

# Application for Independent Social Work Licensure

## Iowa Department of Public Health/Bureau of Professional Licensure

**PLEASE PRINT**

**Instructions are found on page 3**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
*First Name Middle Name Last Name*
4. \_\_\_\_\_ ext. \_\_\_\_\_  
*Contact Phone (Including Area Code)*
5. \_\_\_\_\_  
*E-Mail Address*
6. \_\_\_\_\_  
*Mailing Address*
7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_  
*City State ZipCode*
10. \_\_\_\_\_ 11. \_\_\_\_\_  
*Date of Birth Social Security Number\**
12.  Male  Female      13. \_\_\_\_\_  
*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 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.

YES    NO

14. 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)?

15. Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim against you?

16. 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).

17. 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).

18. 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.)

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. If applying for early examination, indicate date of expected graduation.

Name of School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

20. 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). \_\_\_\_\_

21. Are you or have you ever been licensed as a social worker in Iowa? Yes  No

If yes, provide License No. \_\_\_\_\_

**Please note: An application for a higher level of licensure does not relieve the social worker of the renewal requirements. A social worker applying for a higher level shall renew the license that is held at the current level at the time of the renewal.**

**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.

I attest that I do not have a medical condition which impairs or limits my ability to practice my profession with reasonable skill and safety and understand that I must notify the Board should such a condition arise which impairs or limits my ability to practice my profession with reasonable skill and safety.

\*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.

22. \_\_\_\_\_  
**Applicant sign here in ink**

\_\_\_\_\_  
**Date**

**Iowa Board of Social Work  
Bureau of Professional Licensure  
321 E 12<sup>th</sup> Street  
Des Moines, IA 50319**

Online Services: <https://ibpllicense.iowa.gov>  
Bureau Homepage: [www.idph.iowa.gov/licensure](http://www.idph.iowa.gov/licensure)  
Email: [PLPublic@idph.iowa.gov](mailto:PLPublic@idph.iowa.gov)

## Social Worker - Independent Documentation Required for Licensure

- Application and Fee (\$120). **All application fees are nonrefundable.** Print, complete and return with a check or money order payable to the Iowa Board of Social Work:
  
- Educational Requirements:

Official academic transcripts verifying receipt of a master's degree from a social work program accredited by the Council on Social Work Education at the time of graduation. Transcripts must be sent directly to the Board office from the college or university. If you have already submitted a transcript with your masters level licensure, a new transcript is not required.

**Please Note:** Foreign-trained applicants should contact the Board office for educational requirements.
  
- Supervised Practice Requirements:

To assist the Board in reviewing your supervision, please resubmit all plans along with your reports as a complete packet when you apply for the independent level license. Supervision must be at least 110 hours over a course of two to six years of practice under supervision. Applicants licensed in another state at the equivalent of the LISW level who have taken the clinical exam do not need to submit plan(s) and report(s).

  1. Submit a plan for supervision:  
<http://idph.iowa.gov/Portals/1/Files/Licensure/SW%20Supv%20Plan%20Draft%20form%20Post%20Rules%20Change.pdf>.
  2. Submit a supervision report form:  
[http://idph.iowa.gov/Portals/1/Files/Licensure/sw\\_super\\_form.pdf](http://idph.iowa.gov/Portals/1/Files/Licensure/sw_super_form.pdf).
  
- Exam Requirements:

Proof of passing the ASWB clinical level exam, sent directly to the Board office from the ASWB.

**Please note:** If you have not taken the exam through another state, the Iowa Board will need to grant exam approval to ASWB. The Board requires the completed application and completion of the supervision requirements prior to granting exam approval.
  
- Verification of licenses held in other states (if any):

Applicants that have been previously licensed, registered or certified in any other state must provide official verification of licensure in the other state(s). The license verification must include license issue date, expiration date and any pending or past disciplinary action. The verification may be printed from another state licensing board's website if it contains all of the required information. If web based verification is not available, the verification must be send directly to the Board office by the state(s) where the applicant has been licensed, registered, or certified. If the applicant has never been licensed in another state, ignore this item.

Bureau of Professional Licensure  
321 E. 12<sup>th</sup> St., Des Moines, IA 50319  
Phone: 515-281-0254

Online Services: <https://ibpllicense.iowa.gov>  
Bureau Homepage: [www.idph.iowa.gov/licensure](http://www.idph.iowa.gov/licensure)  
Email: [PLPublic@idph.iowa.gov](mailto:PLPublic@idph.iowa.gov)