IDAHO STATE BOARD OF SOCIAL WORK EXAMINERS
Idaho Bureau of Occupational Licenses
700 West State Street, Boise, 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

LICENSED CLINICAL SOCIAL WORK APPLICATION

(Only for Idaho LMSW upgrading to LCSW, those coming from other states should use the "SWO Application for Licensure")

I hereby make application for a license to practice as a Licensed Clinical Social Worker (LCSW) under the provisions of Idaho law and rule and enclose the $70.00 application fee. Returned checks are subject to a $20.00 fee. *Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122.

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/PO Box** **City** **State** **Zip**

4. **Date of Birth** _____/_____/_____ **Social Security No**. _____/_____/_____ **License #** _____
   mm dd yyyy *Not a public record; collected by I.C. § 73-122

5. **Business phone** _(____)_____ **Fax** _(____)_____ **E-mail** _____
   (The above phone number is public record)

6. **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 _____

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

8. **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.)

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_____