For Office Use	License #:	Date Issued:	☐ $120

Application for Bachelor Social Work Licensure
Iowa Department of Public Health/Bureau of Professional Licensure

PLEASE PRINT **Instructions are found on page 3**

1. _____ 2. _____
Last Name *First Name and Middle Name*

3. _____
Mailing Address

4. _____ 5. _____
City, State, Zip Code *E-Mail Address*

6. _____ 7. _____ 8. _____-_____-_____
Daytime Phone (Including Area Code) *Date of Birth* *Social Security Number**

9. ☐ Male ☐ Female 10. _____
Gender (optional question) *If any of your documentation is in a name other than your current name, list the previous names of record.*

The following questions must be answered. If you answer "Yes" to any of the next six questions, (1) attach a signed letter of explanation providing the details of the incident, (2) attach a copy of any court ordered evaluations, showing completion and recommendations, and (3) attach a copy of all official court documents regarding your conviction/malpractice suit, including final disposition and/or settlement. You must answer "Yes" even when a conviction or judgment has been deferred or expunged from your record.

11. Been convicted, found guilty of or entered a plea of guilty or no contest to a felony or misdemeanor crime (Other than minor traffic violations with fines under $500)?	Yes No
12. Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim against you?	Yes No
13. Been investigated by a licensing, registration, or certification authority or organization; or had a licensing, registration, or certification authority or organization institute disciplinary action against you related to your professional practice? (If the investigation or action was instituted by this licensing board you may answer "NO" to this question).	Yes No
14. Been disciplined or sanctioned by any licensing, registration, or certification authority or organization related to your professional practice? (If this licensing board took the disciplinary action, you may answer "NO" to this question).	Yes No
15. Developed a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)	Yes No
16. Been engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)	Yes No

Type of Application:

17. Indicate below the type of application you are submitting. {see IAC 645—280}

☐ Application for licensure and authorization to sit for examination.
☐ Application for licensure by endorsement. Exam requirements may vary from state to state. Iowa requires the ASWB bachelor exam for bachelor level of licensure.

18. Have you adhered to the social work rules of conduct as prescribed by the board of social work examiners? Yes ☐ No ☐

19. To qualify for licensure you must have completed a social work program approved by the Council on Social Work Education at the time of graduation.

20. List below where you have practiced as a social worker (most recent first).

a. Company Name: _____

Address: _____ Dates: From _____ To _____

Full Time Yes ☐ No ☐ If part time, indicate number of hours per week: _____

Job Title: _____

Description of social work practice: _____

_____

_____

b. Company Name: _____

Address: _____ Dates: From _____ To _____

Full Time Yes ☐ No ☐ If part time, indicate number of hours per week: _____

Job Title: _____

Description of social work practice: _____

_____

_____

21. Are you or have you ever been licensed, certified or registered as a social worker in another state? **Yes** ☐ **No** ☐

If yes, list the two letter postal codes of the state(s). _____ _____ _____ _____

(Please note: Official verifications must be received directly from each state's licensing board office.)

I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare, under penalty of perjury, that my answers, and all other statements or information submitted by me in this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my application may be denied or that I may be subject to disciplinary action and criminal prosecution if I am already licensed.

I understand that I am required to update answers or information submitted herewith if the response or the information changes during the time period the application is pending. I also understand that this application is a public record in accordance with Iowa Code, Chapter 22, and that application information is public information, subject to the exceptions contained in Iowa law. Finally, in submitting this application, I consent to any reasonable inquiry that may be necessary to verify the information I have provided on or in conjunction with this application.

*This information is collected pursuant to Iowa Code Chapters 252J, 261 & 272C. Failure to provide mandatory information will result in license denial. **Privacy Act Notice:** Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18. License search: www.licensediniowa.gov

22. _____ _____

Applicant sign here in ink **Date**

Applicant Name:

Applicant Checklist	SUPPORTING DOCUMENTS AND FEES REQUIRED FOR LICENSURE BY EXAM AND ENDORSEMENT. *It is the applicant's responsibility to see that all required documents and fees reach the Board office*	Office Use Only
☐ Yes	I have enclosed a complete **application**.	☐ Received
☐ Yes	I have enclosed a nonrefundable application fee of $120. Check or money order must be made payable to The Iowa Board of Social Work.	☐ Received
☐ Yes	**Official transcript** of social work degree has been requested from the college/university. Transcripts must be sent directly to The Iowa Board of Social Work from the college or university. Transcripts must include the date of graduation and a conferred social work degree.	☐ Received
☐ Yes ☐ N/A	Applicants who hold or have held a social work license in any other state(s) must request **official verification** of licensure status from each state where you have held a license. This must include issue date, expiration date and any pending or past disciplinary action. Verifications must be sent directly to The Iowa Board of Social Work from the state of licensure.	State(s)/Rec'd _____ / ☐ _____ / ☐ _____ / ☐ _____ N/A
☐ Yes	For endorsement application: Have you notified ASWB to send **official exam scores** directly to The Iowa Board of Social Work? *(Please review IAC 645—280 on our website to determine if you meet the requirements for application by endorsement).*	☐ Received _____ N/A

Applications must be complete and signed to be processed. No application will be considered complete until all required supporting documents and fees have been received in the Board office. The Board will evaluate your qualifications solely on the basis of the information submitted. Questions regarding the application process may be submitted in writing to the address below.

An applicant who has been denied licensure by the board may appeal the denial and request a hearing on the issues related to the licensure denial by serving a notice of appeal and request for hearing upon the board not more than 30 days following the date of mailing of the notification of licensure denial to the applicant. The request for hearing shall specifically delineate the facts to be contested at hearing.

Mail the original completed application, bearing signature in ink to:

The Iowa Board of Social Work
Lucas State Office Building, 5th Floor
321 E. 12th Street
Des Moines, Iowa 50319-0075
Phone: 515/281-4422 www.idph.state.ia.us/licensure

For Office Use:

Staff Initials:_____

Checked By:_____

☐ **Approved** *Pending Passing Results from ASWB Exam*
☐ **Approved** *by Endorsement*

☐ Bachelor Initial/Date: _____

☐ **Denied** Initial/Date: _____
Comments: