

IDAHO STATE BOARD OF SOCIAL WORK EXAMINERS
Idaho Bureau of Occupational Licenses
700 West State Street, Boise ID 83702 or
PO Box 83720, Boise ID 83720-0063
Phone: (208) 334-3233 Fax: (208) 334-3945
Website: www.ibol.idaho.gov E-mail: swo@ibol.idaho.gov

Checklist for Application by Examination:

- Completed application. All requested information must be provided along with notary seal. *Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122.
- \$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 and three reference forms (page 6 of the application)

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.
- Official transfer exam report sent directly from ASWB.
- 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.

APPLICATION FOR SOCIAL WORK LICENSE

(continued)

AFFIDAVIT

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (8) I authorize the Bureau of Occupational Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

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)

Signature of Registrar

Printed Name of Registrar

IDAHO BOARD OF SOCIAL WORK EXAMINERS
Idaho Bureau of Occupational Licenses
700 West State Street, Boise ID 83702 or
PO Box 83720, Boise, ID 83720-0063
Phone: (208) 334-3233 Fax: (208) 334-3945
Website: www.ibol.idaho.gov E-mail: sw@ibol.idaho.gov

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 _____