

**Vermont Secretary of State  
Office of Professional Regulation**

**Instructions for Applicants Applying for Licensure  
as a Clinical Social Worker**

**Completed Application Must Include:**

**1. All Applicants Must Submit:**

- \* Completed Application (Pages 1, 2, and 3); and
- \* Application Fee of \$100.00 (Non-refundable: Payable to Vermont Secretary of State)

**2. Examination Applicants, in addition to 1 above, Must Also Provide:**

- \* "Verification of Social Work Education"
- \* "Report of Supervision"
- \* Examination Scores - Submitted directly from ASWB to this Office

**3. Endorsement Applicants, in addition to 1 above, Must Also Provide:**

- \* "Verification of Licensure/Certification"

**Completed Application must be mailed or delivered to:**

Address: Office of Professional Regulation Social Workers, 89 Main Street, 3<sup>rd</sup> Floor, Montpelier, VT 05620-3402.

Phone: 802-828-2390 - E-mail: [dlafail@sec.state.vt.us](mailto:dlafail@sec.state.vt.us)

**Important Information:**

- \* All licenses renew on a fixed 24 month schedule. Your initial license may be for less than 24 months. All licenses expire on January 31 of the even numbered years. Applicants issued an initial license more than 90 days prior to the renewal date will be required to renew and pay the renewal fee. Initial licenses issued within 90 days of the renewal date will not be required to renew.
- \* Eligibility to sit for the examination. You may sit for the exam once you have received your master's degree in social work and have been approved by this Office. You need to submit the first 3 pages of the application, application fee and have verification of education submitted directly from the school to this Office. Once this has been received you may contact ASWB directly to schedule an appointment to sit for the ASWB Clinical Examination. ASWB can be reached at 1-888-579-3926.

Vermont Secretary of State  
Office of Professional Regulation  
89 Main Street, 3<sup>rd</sup> Floor  
Montpelier VT 05620-3402



**Diane Lafaille**  
Licensing Board Specialist  
(802) 828-1505  
dlafaille@sec.state.vt.us  
[www.vtprofessionals.org](http://www.vtprofessionals.org)

**Application for Licensure as a Clinical Social Worker**

Applying on the basis of: \_\_\_\_\_ Examination \_\_\_\_\_ Licensed in another state (Endorsement)  
(Use Ink or Typewritten only)

<b>First Name (Legal name no nicknames)</b>	<b>MI</b>	<b>Last Name &amp; Title (Jr., Sr., II, III, etc.)</b>
<b>Previous Name(s) (Maiden)</b>		

**Social Security Number:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \*\* (Providing your social security number (SSN) is mandatory, and requested under the authority granted by 42 U.S.C. §405(c)(2)(C). It will be used by the Departments of Taxes, Child Support, and the Department of Labor in the administration of Vermont law, to identify individuals affected by such laws. Your SSN is not disclosed as part of a public records request);

**OR**

**Passport Number:** \_\_\_\_\_ \*\*\* (If you do not have a social security number you must provide a passport number as evidence that there is no attempt to procure a license fraudulently (3 V.S.A. §129a))

<b>Mailing Address:</b>	<b>P.O. Box</b>	
	<b>Street/Apt #</b>	
	<b>City/State/Zip</b>	
	<b>Country</b>	

<b>911 Address: (if different than mailing)</b>	<b>P.O. Box</b>	
	<b>Street/Apt #</b>	
	<b>City/State/Zip</b>	

<b>Phone:</b>	(     )     -	<b>Cell Phone:</b>	(     )     -
<b>Fax:</b>	(     )     -	<b>E-Mail:</b>	
<b>Date of Birth</b>		<b>Gender: (Circle One)</b>	
		Female     Male	

<b>Social Work Education – Name and Location (City/State) of college/university</b>	<b>Date of Graduation/Degree Granted</b>

List below every state in which you now hold, or have ever held, a license/certification to practice			
STATE	LICENSE #	DATE ISSUED	DATE EXPIRES(D)

## Vermont Mandatory “Good Standing” Declarations

### Section B: Vermont Mandatory “Good Standing” Declarations

#### CHILD SUPPORT:

**Child Support Orders, 15 V.S.A. § 795(b):** “Good standing” for child support is defined by 15 V.S.A. § 795(d). **You must check the appropriate box. As of the date of this application:**

	I am not subject to a child support order.
	I am subject to a child support order and I am in “good standing” or in full compliance with a plan to pay any and all child support.
	I am subject to a child support order and I am NOT in “good standing” or in full compliance with a plan to pay any and all child support. Please contact the Office of Child Support at (802) 241-2319. OCS must report your compliance to this office before you may be issued a license.

#### TAXES:

**Taxes Due to the State of Vermont, 32 V.S.A. § 3113(b):** “Good Standing” for taxes due is defined by 32 V.S.A. § 3113(g). **You must check the appropriate box. As of the date of this application:**

	I am in “good standing” with respect to, or in full compliance with a plan to pay any and all taxes due to the Vermont Department of Taxes.
	I am NOT in “good standing”* with respect to or in full compliance with a plan to pay any and all taxes due to the Vermont Department of Taxes. Please contact the Vermont Department of Taxes at (802) 828-2515 for more information. The Tax Department must report your compliance to this office before you may be issued a license.

#### DISTRICT COURT FINES/JUDICIAL BUREAU:

**Court judgments for fines or penalties, 4 V.S.A. § 1110(b):** “Good standing” for court judgments is defined by 4 V.S.A. § 1110(c). **You must check the appropriate box. As of the date of this application:**

	I have no unpaid judgments issued by the judicial bureau or criminal division of the superior court for fines or penalties for a violation or criminal offense.
	I am in “good standing” with respect to any unpaid judgment issued by the judicial bureau or criminal division of the superior court for fines or penalties for a violation or criminal offense.
	I am NOT in “good standing” with respect to any unpaid judgment issued by the judicial bureau or criminal division of the superior court for fines or penalties for a violation or criminal offense. <b>You must provide this office documentation of compliance before you may be issued a license.</b>

#### RESTITUTION ORDERS:

**Unpaid Judgments, 13 V.S.A. § 7043a:** “Good standing” for restitution orders is defined by 13 V.S.A. § 7043a(c). **You must check the appropriate box. As of the date of this application:**

	I have no restitution order.
	I am in “good standing” with respect to any restitution order.
	I am NOT in “good standing” with respect to any restitution order. <b>You must provide this office documentation of compliance before you may be issued a license.</b>

## Vermont Mandatory Credential and Fitness Questions

Circle Yes or No for each of these questions. If the answer is Yes, follow the instructions provided.

Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) denied an application by you for a license, certificate, or registration to practice a profession or occupation? <i>If "Yes," you must attach a copy of the order or official notification of the action(s).</i>	Yes	No
Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) taken any disciplinary action (restricted, suspended, revocation or conditioned) against a license, certificate, or registration that you hold or held in any profession or occupation? <i>If "Yes," you must provide a copy of the order or official notification of the action.</i>	Yes	No
Have you ever surrendered a license, certificate or registration to a licensing authority in Vermont or any other state, federal authority or other jurisdiction (US or elsewhere)? <i>If "Yes," you must provide a detailed written explanation and copies of any applicable documentation.</i>	Yes	No
Are you currently under investigation by a licensing authority in Vermont or any other state, federal authority or other jurisdiction (US or elsewhere)? <i>If "Yes," you must provide a detailed written explanation and a copy of any available information from the licensing authority.</i>	Yes	No
Have you EVER been convicted of a crime other than a minor traffic violation? (Driving While Intoxicated and Driving Under the Influence are not "minor traffic violations.") <i>If "Yes," you must provide a detailed written explanation and attach the official court documents (i.e., affidavit of probable cause, the information and/or the docket report.)</i>	Yes	No
Do you have any criminal charges pending against you in any jurisdiction (US or elsewhere)? <i>If "Yes," you must provide a detailed written explanation and attach a copy of the charging documents.</i>	Yes	No

**Note:** Vermont law requires that you report to the Office of Professional Regulation a felony conviction or any conviction of a crime related to the practice of your profession within 30 days. 3 V.S.A. § 129a(a)(11).

**The answers to the following questions are not subject to public disclosure:**

Do you have a physical or mental condition or disorder which in any way impairs or limits your ability to practice this profession with reasonable skill and safety? <i>If "Yes," you must have your health care provider submit a detailed statement explaining how you are able to practice safely.</i>	Yes	No
Does your use of alcohol, substances, or prescription medications impair or limit your ability to practice this profession with reasonable skill and safety? <i>If "Yes," you must provide a detailed written explanation.</i>	Yes	No
Are you currently addicted to or in any way dependent on alcohol or habit forming drugs? <i>If "Yes," you must provide a detailed written explanation.</i>	Yes	No

### Statement of Applicant

I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application or further disciplinary action. The maximum penalty for perjury is fifteen years in prison and/or a \$10,000 fine. (13 V.S.A. §2901)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Clinical Social Worker

Verification of Licensure or Certification

**Complete the applicant section of this form and forward a form to every state in which you now hold, or have ever held a license/certification to practice as a Clinical Social Worker. Applicant**

**Section**

Last Name		First		MI	Former
Mailing Address (Street, P.O. Box, Apt #)					
City		State		Zip Code	
License #			Date Issued		

**I hereby authorize the Licensing Authority in the State of to furnish to the Vermont Office of Professional Regulation the information requested below.**

**Applicant Signature/Date:** \_\_\_\_\_

**To Be Completed by the State Licensing Authority**

Name of Licensee					
License/Certificate #:		Date Issued		Date Expired(s)	
Licensed on Basis of:	<input type="checkbox"/> Examination <input type="checkbox"/> Endorsement/Reciprocity <input type="checkbox"/> Waiver				
If by endorsement please indicate state endorsed from:					
License/Certificate Status:	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed				
Has this license/certificate ever been encumbered in any way (revoked, suspended, limited, surrendered, restricted, placed on probation, etc.)? If yes, attach a copy of the decision.					Yes    No

### What Are Your State's Current Standards for Licensure:

<b>Examination Information</b>		
<b>1. Do you require that an applicant take the ASWB Clinical examination?</b>  If yes, indicate passing score: <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>	<b>Yes</b>	<b>No</b>
<b>2. Do you require that an applicant take the ASWB Advanced examination?</b>  If yes, indicate passing score: <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>	<b>Yes</b>	<b>No</b>
<b>Education Information</b>		
<b>4. Do you require applicants to have graduated, with a degree in social work, from a program accredited by the Council on Social Work Education, or the council's equivalent?</b>	<b>Yes</b>	<b>No</b>
<b>Supervised Experience Information</b>		
<b>6. Do you require an applicant to have, at least, two years of post-master's supervised practice?</b>	<b>Yes</b>	<b>No</b>
<b>7. Do you require that an applicant have, at least, 3,000 hours of post-master's supervised practice?</b>	<b>Yes</b>	<b>No</b>
<b>8. Do you require at least one hour of clinical supervision for every forty hours of supervised practice?</b>	<b>Yes</b>	<b>No</b>
<b>9. Do you require the clinical supervision be under one of the following licensees?</b>  *physician or osteopathic physician (who has completed a residency in psychiatry), or *psychologist, or *clinical social worker	<b>Yes</b>	<b>No</b>

<b>(OFFICIAL SEAL)</b>	<b>Name of State Licensing Authority:</b>
	<b>Signature of Person Completing Form:</b>
	<b>Position:</b>
	<b>Date:</b> <span style="float: right;"><b>Phone #:</b></span>

Clinical Social Worker  
Verification of Education

**Complete the applicant section of this form, and forward it to the school where you received your social work education.**

**Applicant Section**

Last Name	First	MI	Former
<b>Mailing Address (Street, P.O. Box, Apt #):</b>			
<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Date of Birth</b>		<b>Date Graduated</b>	

I hereby authorize the School to furnish the Vermont Office of Professional Regulation the information requested below.

**Applicant Signature: Date:** \_\_\_\_\_

**To Be Completed by the Authorized Officer**

Please complete, and return to the address indicated below:

<b>Name of Applicant</b>			
<b>Name of School</b>			
<b>Name of Program</b>			
<b>City and State</b>			
<b>Degree Granted</b>		<b>Date Graduated</b>	

OFFICIAL SEAL

\_\_\_\_\_  
(Signature of Authorized Officer Completing Form)

\_\_\_\_\_  
(Date)

## Report of Supervision

Dear Supervisor:

We appreciate your assistance in our evaluation of your supervisee for licensure and independent practice as a clinical social worker in the State of Vermont. We attach considerable importance to the supervisor's report in our evaluation of applicants for licensure and ask you to give us a good sense of your supervisee's experience, performance, and character as well as the specific nature of the supervision you provided. Feel free to append additional pages if the space provided is not sufficient for you to give adequate account of your supervisee's work. Vermont law requires that the supervisor be licensed at the time the supervision took place.

In completing the attached form, we ask that you:

- 1 Type or print your response clearly;
- 2 Respond to all questions or provide an explanation for any omissions; all areas must be completed fully and omissions explained, or the form will be returned;
- 3 Provide any additional information which you feel is relevant to our evaluation of your supervisee's ability to engage in the independent practice of clinical social work;
- 4 Retain a copy of the report for your own files;
- 5 Provide this Office a photocopy of your current license..
- 6 Forward the completed form and supporting documentation to Secretary of State, Office of Professional Regulation, Clinical Social Worker, 89 Main Street, 3<sup>rd</sup> Floor, Montpelier, Vermont 05620-3402.



## Report of Supervised Experience Clinical Social Worker

**Applicant Name:**

Last	First	MI	Former

**To Be Completed by Supervisor**

Supervisor Last Name	First	MI	Former

**Mailing Address (Street, P.O. Box, Apt #):**

City	State	Zip Code		
Phone	E-Mail			
Type of License/Certification	State	Date Initially Issued	Status	

**Name of Practice Setting**

**Nature of Setting**

Clinic                       Hospital                       Private Practice

**Mailing Address**

**City, State, Zip**

**Phone**

**E-Mail**

Date Supervision Began	Date Supervision Ended	Total # Months
Total Number of Practice Hours	Total Number of One-to-One Supervision Hours	Total Number of Group Supervision Hours

**Description of Supervision** – Please describe in detail specific nature of supervision. Describe the supervisory methods and the nature of the issues dealt with in supervision.

**Assessment of Performance** – Please provide a critical evaluation of the applicant’s performance noting strengths, weaknesses, etc.

**Recommendation for Independent Practice** – Please indicate below whether or not you recommend this applicant for independent practice. Please note as well the particular areas of clinical practice in which you feel the applicant is qualified.

**Statement of Supervisor**

**I hereby certify that all of the statements made above are true. I further certify that I am neither spouse, employer, or relative of the supervisee.**

**Supervisor’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office of Professional Regulation, 89 Main Street, 3<sup>rd</sup> Floor, Montpelier, VT 05620-3402