



LOUISIANA STATE BOARD OF SOCIAL WORK EXAMINERS

2010-2011

APPLICATION FOR LICENSE RENEWAL LCSW-BACS



Renewal is Required by Law on or before August 31, 2010.

(Please allow 6 weeks for Processing by Mail - Renew on-line and receive ID card in one week.)

I hereby request that my license to practice in Louisiana be renewed:

ALL QUESTIONS MUST BE ANSWERED OR RENEWAL APPLICATION WILL BE RETURNED.

Have you ever had any professional license revoked, suspended, or placed on probation by any state?

Yes [] No []

(If yes, attach notarized detailed explanation.)

Have you been charged with, convicted of, or did you plead guilty to or nolo contendere to violation of any state or federal, civil or criminal law? (Excludes minor traffic offenses.)

Yes [] No []

(If yes, attach notarized detailed explanation.)

Have you within the past year or are you currently using drugs, chemical substances (including controlled substances obtained either with or without a valid prescription), or intoxicating liquors to an extent that it impairs your functioning as a social worker or the delivery of social work services?

Yes [] No []

(If yes, attach notarized detailed explanation.)

Have you been a participant in an alcohol or drug treatment or rehabilitation program within the past year in which you were monitored or supervised relative to your use of drugs or alcohol?

Yes [] No []

(If yes, attach notarized detailed explanation.)

Note: If you have previously provided to the Social Work Board notarized detailed explanation(s) of such incident(s) and no further information or change of status relative to such incident(s) is available, you do not need to replicate material previously submitted to the Social Work Board during the renewal process.

Act # 721 passed by the Louisiana Legislature in the Regular Session 2003, mandates that State Licensing Boards ask the following questions. The information given is to remain confidential, and will be used to measure and track the supply of licensed professionals for statistical purposes by the Louisiana Department of Labor.

- I am employed or self-employed in Social Work: Part time (less than 36 hrs per week) [] Full time (36-40 hrs per week) []
I am employed or self-employed in LA [] I am employed in the profession out of LA []
I am not employed in the profession of Social Work []
If employed in the profession of social work, submit employer's name and address:

Beginning Date of Employment _____

OPTIONAL:

- I graduated with my degree in social work in 2010 []
I moved to LA and obtained my credential in 2010 []
I am: White [] Black/African American [] Hispanic [] Asian [] Other []

CONTINUING EDUCATION CERTIFICATION

I hereby certify that I have completed at least 20 clock hours of continuing education between July 1, 2009 and June 30, 2010, in accordance with §317. I further certify that at least 10 of the 20 clock hours completed was in the area of clinical social work, to include diagnosis and treatment. I certify that I completed 3 clock hours in the area of ethics and 3 clock hours in the area of clinical supervision between July 1, 2008 and June 30, 2010. I acknowledge that I am responsible for completing 3 clock hours in the area of ethics and 3 clock hours in the area of clinical supervision between July 1, 2010 and June 30, 2012.

All continuing education must be completed prior to renewal. Failure to fulfill the continuing education requirements will cause the credential to lapse, and any application for renewal will be declined until the requirements have been met.

I certify to the Louisiana State Board of Social Work Examiners that the above statements are true and correct.

Personal signature required _____ (Full name) _____ (Date)

