

**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](http://www.ibol.idaho.gov) E-mail: [swo@ibol.idaho.gov](mailto: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.
- 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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**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** \_\_\_\_\_  
mm    dd    yyyy    (A copy of your birth certificate, passport, military ID, or valid driver's license is acceptable for proof of age.)
5. **Social Security No.** \_\_\_\_/\_\_\_\_/\_\_\_\_    **E-mail** \_\_\_\_\_  
\*Not a public record; collected by I.C. § 73-122
6. **Business Phone** (\_\_\_\_) \_\_\_\_\_    **Home/Cell Phone** (\_\_\_\_) \_\_\_\_\_  
(The above phone number is public record)    (The above phone number & e-mail is not public record)
7. **Attained Baccalaureate degree from** \_\_\_\_\_ on \_\_\_\_\_ with Major in \_\_\_\_\_
8. **Attained Masters degree from** \_\_\_\_\_ on \_\_\_\_\_ with Major in \_\_\_\_\_
9. **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.)
10. **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 \_\_\_\_\_)
11. **Have you taken and passed the ASWB exam?**     **Yes**     **No**  
(If yes, please provide proof of passing the exam from another state or from ASWB).
12. **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.)
13. **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.)
14. **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**

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

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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 \_\_\_\_\_