



Certified Social Worker

Initial Licensure Application Endorsement Application

APPLICANT INFORMATION

Full Legal Name: First Middle Last

All Previous Legal Names:

Other DOPL Licenses Held:

SSN: Date of Birth: Gender: Male Female

Address: Street Address (including Apt/Unit/Ste #) and/or PO Box

City: State: Zip:

Phone: () - Email: Note: All Division notices and communication will be sent to this email.

Please select one:

- I am a United States citizen or a non-citizen of the United States who is lawfully present.
I am a foreign national not physically present in the United States.
None of the above, please explain:

Driver License or State ID Card: State of Issue License Number Expiration Date

NOTE: If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

AFFIDAVIT AND RELEASE

- I certify that I am qualified in all respects for the license for which I am applying with this application.
I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature of Applicant: Date:



QUALIFYING QUESTIONNAIRE

Do not leave any question blank.

DOPL may request additional documentation if the information submitted is insufficient.

-
1. Yes No Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise **disciplined in any way**?
-
2. Yes No Do you CURRENTLY have **any criminal action active or pending**?
-
3. Yes No WITHIN THE PAST 10 YEARS, have you pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted** of a **misdemeanor** in any jurisdiction?
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4. Yes No Have you EVER pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted** of a **felony** in any jurisdiction?
-

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. If you answered "Yes" to questions 2, 3, or 4 you must submit the following for EACH and EVERY incident:

- personal account of the incident
- court record(s)
- police report(s)
- probation/parole officer report(s)

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

NOTE:

- **DISCLOSE** charges that were later held in abeyance, diverted, reduced, or dismissed.
- **DISCLOSE** motor vehicle offenses such as driving while impaired or intoxicated. But you do not need to disclose minor traffic offenses such as parking or speeding violations.
- You do **not need to disclose** juvenile offenses, unless you were tried as an adult.
- **DISCLOSE** if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).
- You do **not need to disclose** legally expunged or sealed criminal history incidents.

For more information, see DOPL's [criminal history FAQs](#).

PROFESSIONAL LICENSES

List all other licenses, registrations or certifications issued by any state in which you now hold or have ever held in any profession. *(Use additional sheets if necessary.)*

Profession: _____ **License Number:** _____

Issuing State: _____ **License Status:** _____ **Issue Date:** _____

Profession: _____ **License Number:** _____

Issuing State: _____ **License Status:** _____ **Issue Date:** _____

If you identified a Certified Social Worker license above, please answer the following:

- Yes No After obtaining the license(s) above, have you engaged in at least one year of experience in the jurisdiction where the license was issued?

NOTE: If you answer yes to the question above, please see the checklist at the end of this application or [our website](#) for instructions on applying by endorsement.



MEDICAL QUALIFYING QUESTIONNAIRE

Read thoroughly, and answer each question. Do not leave any question blank.

A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

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1. Have your rights, privileges, and/or participation ever been denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by:
- Yes No a hospital or health care facility
 - Yes No Medicaid, Medicare or any other state or federal health care payment reimbursement program
 - Yes No the Federal Drug Enforcement Administration or any state drug enforcement agency
 - Yes No malpractice insurance coverage
 - Yes No other entity: _____
-
2. Have you ever been permitted to resign or surrender any rights, privileges and/or participation while under investigation or while action was pending against you from:
- Yes No a hospital or health care facility
 - Yes No Medicaid, Medicare or any other state or federal health care payment reimbursement program
 - Yes No The Federal Drug Enforcement Administration or any state drug enforcement agency
 - Yes No malpractice insurance coverage
 - Yes No other entity: _____
-
3. Is any action pending against you now by:
- Yes No a hospital or health care facility
 - Yes No Medicaid, Medicare or any other state or federal health care payment reimbursement program
 - Yes No the Federal Drug Enforcement Administration or any state drug enforcement agency
 - Yes No malpractice insurance coverage
 - Yes No other entity: _____
-
4. Yes No Have you been named as a defendant in a malpractice suit?
-
5. Yes No Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitation, restrictions or conditions imposed by any malpractice carrier?

If you answered "Yes" to question 4, you must submit a complete narrative of the circumstances and a National Practitioner Data Bank report outlining all professional liability claims made against your license and any settlements paid by or on your behalf. *NPDB website: <http://www.npdb.hrsa.gov>.*

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

NATIONAL PROVIDER IDENTIFIER (NPI)

Your NPI: _____



Supervisor Association Verification

APPLICANT INFORMATION (TO BE COMPLETED BY THE APPLICANT)

Full Legal Name: _____
First Middle Last

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ – _____ Email: _____

NOTE: All Division notices and communication will be sent to this email.

CWS License Number (if issued): _____

SUPERVISOR INFORMATION (TO BE COMPLETED BY THE SUPERVISOR)

Supervisor Name: _____
First Middle Last

License Type: _____ License Number: _____ State of Issue: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ – _____ Email: _____

REQUIRED all communication to Supervisor will be sent to this email.

- Yes No Does the Supervisor meet the minimum supervisory requirements?
As outlined in [Utah Administrative Code§ R156-60a-302e.](#)
- Yes No Is the Supervised Individual a W-2 employee providing clinical mental health services?
As defined in [Utah Administrative Code§ R156-60a-302\(1\)](#)
- Yes No Is the Supervised Individual a W2 employee of a qualifying facility?
As defined in [Utah Administrative Code§ R156-60a-305a\(5\)\(c\)](#)
- Yes No Does the written supervision contract meet the contract requirements?
As outlined in [Utah Administrative Code§ R156-60a-305a\(3\)](#)
- Yes No Have both the Supervisor and Supervised Individual signed a written supervision contract?

Date Written Supervision Contract was signed: _____

ATTESTATION:

I certify I have read Utah Administrative Code§ R156-60a-302e, Supervisor Eligibility Requirements, and Utah Administrative Code§ R156-60a-305a, Supervised Training Requirements-Supervision Contract-Duties and Responsibilities of Supervisor and Supervisee. I understand that hours MUST be documented using the Division-provided Record of Post-Graduate Supervised Clinical Mental Health Experience Hours form.

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature of Supervisor: _____ Date: _____

Signature of Supervisee: _____ Date: _____

**IF YOU HAVE A SUPERVISOR AT THE TIME OF APPLICATION, SEND THIS FORM WITH YOUR APPLICATION.
 If not, email this completed form to B8@Utah.gov once you have a supervisor.**

No post-graduate supervised experience hours may be counted toward the experience requirements before the Division notifies the Supervisor listed above that this form has been received and approved.



UTAH DEPARTMENT OF COMMERCE

Division of Professional Licensing

Verification of Active Practice as a CSW in another State

For endorsement applicants applying by via Option 2. See checklist for additional information

Applicants using Option 1 do not need to complete this form.

Each employer must complete a separate form.

APPLICANT INFORMATION (TO BE COMPLETED BY THE APPLICANT)

Full Legal Name: First Middle Last

Address: City: State: Zip:

License Number: State of Issue:

EMPLOYMENT INFORMATION: (TO BE COMPLETED BY THE EMPLOYER, A PROFESSIONAL COLLEAGUE, OR HUMAN RESOURCES.)

Name of Establishment:

Address: City: State: Zip:

Phone: () - Email:

Dates of Employment: to

How many hours did the applicant work per week?

Number of hours practicing mental health therapy:

Total number of hours practiced as a CSW:

Describe the applicant's duties: (attach additional form if needed)

Is the applicant still employed? Yes No

The applicant is/was a W-2 Employee Contracted Labor.

If no, is the applicant re-hirable? Yes No

If Not re-hirable, Please explain:

ATTESTATION:

I do hereby certify that the applicant for licensure as a certified social worker was actively engaged in the lawful practice as a CSW at the above named establishment for the number of hours listed.

I further certify that the applicant is qualified and competent to practice as a licensed certified social worker.

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature of certifying individual: Date:

Relationship to Applicant:



APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience; you do not need to include it with your application.

NOTE: Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information that is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other laws.

ALL APPLICANTS

The following items are required to complete your application:

- \$120.00 non-refundable application-processing fee, made payable to DOPL.
- Supporting documentation for any “yes” answers provided on either of the qualifying questionnaires.
- “Supervisor Association Verification”, found in this application.

Note: *This form is not required to obtain a license, but you cannot begin your post-graduate experience hours until it is on file and approved by the Division.*

LICENSURE BY APPLICATION

If applying for your initial application or you do not qualify for licensure by endorsement, *in addition* to the items required for all applicants, you must submit:

- Official transcripts documenting completion of a master’s degree. If you submitted transcripts showing your conferred degree with your request for authorization to test, you do not need to submit them a second time.

Note: *Transcripts are considered “official” when they are sent via email directly from the school registrar to DOPL at B8@utah.gov or sealed in an envelope bearing the school’s stamp/seal on the envelope flap.*

LICENSURE BY ENDORSEMENT

If applying for licensure by endorsement, there are two options. In addition to the items required for all applicants, you must submit the following:

- Option 1:** One Year of Active Licensure from a [jurisdiction deemed equivalent](#).
Official verification, showing active licensure in good standing for at least one year, from a jurisdiction designated by the Division as equivalent to Utah.
If required, official transcripts and/or exam scores to demonstrate equivalency.

Please see our website for additional information regarding approved jurisdictions, and any additional documentation that may be necessary.

OR

- Option 2:** 3,000 Hours of Active Licensure from any U.S. Jurisdiction
Official verification of license from one or more states in which you are currently licensed.
Verifications must cover the time period used to qualify for endorsement.
“Verification of Active Practice as a CSW in another state” form found in this application. NOTE: You must have each employer complete a separate form, and the hours from all forms must total 3,000.

Submit completed application to the Division:

By US Postal Service:
Division of Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741

By in-person or express delivery:
Division of Professional Licensing
Heber M Wells Building, 1st Floor
160 E 300 S
Salt Lake City, UT 84111

If you have questions, please contact the Division via our direct email address: b8@utah.gov, or via the phone or fax number listed below. Do not send applications or payments to this email.