

**IDAHO STATE BOARD OF SOCIAL WORK EXAMINERS**  
**Bureau of Occupational Licenses**  
**700 West State Street, P.O. 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.

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
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**

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 it’s 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.

\_\_\_\_\_  
 Applicant Signature

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.  
 Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(seal)

\_\_\_\_\_  
 Notary Public Official Signature  
 My Commission Expires \_\_\_\_\_