

**TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL  
TEXAS STATE BOARD OF SOCIAL WORKER EXAMINERS  
Application for Licensure/Upgrade/Specialty Recognition**



**Checklist**

**All Applicants:**

- \_\_\_\_\_ Complete, Signed Application
- \_\_\_\_\_ Application Fee (check, money order). See 22 TAC 885.1 for a list of the fee amounts.
- \_\_\_\_\_ Proof of Completion of Texas Jurisprudence Exam for Social Workers
- \_\_\_\_\_ Copy of Government-issued Photo Identification
- \_\_\_\_\_ Official Transcript sent to board by university/sealed envelope from university
- \_\_\_\_\_ Self-query report from NPDB (must be received in sealed envelope from NPDB)

**Additional Items Needed if Applicant Is Licensed in Another Jurisdiction:**

- \_\_\_\_\_ Official Verification of Licensure in other Jurisdiction sent to board by other state
- \_\_\_\_\_ Official examination scores sent to board by other jurisdiction or ASWB
- \_\_\_\_\_ Proof of completed supervised clinical or non-clinical experience submitted (if necessary)

**After your application has been received, you will be issued instructions on how to submit your fingerprints for the background check. You may not submit your fingerprints prior to this, nor will any previous submission be able to be used.**

**Please include your name (or file number) legibly on ALL documents. Submit all documents with application, if possible. If you have applied online, please attach supporting documents electronically to online application. Transcripts, verifications of licensure, and official exam scores must be submitted in an unopened envelope or emailed directly from the school/issuing authority to the Board.**

**TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL  
TEXAS STATE BOARD OF SOCIAL WORKER EXAMINERS**



**APPLICATION FOR LICENSURE/UPGRADE/SPECIALTY RECOGNITION**

PLEASE PRINT OR TYPE: (Full name must match government-issued photo identification)

**I. Applicant Information**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Other names used/on transcript \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home/Mail Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Personal email: \_\_\_\_\_

**Publish mailing information on TSBSWE social worker roster and on-line license verifications?**

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_.

New Licensure Requested: \_\_\_\_\_ Licensed Clinical Social Worker

Upgrade of LMSW Requested: \_\_\_\_\_ Licensed Clinical Social Worker

If applying for an upgrade of current licensure or the specialty recognition of independent practice, indicate current licensure held (i.e.

LBSW, LMSW, LMSW-AP, LCSW): \_\_\_\_\_, License number: \_\_\_\_\_.

**Endorsement is available to persons who are currently licensed and in good standing with a social worker licensing board in another state or jurisdiction. (Verification of Licensure in Other Jurisdiction, must be submitted to the Board)**

**Other Licensure**

List all social worker and/or other professional licenses/certifications that you hold or have EVER held in any jurisdiction. Include a separate sheet if needed. **Verification of any professional license is required prior to issuance of the social worker license, e.g., nursing license, teaching certification, medical license, etc.**

Professional License Held/Expiration Date    License Number    Issuing Board / State

Professional License Held/Expiration Date    License Number    Issuing Board / State

I am requesting that the board consider (check all that apply) \_\_\_\_\_ examination scores \_\_\_\_\_ supervised non-clinical

experience \_\_\_\_\_ supervised clinical experience. Request copies of official examination scores be sent directly to us by the other jurisdiction or by ASWB. Request copies of supervised experience be sent directly to us by the other jurisdiction, if you have been licensed at that level for less than one year.

Applicant Name: \_\_\_\_\_

**Education (An original transcript verifying qualifying degree from an accredited institution must be sent to the TSBSWE office.)** If you are already licensed with the board and your qualifying transcripts are on file, you do not need to resubmit another copy.

| INSTITUTION | LOCATION | DATES ATTENDED | MAJOR | DEGREE | NAME ON TRANSCRIPT |
|-------------|----------|----------------|-------|--------|--------------------|
|             |          |                |       |        |                    |
|             |          |                |       |        |                    |
|             |          |                |       |        |                    |

## II. Disclosures

1. Have you **ever** been convicted, pled guilty, or pled no lo contendere to any misdemeanor or felony other than juvenile offenses or misdemeanor traffic violations?... (includes deferred adjudications) ..... Yes\_\_\_ No\_\_\_
2. Have you **ever** been found in violation of laws or rules pertaining to professional practice or settled such charges prior to a formal finding in an administrative proceeding? ..... Yes\_\_\_ No\_\_\_
3. Have you **ever** had a judgment against you or settled prior to such a finding in a civil proceeding related to professional practice? ..... Yes\_\_\_ No\_\_\_
4. Are charges pending against you for any of the above?..... Yes\_\_\_ No\_\_\_
5. Have you had a professional license or certification denied, probated, suspended, or revoked?... Yes\_\_\_ No\_\_\_

**Please note: Applicants must provide all information relating to criminal history, professional license complaint history and civil liability suit history. Discovery of any of these past circumstances not disclosed may result in denial of your license and disclosure of discovered information to other licensing boards.” If you answered YES to any of the preceding questions, you must attach a detailed explanatory statement. Additional information may be requested.**

6. I have successfully completed the Texas Jurisprudence Exam for Social Workers (JP) and have enclosed the certificate of completion. .... Yes\_\_\_ No\_\_\_  
(You must submit proof of completion of the JP dated within 6 months of the date of your application.)

## III. Exam Security Acknowledgments

Initial to indicate that you have read and understood the following statements:

- \_\_\_\_\_ I understand that for security purposes I must apply for a license using my legal first middle and last name, along with applicable suffixes (Sr., Jr., III, etc.).
- \_\_\_\_\_ I understand that I must possess an official identification card that identifies me by my legal first middle and last name, along with applicable suffixes (Sr., Jr., III, etc.).
- \_\_\_\_\_ I understand that in order to sit for the examination, I will be required to present a valid photo identification that identifies me using my legal first middle and last name, along with applicable suffixes (Sr., Jr., III, etc.) and that the identification of my name must match exactly with my name as listed on the application.
- \_\_\_\_\_ I have attached a copy of my photo identification.

#### IV. AFFIDAVIT

I hereby certify that I have accessed and read a copy of the laws and regulations pertaining to social work licensing in the state of Texas. (A copy of the Social Work Practice Act and the board's rules may be accessed at the board's website: [www.bhec.texas.gov](http://www.bhec.texas.gov).) I understand that I must observe and comply with all applicable laws and rules, including a code of conduct and standards of practice set forth in the rules.

Under penalties of perjury, I declare and affirm that the statements made in the application, including accompanying statements and transcripts, are true, complete, and correct. I understand that any false or misleading information in, or in connection with my application may be cause for denial or loss of licensure.

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

\_\_\_\_\_  
Date

Mail To:  
**TX BHEC TSBSWE**  
333 Guadalupe, Suite 3-900  
Austin, TX 78701

Applicant Name: \_\_\_\_\_