



New Mexico Regulation and Licensing Department
BOARDS AND COMMISSIONS DIVISION
Social Work Examiner's Board
PO Box 25101 Santa Fe, New Mexico 87504
(505) 476-4622 • Fax (505) 476-4620 • www.rld.state.nm.us

INSTRUCTIONS FOR CLINICAL SOCIAL WORK LICENSURE (LCSW)

Application Fee - \$125.00

All licensing information provided is public information

On behalf of the New Mexico Social Work Examiner's Board, we are pleased you have chosen New Mexico as a place to practice Social Work.

Please review the rules regarding licensure requirements. If you do not qualify, you will not be granted licensure and you will forfeit your application fee.

Upon receipt of the attached application and the required **\$125.00** application fee, you will be sent a status letter indicating any missing documentation for the completion of your application. Once all documentation is received your application will be sent to the Board's Application Committee or designee for approval. Your license will be issued within three working days of the committees' approval.

Applicants that are not approved by the committee or designee will be presented at the next regularly scheduled NM Board of Social Work Examiners board meeting. The Board generally meets quarterly throughout the year. *Applicants who go before the New Mexico Board of Social Work Examiners should expect a period of approximately three months for a decision (approval/denial).*

Please inform the board of any address, phone number or email address changes. Changes can be communicated to the board office in writing by U.S. Mail, fax or e-mail. If you have any questions, contact the Board office at (505) 476-4622 or e-mail SocialWorkBoard@state.nm.us

REQUIREMENTS FOR LICENSED CLINICAL SOCIAL WORKER:

- **\$125.00** initial license fee (all fees are non-refundable). Payment can be made by check, cashier's check or money order. (No cash accepted)
- Be at least 18 years of age
- Complete the Licensed Clinical Social Worker (LCSW) Application
- 2"x2" Passport style photo
- Master's Degree in Social Work from a program Accredited by the Council on Social Work Education (CSWE).
- Official Transcripts must be sent directly to the Board Office from your University.
- Proof of 3600 hours of supervision from a board approved supervisor.
- Proof of successfully passing the Association of Social Work Board examination (ASWB)
- Proof of successfully passing the Jurisprudence Examination.
- Proof of completion of the required course in New Mexico Cultures for initial licensing.
- Verification of licensure for applicants who hold or held a license in another state of jurisdiction. The verification must be mailed directly from the issuing state directly to the New Mexico Board Office. Please check with the issuing state, they may charge a fee.

PROVISIONAL LICENSURE:

If applicant has met all requirements, with the exception of the New Mexico Cultural component or has not taken and passed the national examination, the applicant may be eligible for a one-time provisional licensure for each level. Provisional license is valid for one year from the date of issuance, no extension will be granted. We recommend applicants schedule the examination as early as possible.

National Examination:

Once provisional license is issued:

- Instruction of how to register to take the national exam through ASWB will be included with the provisional license.
- Applicant will pay all examination fees directly to ASWB.

- ASWB will email examination scores directly to the board office; we do not accept unofficial exam scores from applicants.
- Once official exam scores are received, the license will be issued within 3 days (all other requirements must be met).
- If applicant fails exam:
 - a 90-day period is required before the applicant can retake the exam; if the applicant has a valid provisional license the board office will resubmit name to ASWB to take the exam.
 - Applicant will need to contact ASWB to register and pay fee to retake the exam.
- Once the provisional license expires, the applicant will need to refrain from practicing and reapply with the board office to take the examination.

New Mexico Cultural Course:

Once provisional license is issued:

- If you are a recent graduate from a New Mexico School of Social Work, you will not be required to take the initial New Mexico Cultural Component since you have already taken New Mexico Cultures as part of your school curriculum.
- If you did not graduate from a New Mexico School of Social Work:
- You may take the board approved course for initial licensure. Click this link for the approved course http://www.rld.state.nm.us/boards/Social_Work_Requirements_and_Continuing_Education.aspx
- The New Mexico Cultural course must be taken one time for any level of licensure.
- If you have already taken the course, please provide a copy of the certificate of completion
- Please note:
 - The course approved for initial licensure cannot be used for continuing education
 - Courses approved for continuing education cannot be used for initial licensure.

LICENSURE BY CFREDS/RECIPROCALITY:

- A completed application and corresponding fee pursuant to 16.63.8 NMAC.
- Must have a current valid social work license issued by another state or territory of the United States or the District of Columbia at the level of licensure being sought for a minimum of five (5) years pursuant to 16.63.6.8.
- Official transcripts with a Bachelor's Degree in Social Work from an accredited school or university
- Proof of passing the national examination through Association of Social Work Board Examination (ASWB)
- New Mexico Multicultural course for initial licensure.
- Take and pass the New Mexico Jurisprudence Examination.

CHECKLIST OF DOCUMENTATION REQUIRED FOR ALL APPLICANTS:

- Completed, signed and notarized, original application (no copies). Applications are valid for one year from date of receipt.
- Passport quality photo (2x2), taken within the last six months.
- Application fee of **\$125.00** (check or money order) payable to the **New Mexico Board of Social Work Examiners**, the application fee includes the initial licensing period, not to exceed twenty-four months.
Application fees are non-refundable.
- Official transcripts with a Master's Degree in Social Work from an accredited school or university
- Proof of passing the national examination through Association of Social Work Board Examination (ASWB)
- New Mexico Multicultural course for initial licensure.
- Take and pass the New Mexico Jurisprudence Examination.
- Supervision Form
 - Form must be sent directly from supervisor to the board office
 - Proof of 3600 hours of completed supervision to include the following:
 - 90 hours of face to face supervision.
 - Completed within a minimum of 24 months to a maximum of 60 months.
- Verification of licensure - If applying by credentials/reciprocity, holds or held a license in another state or jurisdiction a verification of licensure from all must be sent directly to the office from the other state(s) board, must attest to the status, issue date, expiration date, license number, and other information contained on the form.



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Board of Social Work Examiners

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(505)476.4622 • Fax (505)476.4645 •

www.rld.state.nm.us/boards/Social_Work.aspx

CLINICAL SOCIAL WORK APPLICATION (LCSW)

Application Fee \$125.00

ATTACH Passport
Photo Here

I am applying for (check one): -

- Clinical Social Worker (LCSW) Application
- LCSW Provisional License (Only for first time applicants)
- Licensure by Credentials/Reciprocity
(Must be licensed at same level for a minimum of 5 years in another state(s))

Write name on back of
photo

****ALL FEES ARE NON-REFUNDABLE. ****

****ALL LICENSING INFORMATION IS PUBLIC INFORMATION****

Please print legibly

PERSONAL INFORMATION					
LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX		
NAME AS YOU WOULD LIKE IT TO APPEAR ON OFFICIAL LICENSE OR CERTIFICATE					
MAILING ADDRESS					
CITY		STATE	ZIP CODE		
PERSONAL PHONE		BUSINESS PHONE			
EMAIL		<input type="checkbox"/> PERSONAL OR <input type="checkbox"/> BUSINESS			
DATE OF BIRTH	PLACE OF BIRTH	SOCIAL SECURITY NUMBER OR INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER:			
LICENSURE INFORMATION: List all states or countries in which you are or have been licensed, regardless of current status (attach additional pages if necessary):					
STATE/ COUNTRY	OBTAINED BY EXAM/CREDENTIALS/ RECIPROCITY	LICENSE NUMBER	ISSUE DATE	LICENSE STATUS	EXPIRATI ON DATE
BCD USE ONLY:					
RECEIVED ON:		PROCESSED BY:		RECEIPT NO:	
AMOUNT:		CHECK/MO #			

PROFESSIONAL EDUCATION: Education must be listed below; official transcripts must be sent directly to the board office from the educational institution attended.

NAME OF INSTITUTION (Undergraduate & Graduate Experience)	MAJOR FIELD OF STUDY	TYPE OF DEGREE	DATE AWARDED

EMPLOYMENT RECORD: Please list paid Social Work employment in chronological order below, beginning with your present position. If additional space is needed, you may attach a separate sheet of paper. On a separate sheet of paper list your voluntary Social Work employment. *(All attachments must be submitted in the same format as shown below)*

Name of Employer:

Start Date:	Position:	Employers Address:
End Date:	Describe Duties:	
Hours per week:		Name of Supervisor:

Additional supervision and comments:

Name of Employer:

Start Date:	Position:	Employers Address:
End Date:	Describe Duties:	
Hours per week:		Name of Supervisor:

Additional supervision and comments:

Name of Employer:

Start Date:	Position:	Employers Address:
End Date:	Describe Duties:	
Hours per week:		Name of Supervisor:

Additional supervision and comments:

VERIFICATION OF SUPERVISION - *Must be completed by applicant*

Please indicate the exact nature and extent of your supervised social work experience. If necessary, additional experience may be included on a separate sheet of paper. *(All attachments must be submitted in the same format as shown below)*

SUPERVISION INFORMATION:	Supervisor- 1	Supervisor – 2 (if applicable)	Supervisor – 3 (if applicable)
Company Name and Address (where supervision was received)			
Title of Position Held (at time of supervision)			
Job Duties (Please be specific)			
Supervisor’s Name			
Supervisor’s Current Address			
Supervisor’s Position (at time of supervision)			
Academic Degree & Field (at time of supervision)			
Supervisor’s License Number			

Nature of Supervision (Clinical, Research, Medical, School, Administration, Community)			
Hrs. Per Week of Direct Supervision			
Inclusive Dates of Social Work Supervision	(Month, Day, Year) From: To:	(Month, Day, Year) From: To:	(Month, Day, Year) From: To:
Total number of hours worked per week while under Supervision			

QUESTIONS: Read the following carefully, **Circle Yes or No.** “Yes” answers for questions 3 thru 7 require an explanation and a copy of the final judgment order (if applicable).

1.	I have read and will abide by the Social Work Rules and Regulations. I will comply with the Social Work Code of Conduct?	YES	NO
2.	Have you ever used another name under which records may be filed concerning your application or your education, training or experience? Enter other name(s) used:	YES	NO
3.	Have you ever received a deferred prosecution, a deferred judgment or been convicted of or pled guilty to or pled nolo contendere to a felony in any state, territory, district of the United States or a foreign country?	YES	NO
4.	Have you ever pled guilty to or pled nolo contendere to or been convicted of Driving Under the Influence or Driving While Intoxicated?	YES	NO
5.	Have you ever been denied a license or permission to practice Social Work or permission to take an examination to practice Social Work in any state, country or territory?	YES	NO
6.	Has any disciplinary action ever been taken regarding your practice of Social work or any license you hold or have held to practice Social Work? Disciplinary actions include, but are not limited to, suspension, probation, practice limitations, reprimand, letter of admonition, censure, and any allegations currently pending.	YES	NO
7.	Have you ever voluntarily surrendered a license to practice Social Work in any other state or territory?	YES	NO

AFFIDAVIT AND NOTARIZATION:

I hereby certify that I have read and completed this application, that the information contained herein is true to the best of my knowledge, that I am not physically or psychologically dependent on alcohol or drugs, and that I understand that any falsification or misrepresentation made within this application may be grounds for denial of my application or action against my license. I hereby authorized the Department of Licensing and Regulation and its agents to investigate any statements made by me in this application, including checking criminal, civil and administrative records. I declare under penalty of perjury that the statements made on this form are true and complete to the best of my knowledge.

Signature of Applicant

Date

State of _____

County of _____

BEFORE ME on this _____ day of this _____ month, 20_____ personally appeared the above names applicant who, being by me duly sworn upon oath, states that all statements and answers contained in this application are true and correct.

STATE SEAL

Notary Public

My Commission Expires

BOARD OF SOCIAL WORK EXAMINERS JURISPRUDENCE EXAM

(A copy of the rules and laws can be downloaded from our website www.rld.state.nm.us
under Rules and Laws)

Applicant name: _____

1. Each licensee must be familiar with the Board's Code of Conduct rule.
 - A. True
 - B. False
2. If a Provisional license holder fails the national examination, the provisional license:
 - A. Is automatically renewed until the temporary license holder passes the national exam.
 - B. License becomes Null and Void
 - C. Is issued for one year during which time the applicant can retake the national exam.
 - D. May be renewed if the license holder pays an additional fee.
3. Continuing education taken prior to the time period stipulated by board rule for acceptable continuing education will not be accepted toward the current renewal cycle.
 - A. True
 - B. False
4. Licensees and registrants must notify the Board in writing of any address change.
 - A. True
 - B. False
5. The Board may take disciplinary action against an unlicensed person practicing social work.
 - A. True
 - B. False
6. An inactive license must be renewed annually.
 - A. True
 - B. False
7. A social worker has a thirty (30) day grace period to submit a renewal application without a late fee. However, the social worker's license shall be considered expired and the social worker will refrain from practicing during that period.
 - A. True
 - B. False
8. After the initial license period each license expires on July 1 every other year.
 - A. True
 - B. False
9. All licensed social workers are required to take six hours in the subject area of cultural awareness as part of the continuing education requirement.
 - A. True
 - B. False
10. A social worker whose license is inactive may still continue to practice.
 - A. True
 - B. False

- 11. A person who does the following is guilty of a misdemeanor:**
- A. Practices social work without the required current, valid license.
 - B. Advertises as a social worker without a current, valid license or registration.
 - C. Violates any provision of the Social Work Practice Act
 - D. All of the above
- 12. Any person, including board members, can file a complaint against a licensee or an unlicensed person.**
- A. True
 - B. False
- 13. Social Workers should keep records of continuing education courses submitted for renewal:**
- A. For at least one (1) year
 - B. For at least four (4) years
 - C. Do not need to be keep renewal certificate
 - D. For at least seven (7) years
- 14. Failure to submit a completed renewal application by September 29 of the renewal year will result in:**
- A. Written reprimand
 - B. Summons to appear before the Committee
 - C. License revocation
 - D. Committee censure
- 15. According to the Rules (NMAC), to avoid a penalty, a renewal application must be submitted to the Board office no later than:**
- A. September 29
 - B. July 1
 - C. July 30
 - D. August 1
- 16. If the Board has cause to believe a social worker is addicted to drugs or alcohol, or is mentally or physically incapable of practicing social work with reasonable skill and safety, the Board may:**
- A. Require the social worker to be examined by an examining committee to determine fitness to practice social work
 - B. Without a hearing, summarily revoke the license
 - C. Issue a formal reprimand
 - D. All of the above
- 17. A Social Worker who wishes to go inactive must request inactive status in writing to the Board office on or before:**
- A. July 1
 - B. June 30
 - C. September 29
 - D. July 30
- 18. A person with a social work degree can practice social work.**
- A. True
 - B. False
- 19. The following records in a licensee's or applicant's file are considered confidential and are NOT subject to public inspection:**
1. Letters of reference
 2. Medical reports or records of chemical dependency,

- 3. *Matters of opinion*
- 4. *Examination scores*

Choose one:

- A. 1, 2 and 3
 - B. 2, 3, and 4
 - C. All of the above
 - D. None of the above
- 20. A Social Worker who wishes to retire a license must request retirement status in writing to the Board office prior to expiration of the current license (07/01).**
- A. True
 - B. False
- 21. A three credit hour college course in social work or in the realm of social work earns thirty (30) hours of continuing education credits (CEUs) acceptable for renewal requirements.**
- A. True
 - B. False
- 22. Social Workers may choose up to ten (10) hours of self directed continuing education per renewal period.**
- A. True
 - B. False
- 23. The Board may refuse to issue, suspend or revoke a license for any of the following reasons:**
- A. Licensee is convicted of a felony.
 - B. Licensee is grossly negligent or incompetent in the practice of social work.
 - C. Licensee has repeatedly and persistently violated any provisions of the Social Work Practice Act or regulations.
 - D. All of the above
 - E. None of the above
- 24. An actively licensed social worker who attends continuing education programs that exceed the minimum hourly requirements in a given renewal period may apply the excess to the next renewal period requirement.**
- A. True
 - B. False
- 25. An applicant is issued a license to practice social work after:**
- A. Passing the required exam.
 - B. Paying licensing fees to a Board office.
 - C. Living in New Mexico one year.
 - D. Meeting all the application, examination, and licensure requirements and paying the required fees.
- 26. All continuing education hours must be completed on or before June 30 of the renewal period or the social workers license will be revoked for non-renewal.**
- A. True
 - B. False
- 27. If a social work license is revoked for non-renewal, the licensee will be required to:**
- A. Submit a renewal application, proof of continuing education, and pay renewal and late fee.
 - B. Submit an application and application fee.

- C. Pay previous penalties, complete a new application, pay another application fee, and take an exam prescribed by the board.
 - D. None of the above.
- 28. A social worker can practice during the grace period of July 2 thru July 30 of the renewal period.**
- A. True
 - B. False
- 29. For licensed master social workers aspiring to achieve licensure at an independent level (LISW) supervision shall be provided by a:**
- A. Psychologist
 - B. Licensed Professional Clinical Mental Health Counselor (LPCC)
 - C. Licensed Independent Social Workers (LISW)
 - D. All of the above
- 30. If a licensed social worker voluntarily surrenders his/her license or allows his/her license to expire in anticipation of or during the course of an investigation, the complaint committee:**
- A. Will complete its investigation.
 - B. Report findings to the national database.
 - C. Close the case.
 - D. Both A and B
 - E. None of the above

Signature: _____ Date: _____

NEW MEXICO SUPERVISOR VERIFICATION FORM
Licensed Clinical Social Work Applicants Only

The applicant named below has provided you as a professional reference and the applicant's social work supervisor. Please complete and return this form directly to: New Mexico Board of Social Work Examiners, P.O. Box 25101, Santa Fe, NM 87504.

Applicant's Information:

Last Name	First Name	MI

Supervisor Information:

Last Name	First Name	MI

Street Address:

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City:	State:	Zip

Supervisor Details: Please provide detailed information regarding supervision:

Supervisor's Professional Title: (During period of Supervision)	Supervisors Present Phone Number:

1.	Were you a practicing Social Worker during the time you supervised the applicant? If you answer "Yes", please complete the following:	Yes	No
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Type of Degree:	License #	State	Original Issue Date	Expiration Date

2.	Please document length of Social Work Supervision – Please use specific dates (Do NOT use term, such as "to present", "current", etc.
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From: (Month/Day/Year)	To: (Month/Day/Year)	Total Number of Months:

3.	Please document total number of hours' applicant worked while under your supervision. (i.e., 3600 or 2500 total hours, DO NOT estimate or approx.)	Total Hours:
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4.	Please document total number of hours' applicant received direct supervision.	Total hours of Direct Supervision:
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Total hours of Direct Supervision per week:	Total hours of Group Supervision per week:

Supervisors Signature:	Date Completed:

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VERIFICATION OF LICENSURE		
<p>Applicant: Please forward this verification of licensure request to each state, territory or province in which you have ever had a social work license, certification or registration. NOTE: Some state boards of social work charge fees for verifying licensure. Please check with the appropriate licensing board and remit the fees with this form.</p>		
NAME OF APPLICANT:		
Last Name	First Name	Middle Initial
Street address	City/State	Zip
<p>I have applied for licensure in the State of New Mexico. I hereby authorize the State/Territory/Province of _____ to provide the following information to the State of New Mexico:</p> <p>_____</p> <p style="text-align: center;">APPLICANTS SIGNATURE: _____ DATE _____</p>		
DO NOT WRITE BELOW THIS LINE – STATE AGENCY USE ONLY		
License Type	License Number	Issue Date
1.	<p>This is to certify that the above named individual was issued a license or registration to practice as a:</p> <p> <input type="checkbox"/> Baccalaureate Social Worker <input type="checkbox"/> Master Social Worker <input type="checkbox"/> Clinical/Independent Social Worker <input type="checkbox"/> Other, please explain </p>	
2.	<p>License or registration was based upon:</p> <p> <input type="checkbox"/> Examination: Date Exam Passed: _____ Date Exam Taken: _____ <input type="checkbox"/> Endorsement: State/province: _____ <input type="checkbox"/> Other, please explain </p>	
3.	<p>Did your board verify that this individual holds a social work degree? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What degree was the licensed based? <input type="checkbox"/> BSW <input type="checkbox"/> MSW <input type="checkbox"/> SW Doctorate <input type="checkbox"/> Other, please explain:</p> <p>Degree _____ Subject _____</p>	
4.	<p>Was the degree issued by a program accredited by CSWE? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
5.	<p>Did this license require documented post-master supervised experience? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how much experience was required? _____ Years _____ Hours</p> <p>Qualifications of the individual who provided supervision:</p>	

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6.	The license or registration is currently? <input type="checkbox"/> Active <input type="checkbox"/> Expired <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive <input type="checkbox"/> Other, please explain
7.	Has this individual ever been subject to disciplinary action that is public information? <input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Is there any pending disciplinary action against this individual that is public information? <input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Are there any unresolved complaints that are public information regarding this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No
10.	If questions 7, 8, or 9 were answered “yes”, please provide an explanation below:
11.	Is there other information that your agency can share with us about the candidate that might effect a board licensure decision? <input type="checkbox"/> Yes <input type="checkbox"/> No
(BOARD SEAL)	Signature: _____ Printed Name: _____ Title: _____ Social Work Licensing Board: _____ Date: _____ Email Address: _____ Office Phone Number: _____