE

(continued)

AFFIDAVIT

I hereby certify that the responses provided above and those attached to this application are true and accurate to the best of my knowledge and belief. I further certify that I am of good moral character and that I have reviewed and will comply with the Idaho Laws and Rules, including the Code of Professional Conduct, governing the practice of Social Work.

I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

Signature of Applicant

State of _____, County of _____, ss.

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

(seal)

Notary Public Official Signature
My Commission Expires _____

ADDENDUM 1
(complete only if you have not yet graduated)

APPLICANT NAME _____

I hereby certify that, pending compliance with all requirements of the _____,
Name of institution
the applicant named above is on schedule to graduate either at the end of the current semester or within the next two quarters ending
_____ with a degree in _____ which shall be granted on _____.
Date Date

(Official Institution seal)

Registrar Signature

Print Registrar Name

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PROFESSIONAL EXPERIENCE REFERENCE

APPLICANT: The Idaho Board of Social Work Examiners requires an application to include one (1) reference from an individual who has personal knowledge of your character and ability to do social work. **The reference form must be completed by one of the individuals listed on page 2 of your application.**

1. Applicant Name: _____

REFERENCE: Please complete this form and return it directly to the address noted above. Please provide all information requested. Incomplete information will delay the processing of the applicant's file. (Please type or print.)

2. Reference Name: _____

3. How long have you known the candidate? _____

4. Please describe your relationship with the candidate: (check all appropriate boxes)

Colleague Teacher Supervisor Other _____

5. If you are or were ever an employer, supervisor, or colleague of the candidate, please list the dates of that relationship: From _____ To _____, AND the candidate's title/position _____, AND
MM/DD/YY MM/DD/YY
the name of the organization _____

6. Please indicate your knowledge of the candidate's:

	Thorough Knowledge	General Knowledge	Little Knowledge
Training	_____	_____	_____
Work Experience	_____	_____	_____
Abilities	_____	_____	_____
Personality	_____	_____	_____

7. Do you believe, on the basis of ethical conduct, personal character, technical competence, and professional judgment, the candidate is a credit to the profession of social work? () Yes () No
(If No, please explain on a separate sheet)

8. Do you have any reservations, not previously mentioned, about fully recommending this candidate for licensure as a social worker? () Yes () No

If Yes, please explain: _____

Signature of person completing reference form

Date

Phone Number

State of _____, County of _____, ss.

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

(seal)

Notary Public Official Signature

My Commission Expires _____