

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
INDEPENDENT LEVEL SOCIAL WORK APPLICATION
Instructions

Idaho law requires licensed Social Workers to obtain Board approval in order to pursue the Independent Practice of Social Work in Idaho. (Section 54-3207, Idaho Code and Social Work Rule 201)

All applicants must meet the following requirements:

- 1) Possess an Idaho Bachelor or Masters level Social Work license.
- 2) Completion of a minimum of 3,000 hours of supervised experience in no less than 2 years that includes 100 hours of direct supervision.
- 3) Supervisors must hold a degree in social work and a current license in good standing. Supervision of those pursuing licensure as clinical level independent practitioners must be provided by a licensed clinical social worker, a licensed clinical psychologist, or a person licensed to practice medicine and surgery who practices in the area of psychiatry.
- 3) Completed supervision report forms must be submitted with this application.

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 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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INDEPENDENT LEVEL SOCIAL WORK APPLICATION

I hereby make application for an Independent Level Social Worker License.

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
(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 _____