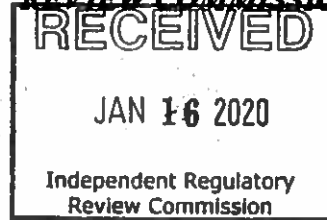


Regulatory Analysis Form

(Completed by Promulgating Agency)

(All Comments submitted on this regulation will appear on IRRC's website)

**INDEPENDENT REGULATORY
REVIEW COMMISSION**



(1) Agency
Department of State, Bureau of Professional and Occupational Affairs, State Board of Social Workers, Marriage and Family Therapists and Professional Counselors

IRRC Number: 3196

(2) Agency Number: 16A
 Identification Number: 6922

(3) PA Code Cite:
49 Pa. Code §§ 47.1, 47.4, 47.11, 47.12b, 47.12e, 47.15, 47.32—47.36a, 47.41, 47.61—47.65 and 47.71

(4) Short Title:
Licensed Bachelor Social Worker; Fees

(5) Agency Contacts (List Telephone Number and Email Address):
 Primary Contact: **Dana Wucinski, Counsel, State Board of Social Workers, Marriage and Family Therapists and Professional Counselors, P.O. Box 69523, Harrisburg, PA 17106-9523 (phone 717-783-7200) (fax 787-0251) dwucinski@pa.gov.**
 Secondary Contact: **Cynthia K. Montgomery, Deputy Chief Counsel, Department of State, P.O. Box 69523, Harrisburg, PA 17106-9523 (phone 717-783-7200) (fax 787-0251) cymontgome@pa.gov.**

6) Type of Rulemaking (check applicable box):

- Proposed Regulation
- FINAL REGULATION**
- Final Omitted Regulation

- Emergency Certification Regulation;
 - Certification by the Governor
 - Certification by the Attorney General

(7) Briefly explain the regulation in clear and nontechnical language. (100 words or less)

This rulemaking effectuates Act 179 with regard to licensure of bachelor social workers, establishes applicable fees for licensed bachelor social workers, adjusts existing fees for the Board's other licensure categories to cover the Board's costs of operations, and eliminates provisions pertaining to provisional licenses, which were eliminated by Act 179.

(8) State the statutory authority for the regulation. Include specific statutory citation.

Section 6 of the Social Workers, Marriage and Family Therapists and Professional Counselors Act (act) (63 P.S. § 1906) authorizes the Board to pass upon the qualifications and fitness of applicants for licenses; to adopt and revise rules and regulations requiring applicants to pass examinations relating to their qualifications as a prerequisite to the issuance of a license; and adopt and revise rules and regulations as may be necessary to carry into effect the provisions of the act. Section 18 (c) of the act (63 P.S. § 1918(c)) provides that all fees required under the act shall be fixed by the Board by regulation. Section 9 of the act of October 22, 2014 (P.L. 2884, No. 179) (Act 179) directs the Board to promulgate regulations to carry out Act 179, which provided for the licensure of bachelor social workers.

(9) Is the regulation mandated by any federal or state law or court order, or federal regulation? Are there any relevant state or federal court decisions? If yes, cite the specific law, case or regulation as well as, any deadlines for action.

Yes, the regulation is mandated by section 9 of Act 179 of 2014, which requires the Board to promulgate regulations to implement licensure of bachelor social workers. In addition, section 18(c) of the act requires the Board to increase fees so that the projected revenues will meet or exceed projected expenditures. At current application fee levels, revenues produced by application fees do not cover the costs associated with processing those applications.

(10) State why the regulation is needed. Explain the compelling public interest that justifies the regulation. Describe who will benefit from the regulation. Quantify the benefits as completely as possible and approximate the number of people who will benefit.

The regulation is needed to implement Act 179 of 2014 to provide for the licensure of bachelor social workers. The Board estimates that this licensure class could ultimately prove to be the largest class of license issued by the Board. There are 31 colleges in Pennsylvania that offer bachelor level programs in social work or social welfare. The number of graduates in social work programs has increased nearly 10% in less than five years, and labor statistics indicate that this is a growing field. According to the Department of Labor and Industry's Center for Workforce Information and Analysis, this occupation is expected to grow by 12% from 2014 to 2024, faster than the average for all occupations. The Pennsylvania Chapter of the National Association of Social Workers (NASW-PA), provided input to the Board estimating that approximately 5,000 individuals with a bachelor's degree would apply for licensure in the first year of implementation. This assumption is based on the belief that only those individuals who graduated within the past 5 years would apply. However, assuming only a 20-year career, there may be the potential for up to 20,000 licensees in this category. For purposes of this rulemaking, the Board assumed a licensee population of approximately 10,000 licensed bachelor social workers. Additionally, the Board estimates approximately 1,000 additional applicants each year based on the average number of graduates from Pennsylvania colleges and universities with bachelor's degrees in social work or social welfare. It is impossible to determine how many additional individuals may attend school out of state, but return to Pennsylvania to start their careers.

In addition, the regulation is needed to set fees associated with licensure of bachelor social workers, and to increase application fees for the Board's other licensure categories to cover increased costs associated with processing those applications. The Board's licensee population will benefit because, without these fee increases, existing licensees are bearing the excess costs associated with processing

applications for individuals who may or may not ultimately obtain licensure. Additionally, without these increases to the application fees, the Board would need to consider an increase to the biennial renewal fees for all classes of licensees. The Board believes that applicants should bear all costs associated with the processing of applications for licensure. There are currently 8,585 licensed social workers; 6,951 licensed clinical social workers; 796 licensed marriage and family therapists; and 8,863 licensed professional counselors who will benefit.

(11) Are there any provisions that are more stringent than federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulations.

There are no federal standards applicable to the subject matter of the regulation.

(12) How does this regulation compare with those of the other states? How will this affect Pennsylvania's ability to compete with other states?

Based on information obtained from the NASW-PA, there are 36 other states that regulate bachelor level social workers, 27 of which require continuing education. A review of those states continuing education requirements indicates a range between a low of 9 hours to a high of 48 hours for licensed bachelor social workers. In addition, the majority of other states require bachelor level social workers to complete an equal amount of continuing education as master's level licensees.

With regard to application fees, the Board reviewed current application/initial licensure fees from the 13 states in the Northeast Region of the U.S. The vast majority of these fees in other states are higher than those in this final-form regulation. The only exceptions are the fee for licensed bachelor social workers in Ohio, and the fees for licensed clinical social workers and licensed professional counselors in Rhode Island. Therefore, the Board finds these fees to be reasonable.

A comparison of application/initial licensure fees for the 13 states in the Northeast region:

State	LBSW	LSW	LCSW	LMFT	LPC
Connecticut	N/A	N/A	\$315	\$315	\$315
Delaware	\$183	\$183	\$183	\$236	\$236
Maine	\$100	\$100	\$100	\$275	\$275
Maryland	\$175	\$175	\$175	\$200	\$200
Massachusetts	\$173	\$173	\$173	\$117	\$117
New Hampshire	N/A	N/A	\$285	\$285	\$285
New Jersey	\$105	\$195	\$235	\$325	\$325
New York	N/A	\$294	\$294	\$371	\$371
Ohio	\$60	\$80	\$100	\$100	\$100
Pennsylvania*	\$75	\$75	\$90	\$100	\$100
Rhode Island	N/A	N/A	\$70	\$130	\$70
Vermont	N/A	\$100	\$100	\$100	\$100
West Virginia	\$100	\$100	\$100	\$250	\$250

* Pennsylvania figures include the proposed fee increase.

As for renewal fees, the only change is the addition of the \$95 biennial renewal fee for licensed bachelor social workers. Of the eight states in the Northeast region that license bachelor level social workers, renewal fees range from a high of \$183 to a low of \$54, with an average of \$92. Therefore,

the Board finds that its current renewal fee of \$95 is reasonable and should apply to licensed bachelor social workers as well as the other existing licensure categories.

Comparison of biennial renewal fees in states that license bachelor level social workers:

State	LBSW Biennial Renewal Fee
Delaware	\$183
Maine	\$70
Maryland	\$100
Massachusetts	\$54
New Jersey	\$70
Ohio	\$83.50
Pennsylvania	\$95
West Virginia	\$85

Based on this information, the Board believes the amendments will not put Pennsylvania at a competitive disadvantage.

(13) Will the regulation affect any other regulations of the promulgating agency or other state agencies? If yes, explain and provide specific citations.

This rulemaking does not affect other regulations of the Board or other state agencies.

(14) Describe the communications with and solicitation of input from the public, any advisory council/group, small businesses and groups representing small businesses in the development and drafting of the regulation. List the specific persons and/or groups who were involved. ("Small business" is defined in Section 3 of the Regulatory Review Act, Act 76 of 2012.)

In drafting the proposal, the Board twice solicited comments from stakeholders and interested parties, once in February of 2015, and again in August of 2015. The Board considered input and information provided by the Association of Social Work Boards (ASWB), the Pennsylvania Chapter of the National Association of Social Workers (NASW-PA), as well as social work educators from Shippensburg University and Kutztown University. In addition, the proposal was discussed in public board meetings throughout 2015. The Board's agenda is released to a long list of interested parties and stakeholders, and representatives of the regulated community routinely attend Board meetings.

Notice of the proposed rulemaking was published at 48 Pa.B. 872 (February 10, 2018). Publication was followed by a 30-day public comment period during which the Board received comments from the Association of Social Work Boards (ASWB) and the Independent Regulatory Review Commission (IRRC). Neither the House Professional Licensure Committee (HPLC) nor the Senate Consumer Protection and Professional Licensure Committee (SCP/PLC) submitted comments. The Board discussed these comments at its meetings in May and June of 2018 in public session. Following those discussions, the Board approved the final rulemaking.

(15) Identify the types and number of persons, businesses, small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012) and organizations which will be affected by the regulation. How are they affected?

For purposes of this rulemaking, the Department estimates that approximately 10,000 individuals with a bachelor's degree would apply for licensure in the first year of implementation. Additionally, the Board estimates approximately 1,000 additional applicants for licensure as bachelor social workers each year. This rulemaking will also affect applicants for licensure as a licensed clinical social worker, licensed marriage and family therapist and licensed professional counselor. The board receives an average of 3,100 applications in these license classes each year (1,500 social workers, 600 clinical social workers, 100 marriage and family therapists and 900 professional counselors).

According to the Pennsylvania Department of Labor and Industry in 2016 (the most recent year for which data is available), social workers, marriage and family therapists and professional counselors provide their services for a variety of private and public sector employers. Excluding those who work for local, state and federal government and in elementary and secondary schools, licensees are employed in the following private sector positions: vocational/rehabilitation services; hospitals; offices of other health care practitioners; home health care services; child and youth services; services for the elderly and persons with disabilities; other individual and family services; residential mental retardation, mental health and substance abuse facilities; and some are self-employed.

Small businesses are defined in Section 3 of the Regulatory Review Act, (71 P.S. § 745.3) which provides that a small business is defined by the SBA's Small Business Size Regulations under 13 CFR Ch. 1 Part 121. These size standards have been established for types of businesses under the North American Industry Classification System (NAICS). In applying the 2019 NAICS standards to the types of businesses where licensees may work, a small business in the following categories is one that has \$12.0 million or less in average annual receipts: child and youth services (# 624110), services for the elderly and persons with disabilities (# 624120), other individual and family services (# 624190), emergency and other relief services (# 624230) and child day care services (# 624410), assisted living facilities for the elderly (# 623312) and other residential care facilities (# 623990). For those that work in offices of mental health practitioners (# 621330) and offices of all other miscellaneous health care practitioners (# 621399), the small business threshold is \$8.0 million or less in average annual receipts. For those licensees who are employed in outpatient mental health and substance abuse centers (# 621420) residential mental health and substance abuse facilities (# 623220), and home health care services (#621610), the small business threshold is \$16.5 million or less in average annual receipts. Finally, licensees employed in general medical and surgical hospitals (# 622110) or in psychiatric and substance abuse hospitals (# 622210) have a small business threshold of \$41.5 million or less in average annual receipts. Based on this variety of employers, the Board believes that most social workers, marriage and family therapists and professional counselors in Pennsylvania are employed in small businesses. The Board does not collect information on the size of the businesses where its licensees are employed. However, for purposes of determining the economic impact on small businesses, the Board must assume that a large number of its licensees either are or work for small businesses as that term is defined by the SBA and Pennsylvania's Regulatory Review Act.

Although many licensees probably are or work for “small businesses,” whether these small businesses will be impacted by the regulations depends on whether the businesses would pay the application fee for initial licensure or biennial renewal fees for employees in these licensure categories, and whether employers pay the costs of completing continuing education on behalf of employees. Because these fees are charged to individuals applying for initial licensure or licensure renewal, any business (small or otherwise) could avoid these costs by requiring employees to pay their own licensure costs.

(16) List the persons, groups or entities, including small businesses, that will be required to comply with the regulation. Approximate the number that will be required to comply.

This rulemaking will affect applicants for licensure as a licensed bachelor social worker, licensed social worker, licensed clinical social worker, licensed marriage and family therapist and licensed professional counselor. After the initial influx of 10,000 or so applications for bachelor social workers, the Board estimates an average of 4,100 applications a year for these professions (1,000 bachelor social workers, 1,500 social workers, 600 clinical social workers, 100 marriage and family therapists and 900 professional counselors). Continuing education providers would be impacted by the increased fees for continuing education approval. The Board estimates an average of 400 applications for individual course approval, 10 applications for approved continuing education provider and 125 individual applications for approval of a continuing education activity not otherwise approved.

(17) Identify the financial, economic and social impact of the regulation on individuals, small businesses, businesses and labor communities and other public and private organizations. Evaluate the benefits expected as a result of the regulation.

The citizens of the Commonwealth who are consumers of social work services will benefit by the licensure of bachelor level social workers because they can be assured of a level of competence in that bachelor level social workers will be required to take an exam establishing minimum competence to obtain a license and will be required to complete continuing education as a condition of biennial renewal throughout their careers. Further, bachelor level social workers will be held accountable by the Board for professional conduct and ethical standards.

The financial impact of the regulation falls primarily on the regulated community and the Board. Individuals seeking licensure as a licensed bachelor social worker will incur costs associated with qualifying for and obtaining a license. Once licensed, they will incur costs associated with completing mandatory continuing education and paying biennial renewal fees. Individuals applying for licensure as licensed social workers, licensed clinical social workers, licensed marriage and family therapists and licensed professional counselors will incur increased costs to apply for licensure as these fees have not been adjusted in many years. These increases are needed for the Board to recoup its costs in processing applications. The Board will incur increased costs as the licensed bachelor social worker class of licensee is expected to be the largest class of licensees once this regulation is implemented. However, it is anticipated that these costs will be covered by the increased revenues produced by the biennial renewal fees paid by licensed bachelor social workers.

(18) Explain how the benefits of the regulation outweigh any cost and adverse effects.

The General Assembly has presumably determined that the costs associated with licensure are outweighed by the benefits to the public set forth in item (17) when mandating licensure for bachelor-level social workers in Act 179 of 2014. The costs associated with the increased initial licensure and continuing education approval fees are outweighed by the need of the Board to set fees to cover its costs for processing applications to maintain the fiscal integrity of the Board, and by the equity of assessing the costs of processing applications to the applicants themselves, as opposed to the existing licensee population bearing these costs through increased biennial renewal fees.

(19) Provide a specific estimate of the costs and/or savings to the regulated community associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

An individual applying for licensure as a licensed bachelor social worker would incur the initial cost of applying for licensure, including the costs associated with taking the required examination (currently \$230) and paying the \$75 application fee. The Board expects an initial influx of approximately 10,000 applications for licensed bachelor social workers after the promulgation of these regulations. Thus, the total initial costs incurred would be \$2,300,000 in examination costs and \$750,000 in application fees, or a total of \$3,050,000.

Thereafter, the Board expects an average of 1,000 applicants each year for licensure as a licensed bachelor social worker, at an annual cost of \$ 305,000 (($\$230$ exam fee + $\$75$ application fee) x 1000). Licensed bachelor social workers would also be expected to complete 30 hours of continuing education as a condition of biennial renewal. Although there are many free and low cost continuing education alternatives, the Board estimates the average cost at \$10 per credit hour. Therefore, the estimated cost for the completion of 30 hours of continuing education would result in \$300 per biennial renewal cycle (or an average of \$150 annually). In addition, these licensees would be expected to pay a \$95 biennial renewal fee. All licenses renew in February of odd-numbered years.

Applicants for licensure as a licensed social worker, licensed clinical social worker, licensed marriage and family therapist or licensed professional counselor will incur an increase in the application fees. Specifically, an applicant for licensure as a social worker would be expected to pay \$50 more to apply for a license under these regulations. The Board averages 1,500 applicants for social worker licenses annually, at an increased total cost of \$75,000. Applicants for licensure as a clinical social worker (an average of 600 annually) would be expected to pay \$45 more, or a total of \$27,000 annually in increased costs; while applicants for licensure as a marriage and family therapist (100 annually) or professional counselor (900 annually) would pay \$55 more than currently charged, or a total of \$5,500 and \$49,500 annually for these two classes of licensure, respectively.

Continuing education providers and individuals applying for approval of continuing education activities not otherwise previously approved would incur increased costs of \$20 per application. The Board averages 435 applications annually, resulting in an increased cost of \$8,700.

Thus, the estimated costs presented in the table in item 23 below are estimated for each of the next five fiscal years as follows:

Total for Fiscal Year 2019-2020: \$3,215,700 (calculated as follows)

Initial licensure of bachelor social workers: $10,000 \times \$305 = \$3,050,000$
Increased application fee for social workers: $1,500 \times \$50 = \$75,000$
Increased application fee for clinical social workers: $600 \times \$45 = \$27,000$
Increased application fee for marriage & family therapist: $100 \times \$55 = \$5,500$
Increased application fee for professional counselors: $900 \times \$55 = \$49,500$
Increased application fee for continuing education approval: $435 \times \$20 = \$8,700$

Total for FY 2020-2021: \$1,420,700 (calculated as follows):

Initial licensure of bachelor social workers – $1,000 \times \$305 = \$305,000$
Biennial renewal of bachelor social workers – $10,000 \times \$95 = \$950,000$
Increased application fee for social workers: $1,500 \times \$50 = \$75,000$
Increased application fee for clinical social workers: $600 \times \$45 = \$27,000$
Increased application fee for marriage & family therapist: $100 \times \$55 = \$5,500$
Increased application fee for professional counselors: $900 \times \$55 = \$49,500$
Increased application fee for continuing education approval: $435 \times \$20 = \$8,700$

Total for FY 2021-2022: \$1,970,700 (calculated as follows)

Initial licensure of bachelor social workers – $1,000 \times \$305 = \$305,000$
Cost of completion of continuing education – $10,000 \times \$150 = \$1,500,000$
Increased application fee for social workers: $1,500 \times \$50 = \$75,000$
Increased application fee for clinical social workers: $600 \times \$45 = \$27,000$
Increased application fee for marriage & family therapist: $100 \times \$55 = \$5,500$
Increased application fee for professional counselors: $900 \times \$55 = \$49,500$
Increased application fee for continuing education approval: $435 \times \$20 = \$8,700$

Total for FY 2022-2023: \$3,100,700 (calculated as follows)

Initial licensure of bachelor social workers – $1,000 \times \$305 = \$305,000$
Cost of completion of continuing education – $10,000 \times \$150 = \$1,500,000$
Biennial renewal of bachelor social workers – $12,000 \times \$95 = \$1,140,000$
Increased application fee for social workers: $1,500 \times \$50 = \$75,000$
Increased application fee for clinical social workers: $600 \times \$45 = \$27,000$
Increased application fee for marriage & family therapist: $100 \times \$55 = \$5,500$
Increased application fee for professional counselors: $900 \times \$55 = \$49,500$
Increased application fee for continuing education approval: $435 \times \$20 = \$8,700$

Total for FY 2023-2024: \$2,315,700 (calculated as follows)

Initial licensure of bachelor social workers – $1,000 \times \$305 = \$305,000$
Cost of completion of continuing education – $12,000 \times \$150 = \$1,800,000$
Increased application fee for social workers: $1,500 \times \$50 = \$75,000$
Increased application fee for clinical social workers: $600 \times \$45 = \$27,000$

Increased application fee for marriage & family therapist: $100 \times \$55 = \$5,500$
Increased application fee for professional counselors: $900 \times \$55 = \$49,500$
Increased application fee for continuing education approval: $435 \times \$20 = \$8,700$

Total for FY 2024-2025: \$3,600,700 (calculated as follows)

Initial licensure of bachelor social workers – $1,000 \times \$305 = \$305,000$
Cost of completion of continuing education – $12,000 \times \$150 = \$1,800,000$
Biennial renewal of bachelor social workers – $14,000 \times \$95 = \$1,330,000$
Increased application fee for social workers: $1,500 \times \$50 = \$75,000$
Increased application fee for clinical social workers: $600 \times \$45 = \$27,000$
Increased application fee for marriage & family therapist: $100 \times \$55 = \$5,500$
Increased application fee for professional counselors: $900 \times \$55 = \$49,500$
Increased application fee for continuing education approval: $435 \times \$20 = \$8,700$

(20) Provide a specific estimate of the costs and/or savings to the local governments associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

The regulation would not result in costs or savings to local governments.

(21) Provide a specific estimate of the costs and/or savings to the state government associated with the implementation of the regulation, including any legal, accounting, or consulting procedures which may be required. Explain how the dollar estimates were derived.

The Board will incur increased operational costs to implement the licensure of bachelor social workers. At an estimate of 10,000 licensees, the Board expects this classification of licensee to be the largest among the professions regulated by the Board. However, those costs should be recouped in the form of application fees and biennial renewal fees paid by the applicants/licensees.

(22) For each of the groups and entities identified in items (19)-(21) above, submit a statement of legal, accounting or consulting procedures and additional reporting, recordkeeping or other paperwork, including copies of forms or reports, which will be required for implementation of the regulation and an explanation of measures which have been taken to minimize these requirements.

There should be no accounting or accounting procedures associated with this rulemaking. Only individuals seeking licensure as a licensed bachelor social worker will incur additional recordkeeping and paperwork requirements. These individuals will be required to submit an application for licensure accompanied by required documentation, and will be required to keep records (certificates of attendance) related to the continuing education requirements.

(22a) Are forms required for implementation of the regulation?

Yes, applicants for licensure and for continuing education approval will be required to submit applications to the Board.

(22b) If forms are required for implementation of the regulation, **attach copies of the forms here.** If your agency uses electronic forms, provide links to each form or a detailed description of the information required to be reported. **Failure to attach forms, provide links, or provide a detailed description of the information to be reported will constitute a faulty delivery of the regulation.**

Although the agency now uses an online platform for the submission of applications for licensure (the Pennsylvania Licensing System or PALS), examples of forms setting forth the information required to be reported are attached. These examples mirror the information obtained through PALS. Applications for continuing education approval continue to be processed on paper. Those applications are also attached.

(23) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government, and state government for the current year and five subsequent years.

	Current FY 19-20	FY +1 20-21	FY +2 21-22	FY +3 22-23	FY +4 23-24	FY +5 24-25
SAVINGS:	\$	\$	\$	\$	\$	\$
Regulated Community						
Local Government						
State Government						
Total Savings	N/A	N/A	N/A	N/A	N/A	N/A
COSTS:						
Regulated Community	\$3,215,700	\$1,420,700	\$1,970,700	\$3,110,700	\$2,315,700	\$3,600,700
Local Government						
State Government						
Total Costs	\$3,215,700	\$1,420,700	\$1,970,700	\$3,110,700	\$2,315,700	\$3,600,700
REVENUE LOSSES:						
Regulated Community						
Local Government						
State Government						
Total Revenue Losses	N/A	N/A	N/A	N/A	N/A	N/A

(23a) Provide the past three year expenditure history for programs affected by the regulation.

Program	FY -3 2016-2017 (actual)	FY -2 2017-2018 (actual)	FY -1 2018-2019 (estimated)	Current FY 2019-2020 (budgeted)
State Board of Social Workers, Marriage and Family Therapists and Professional Counselors	\$1,470,031.34	\$1,607,021.08	\$1,854,000.00	\$1,655,000.00

(24) For any regulation that may have an adverse impact on small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012), provide an economic impact statement that includes the following:

- (a) An identification and estimate of the number of small businesses subject to the regulation.
 - (b) The projected reporting, recordkeeping and other administrative costs required for compliance with the proposed regulation, including the type of professional skills necessary for preparation of the report or record.
 - (c) A statement of probable effect on impacted small businesses.
 - (d) A description of any less intrusive or less costly alternative methods of achieving the purpose of the proposed regulation.
- (a) Because most applicants/licensees work for small businesses (see item (15)) and most continuing education providers qualify as small businesses, the Board estimates that as many as 4,535 small businesses could be impacted by the increased application fees annually. In addition, those small businesses that employ licensed bachelor social workers and elect to pay the biennial renewal fees and continuing education costs for their employees would be impacted by the rulemaking. The board estimates a licensure class of approximately 10,000 licensees who would work for small businesses. However, those costs could be avoided by simply requiring employees to pay their own licensure related costs.**
- (b) The only recordkeeping and administrative costs associated with the final-form regulation relate to records of continuing education activities and administrative costs associated with filling out the paperwork to apply for a license or to apply for approval of a continuing education program or activity.**
- (c) The probable effect on impacted small businesses would be an increase in costs associated with employing licensees of the Board, or applying for approval of continuing education programs/providers.**
- (d) The Board could discern no less costly or less intrusive alternative methods to effectuate the purpose of Act 179 of 2014 that would be consistent with the Board's mandate to produce enough revenue to cover its costs of operations and to administer the act in the public interest.**

(25) List any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, the elderly, small businesses, and farmers.

No special provisions have been developed for any affected groups or persons.

(26) Include a description of any alternative regulatory provisions which have been considered and rejected and a statement that the least burdensome acceptable alternative has been selected.

The Board considered altering the number of hours of continuing education (either higher or lower) required for licensed bachelor social workers. Some proponents felt that licensed bachelor social workers should have to do less continuing education because of the costs associated with continuing education given their relative earning potential. Some others felt that because licensed bachelor social workers were not trained at the master's level, they should do additional continuing education to assure their continued competency and professional development. In the end, the Board determined that all licensees should be responsible for completing the same amount of continuing education. There is widely available continuing education in the social work field that is free or low cost. The Board felt that this would be the least burdensome acceptable alternative to assure that licensed bachelor social workers maintain minimum standards of practice and is consistent with the requirements in other states.

(27) In conducting a regulatory flexibility analysis, explain whether regulatory methods were considered that will minimize any adverse impact on small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012), including:

- a) The establishment of less stringent compliance or reporting requirements for small businesses;
 - b) The establishment of less stringent schedules or deadlines for compliance or reporting requirements for small businesses;
 - c) The consolidation or simplification of compliance or reporting requirements for small businesses;
 - d) The establishment of performing standards for small businesses to replace design or operational standards required in the regulation; and
 - e) The exemption of small businesses from all or any part of the requirements contained in the regulation.
- a) & b) The Board did not consider less stringent reporting requirements or deadlines for small businesses or for licensees that work for small businesses. All applicants for licensure and continuing education approval are treated equally and all licenses are renewed biennially.**
- c) There are no compliance or reporting requirements that could be consolidated or simplified. The application process is the same whether a particular licensee is employed by a small business or a large business. All licenses renew biennially. Continuing education impacts all licensees equally.**

- d) **The regulations do not contain design or operational standards that need to be altered for small businesses.**
- e) **To exclude any licensees from the requirements contained in the regulation based on the size of their employers would not be consistent with the statute, or the Board's mandate.**

(28) If data is the basis for this regulation, please provide a description of the data, explain in detail how the data was obtained, and how it meets the acceptability standard for empirical, replicable and testable data that is supported by documentation, statistics, reports, studies or research. Please submit data or supporting materials with the regulatory package. If the material exceeds 50 pages, please provide it in a searchable electronic format or provide a list of citations and internet links that, where possible, can be accessed in a searchable format in lieu of the actual material. If other data was considered but not used, please explain why that data was determined not to be acceptable.

No data, studies or references were used to justify the regulation.

(29) Include a schedule for review of the regulation including:

- A. The length of the public comment period: **30 days.**
- B. The date or dates on which public meetings or hearings will be held:
No public hearings were scheduled or held. The Board discusses its regulatory proposals at regularly scheduled meetings. This rulemaking was discussed at public board meetings in 2015 and 2018.
- C. The expected date of promulgation of the proposed regulation as a final-form regulation: **Winter 2019/2020.**
- D. The expected effective date of the final-form regulation: **Upon publication as final.**
- E. The date by which compliance with the final-form regulation will be required: **Upon publication as final.**
- F. The date by which required permits, licenses or other approvals must be obtained: **N/A**

(30) Describe the plan developed for evaluating the continuing effectiveness of the regulations after its implementation.

The Board continually reviews the efficacy of its regulations, as part of its annual review process under Executive Order 1996-1. The Board reviews its regulatory proposals at regularly scheduled public meetings. The Board will meet on the following dates in 2020: February 11, March 10, April 14, June 9, July 14, September 8, October 13 and December 1, 2020. More information can be found on the Department's website (www.dos.pa.gov).

STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS
AND PROFESSIONAL COUNSELORS

P O BOX 2849
HARRISBURG, PA 17105
717-783-1389

st-socialwork@pa.gov

Fax 717-787-7769

www.dos.pa.gov/social

APPLICATION FOR A LICENSE TO PRACTICE AS A BACHELOR SOCIAL WORKER
(THIS APPLICATION MUST BE SUBMITTED FOR PRE-APPROVAL TO TAKE THE ASWB BACHELOR'S EXAMINATION)

QUALIFICATIONS TO TAKE THE ASWB BACHELORS'S EXAMINATION

1. Application fee \$75.00 and is non-refundable. Check/money order should be made payable to "Commonwealth of PA". A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for nonpayment. If the application process has not been completed within one year from the date it was received, applicants will be required to submit an updated application (another application processing fee) and supporting documents as necessary.
2. To be eligible for the ASWB Bachelor's examination, the applicant must hold a Bachelor's Degree on social work or social welfare from a school accredited by the Council on Social Work Education (CSWE). When your application is complete you will receive an approval letter from the Board authorizing you to contact ASWB to register for the examination.
3. For an applicant that has graduated and received a Bachelor's degree, request an official transcript showing a Bachelor's degree in social work or social welfare to be mailed directly from the educational institution to the Board in an official sealed school envelope.
4. If licensed in another state, request each state licensing agency where you have ever held a license to practice (active, inactive, expired, etc..) send a letter of good standing directly to the Board office in an official sealed state board envelope.
5. If documents will be submitted to the Board under a name different from your present name, submit a copy of a legal document showing the name change (marriage certificate, divorce decree, court order, etc.).
6. All persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board.
7. Provide a Self-Query from the National Practitioner Data Bank which is valid for 6 months from date of issuance. A Self-Query can be requested online at <https://www.npdb.hrsa.gov/>. When you receive the "Self-Query Response" from the National Practitioner Data Bank, forward it to the Board office. (Verify that "Self-Query Response" is sent to the Board and not a discrepancy notice.)
8. Provide an official Criminal History Record Check (CHRC) from the state agency for every state in which you have resided for the past 5 years. The report(s) is valid for 90 days from the date of issuance. This report can be sent to you and forwarded to the Board with your application. For Pennsylvania CHRC, this can be done online at <http://epatch.state.pa.us>. For states that do not provide CHRC for employment or licensing purposes (CA & AZ), we will accept an FBI background check. You may visit <https://www.fbi.gov/about-us/cjis/identity-history-summary-checks> to obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check.

QUALIFICATIONS FOR A LICENSE

1. Application fee- \$75.00 and is non-refundable. Check/money order should be made payable to "Commonwealth of PA". A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for nonpayment. If the application process has not been completed within one year from the date it was received, applicants will be required to submit an updated application (another application processing fee) and supporting documents as necessary.
2. Applicant must hold a Bachelor's Degree in social work or social welfare from a school accredited by the Council on Social Work Education.
3. Request an official transcript showing a Bachelor's degree in social work or social welfare be mailed directly from the educational institution to the Board in an official sealed school envelope.
4. Applicant must pass the Bachelor's Examination of the Association of Social Work Boards (ASWB).
5. If licensed in another state, request each state licensing agency where you have ever held a license to practice (active, inactive, expired, etc..) send a letter of good standing directly to the Board office in an official sealed state board envelope.
6. If documents will be submitted to the Board under a name different from your present name, submit a copy of a legal document showing the name change (marriage certificate, divorce decree, court order, etc.).
7. All persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board.
8. Provide a Self-Query from the National Practitioner Data Bank which is valid for 6 months from the date of issuance. A Self-Query can be requested online at <https://www.npdb.hrsa.gov/>. When you receive the "Self-Query Response" from the National Practitioner Data Bank, forward it to the Board office. (Verify that "Self-Query Response" is sent to the Board and not a discrepancy notice.)
9. Provide an official Criminal History Record Check (CHRC) from the state agency for every state in which you have resided for the past 5 years. The report(s) is valid for 90 days from the date of issuance. This report can be sent to you and forwarded to the Board with your application. For Pennsylvania CHRC, this can be done online at <http://epatch.state.pa.us>. For states that do not provide CHRC for employment or licensing purposes (CA & AZ), we will accept an FBI background check. You may visit <https://www.fbi.gov/aboutus/cjis/identity-history-summary-checks> to obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check.

TO REQUEST AN EXTENSION TO TAKE THE EXAMINATION – A PAPER APPLICATION MUST BE COMPLETED

If your expiration date to take the ASWB Bachelor's Examination has expired or you have failed the ASWB Bachelor's Examination and your expiration date will expire, prior to the 90 days that ASWB requires that you wait to re-take the examination, the following documentation will need to be resubmitted to the Board for pre-approval to take the examination.

1. \$75.00 application fee is required if application has not be completed within one year from the date the application was received. (Refer to #1 under Qualifications for a License).
2. Application pages 1 – 2.
3. Updated letter(s) of good standing from each state where a license is held. (Refer to #6 under Qualifications for a License.)
4. Updated Self-Query from the National Practitioner Data Bank which is valid for 6 months from the date of issuance. A Self-Query can be requested online at <https://www.npdb.hrse.gov/>. When you receive the "Self-Query Response" from the National Practitioner Data Bank, forward it to the Board office. (Verify that "Self-Query Response" is sent to the Board and not a discrepancy notice.)
5. Updated official Criminal History Record Check (CHRC) from the state agency for every state in which you have resided for the past 5 years. The report(s) is valid for 90 days from the date of issuance. This report can be sent to you and forwarded to the Board with your application. For Pennsylvania CHRC, this can be done online at <http://epatch.state.pa.us>. For states that do not provide CHRC for employment or licensing purposes (CA & AZ), we will accept an FBI background check. You may visit <https://www.fbi.gov/aboutus/cjis/identity-history-summary-checks> to obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check.

PLEASE NOTE:

If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee.

In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance. All background check documents cannot be older than 90 days from the date of issuance.

STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS,
AND PROFESSIONAL COUNSELORS

Regular Mailing Address
P O Box 2649
Harrisburg, PA 17105-2649
Phone: 717-783-1389
Fax: 717-787-7769

Courier Delivery Address
2601 North Third Street
Harrisburg, PA 17110

APPLICATION FOR A LICENSE TO PRACTICE AS A BACHELOR SOCIAL WORKER
AND TO TAKE THE ASWB BACHELOR'S EXAMINATION

Application fee is \$75.00 and is non-refundable. Make check payable to Commonwealth of Pennsylvania. A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

Please indicate if you need to take the ASWB Bachelor's Examination ()Yes ()No ()Extension

NAME:

LAST FIRST MIDDLE MAIDEN

ADDRESS:

STREET

CITY STATE ZIP

SOCIAL SECURITY NUMBER DATE OF BIRTH

DAYTIME PHONE NUMBER EMAIL ADDRESS

EDUCATION - NAME AND ADDRESS OF EDUCATIONAL INSTITUTION

Date BSW Degree Conferred

Month/Year

Will any documentation submitted in connection with this application be received in a name other than the name under which you are applying? Yes [] No []

If Yes, please list the other name or names below (Submit a copy of the legal document evidencing the name change (i.e., marriage certificate, divorce decree or court order) ;

Please list all states in which you have lived in the past five years: _____

Have you passed the Bachelor's examination of the Association of Social Work Boards (ASWB)? Yes [] No []

If yes, please indicate the date and state the exam was taken _____

Please note-if you have taken the exam in another state, you must have your scores sent directly to this office by calling ASWB at 1-888-579-3926.

The following questions must be answered, please check the appropriate box.	Yes	No
1. Do you hold or have you ever held, a license, certificate, permit, registration or other authorization to practice any health-related profession in any state or jurisdiction? If yes, please list all professions and states where you have been licensed and request a letter of good standing be sent from each state board to the Pennsylvania Board. _____		
2. Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
4. Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapplication for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5. Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7. Have you ever been found guilty of immoral or unprofessional conduct?		
8. Have you ever violated standards of professional practice or conduct?		
9. Do you currently engage in or have you ever engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
10. Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
11. Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?		
12. Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		

IF YOU HAVE ANSWERED YES TO ANY QUESTIONS FROM 2 THROUGH 12, PLEASE ATTACH AN 8 1/2 X 11 SHEET OF PAPER EXPLAINING THE SITUATION IN DETAIL. INCLUDE COURTHOUSE CERTIFIED COPIES OF ANY DOCUMENTS EXPLAINING THE SITUATION, IF APPLICABLE.

VERIFICATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 49.11. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

APPLICANT'S SIGNATURE

DATE

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa.C.S. § 4304.1(a). At the request of the Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS
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APPLICATION FOR A LICENSE TO PRACTICE SOCIAL WORK
(THIS APPLICATION MUST BE SUBMITTED FOR PRE-APPROVAL TO TAKE THE ASWB MASTER'S EXAMINATION)

QUALIFICATIONS TO TAKE THE ASWB MASTER'S EXAMINATION

1. Application fee \$75.00 and is non-refundable. Check/money order should be made payable to "Commonwealth of PA". A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for nonpayment. If the application process has not been completed within one year from the date it was received, applicants will be required to submit an updated application (**another application processing fee**) and supporting documents as necessary.
2. To be eligible for the ASWB Master's examination, the applicant must be in the final semester or hold a Master's Degree or a Doctoral Degree in social work or social welfare from a school accredited by the Council on Social Work Education (CSWE). When your application is complete you will receive an approval letter from the Board authorizing you to contact ASWB to register for the examination.
3. If the applicant is in his/her final semester, have the CSWE school complete the Verification of Social Work Education for Applicants Enrolled in Their Final Semester form. The form must be mailed directly from the educational institution to the Board in an official sealed school envelope. ****In order for a license to be issued, an official transcript showing a Master's degree in social work or social welfare must be mailed directly from the educational institution to the Board in an official sealed school envelope.****
4. For an applicant that has graduated and received a Master's degree, request an official transcript showing a Master's degree in social work or social welfare to be mailed directly from the educational institution to the Board in an official sealed school envelope.
5. International graduates must request the Council on Social Work Education (CSWE) mail a credential evaluation directly to the Board at the above address.
6. If licensed in another state, request each state licensing agency where you have ever held a license to practice (active, inactive, expired, etc.) send a letter of good standing directly to the Board office in an official sealed state board envelope.

7. If documents will be submitted to the Board under a name different from your present name, submit a copy of a legal document showing the name change (marriage certificate, divorce decree, court order, etc.).
8. All persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board.
9. Provide a Self-Query from the National Practitioner Data Bank which is valid for 6 months from date of issuance. A Self-Query can be requested online at <https://www.npdb.hrsa.gov/>. When you receive the "Self-Query Response" from the National Practitioner Data Bank, forward it to the Board office. (Verify that "Self-Query Response" is sent to the Board and not a discrepancy notice.)
10. Provide an official Criminal History Record Check (CHRC) from the state agency for every state in which you have resided for the past 5 years. The report(s) is valid for 90 days from the date of issuance. This report can be sent to you and forwarded to the Board with your application. For Pennsylvania CHRC, this can be done online at <http://epatch.state.pa.us>. For states that do not provide CHRC for employment or licensing purposes (CA & AZ), we will accept an FBI background check. You may visit <https://www.fbi.gov/about-us/cjis/identity-history-summary-checks> to obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check.

QUALIFICATIONS FOR A LICENSE

1. Application fee- \$75.00 and is non-refundable. Check/money order should be made payable to "Commonwealth of PA". A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for nonpayment. If the application process has not been completed within one year from the date it was received, applicants will be required to submit an updated application (another application processing fee) and supporting documents as necessary.
2. Applicant must hold a Master's Degree or a Doctoral Degree in social work or social welfare from a school accredited by the Council on Social Work Education.
3. Request an official transcript showing a Master's degree in social work or social welfare be mailed directly from the educational institution to the Board in an official sealed school envelope. Bachelor's level transcripts are not required.
4. Applicant must pass the Master's Examination (formerly the Intermediate Examination) of the Association of Social Work Boards (ASWB). The Clinical Examination given by the Association of Social Work Boards will be accepted towards licensure as a social worker, only if taken and passed prior to May 11, 2007.
5. International graduates must request the Council on Social Work Education (CSWE) mail a credential evaluation directly to the Board at the above address.
6. If licensed in another state, request each state licensing agency where you have ever held a license to practice (active, inactive, expired, etc..) send a letter of good standing directly to the Board office in an official sealed state board envelope.
7. If documents ~~will be~~ submitted to the Board under a name different from your present name, submit a copy of a legal document showing the name change (marriage certificate, divorce decree, court order, etc.).
8. All persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board.
9. Provide a Self-Query from the National Practitioner Data Bank which is valid for 6 months from the date of issuance. A Self-Query can be requested online at <https://www.npdb.hrsa.gov/>. When you receive the "Self-Query Response" from the National Practitioner Data Bank, forward it to the Board office. (Verify that "Self-Query Response" is sent to the Board and not a discrepancy notice.)
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TO REQUEST AN EXTENSION TO TAKE THE EXAMINATION – A PAPER APPLICATION MUST BE COMPLETED

If your expiration date to take the ASWB examination has expired or you have failed the ASWB Master's Examination and your expiration date will expire, prior to the 90 days that ASWB requires that you wait to re-take the examination, the following documentation will need to be resubmitted to the Board for pre-approval to take the examination.

1. \$75.00 application fee is required if application has not be completed within one year from the date the application was received. (Refer to #1 under Qualifications for a License).
2. Application pages 1 – 2.
3. Updated letter(s) of good standing from each state where a license is held. (Refer to #6 under Qualifications for a License.)
4. If the Verification of Social Work Education form was submitted in order for you to be made eligible to take the ASWB Master's examination, an official transcript mailed directly from the school in an official school sealed envelope will be required before you will be made eligible again to take the examination.
5. Updated Self-Query from the National Practitioner Data Bank which is valid for 6 months from the date of issuance. A Self-Query can be requested online at <https://www.npdb.hrsa.gov/>. When you receive the "Self-Query Response" from the National Practitioner Data Bank, forward it to the Board office. (Verify that "Self-Query Response" is sent to the Board and not a discrepancy notice.)
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PLEASE NOTE:

If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee.

In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance. All background check documents cannot be older than 90 days from the date of issuance.

STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS,
AND PROFESSIONAL COUNSELORS

Regular Mailing Address
P O Box 2649
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Phone: 717-783-1389
Fax: 717-787-7769

Courier Delivery Address
2601 North Third Street
Harrisburg, PA 17110

APPLICATION FOR A LICENSE TO PRACTICE SOCIAL WORK
AND TO TAKE THE ASWB MASTER'S EXAMINATION

Application fee is \$75.00 and is non-refundable. Make check payable to Commonwealth of Pennsylvania. A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

Please indicate if you need to take the ASWB Master's Examination () Yes () No () Extension

NAME:

LAST FIRST MIDDLE MAIDEN

ADDRESS:

STREET

CITY STATE ZIP

SOCIAL SECURITY NUMBER DATE OF BIRTH

DAYTIME PHONE NUMBER EMAIL ADDRESS

EDUCATION - NAME AND ADDRESS OF EDUCATIONAL INSTITUTION

Date MSW Degree Conferred/or will be conferred

Month/Year

Will any documentation submitted in connection with this application be received in a name other than the name under which you are applying? Yes [] No []

If Yes, please list the other name or names below (Submit a copy of the legal document evidencing the name change (i.e., marriage certificate, divorce decree or court order) ;

Please list all states in which you have lived in the past five years: _____

Have you passed the Master's examination of the Association of Social Work Boards (ASWB)? Yes [] No []

Have you passed the Clinical examination of the Association of Social Work Boards (ASWB)? Yes [] No []

If yes, please indicate the date and state the exam was taken _____

Please note-if you have taken the exam in another state, you must have your scores sent directly to this office by calling ASWB at 1-888-579-3926.

The following questions must be answered, please check the appropriate box.	Yes	No
1. Do you hold or have you ever held, a license, certificate, permit, registration or other authorization to practice any health-related profession in any state or jurisdiction? If yes, please list all professions and states where you have been licensed and request a letter of good standing be sent from each state board to the Pennsylvania Board. _____		
2. Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
4. Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapplication for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5. Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7. Have you ever been found guilty of immoral or unprofessional conduct?		
8. Have you ever violated standards of professional practice or conduct?		
9. Do you currently engage in or have you ever engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
10. Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
11. Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?		
12. Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		

IF YOU HAVE ANSWERED YES TO ANY QUESTIONS FROM 2 THROUGH 12, PLEASE ATTACH AN 8 ½ X 11 SHEET OF PAPER EXPLAINING THE SITUATION IN DETAIL. INCLUDE COURTHOUSE CERTIFIED COPIES OF ANY DOCUMENTS EXPLAINING THE SITUATION, IF APPLICABLE.

VERIFICATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 49.11. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

APPLICANT'S SIGNATURE

DATE

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa.C.S. § 4304.1(a). At the request of the Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS

Regular Mailing Address
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Courier Delivery Address
2601 North Third Street
Harrisburg, PA 17110

VERIFICATION OF SOCIAL WORK EDUCATION
FOR APPLICANTS ENROLLED IN THEIR FINAL SEMESTER
Applicant for **EXAMINATION**

Applicant: Complete (by printing in blue ink) top section and send form to school. DO NOT COMPLETE IF YOU HAVE ALREADY GRADUATED.

NAME: _____
Last First M.I. Maiden

ADDRESS: _____
Street

City State Zip Code

SOCIAL SECURITY # _____ DATE OF BIRTH _____

This section to be completed by the Dean, Registrar or Chairperson of the CSWE accredited School of Social Work or Social Welfare in which the applicant is enrolled in the final semester of their MSW program.

I certify that _____ is currently enrolled in the final semester of the
(name of applicant)

Master's program in Social Work or Social Welfare at _____ and is
(Name of CSWE accredited Institution)

expected to graduate on _____
(date)

(Signature of Dean/Registrar/Chairperson of MSW Program)

SCHOOL SEAL
(Mandatory)

(Date)

SCHOOL SHALL RETURN AN ORIGINAL COMPLETED FORM DIRECTLY TO BOARD OFFICE IN OFFICIAL ENVELOPE. (DO NOT send a copy of this form or use envelope if provided by applicant) UPON RECEIPT OF THE MSW DEGREE, AN OFFICIAL TRANSCRIPT MUST BE SUBMITTED TO THE BOARD OFFICE.

STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS
AND PROFESSIONAL COUNSELORS
P.O. BOX 2649
HARRISBURG, PA 17105-2649

Email st-socialwork@pa.gov

www.dos.pa.gov/social

**APPLICATION FOR A LICENSE BY EXAMINATION TO PRACTICE CLINICAL SOCIAL WORK
(THIS APPLICATION MUST BE SUBMITTED FOR PRE-APPROVAL TO TAKE THE ASWB CLINICAL
EXAMINATION)**

**QUALIFICATIONS FOR LICENSURE AND TO TAKE THE ASWB CLINICAL EXAMINATION:
(Satisfactory Proof must be submitted to the Board that all of the following have been met)**

1. Application fee- \$90.00 and is non-refundable. Check/money order should be made payable to "Commonwealth of PA". A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for nonpayment. If the application process has not been completed within one year from the date it was received, applicants will be required to submit an updated application (another application processing fee) and supporting documents as necessary.
2. Hold a Master's Degree in social work or social welfare from a school which is accredited by the Council on Social Work Education OR a Doctoral Degree in Social Work from a school of social work which is accredited.
3. International graduates must request the Council on Social Work Education (CSWE) send a credential evaluation directly to the Board at the above address.
4. Holds a current license as a social worker in the Commonwealth of PA.
5. Completed 3000 hours of supervised clinical experience as set forth in section 47.12c(b) or 47.12c(c) of the Board's regulations after completing the Master's Degree in Social Work. As per Section 47.12c(b)(2) 1500 hours shall be supervised by a supervisor meeting the qualifications in Section 47.1a(1) and, if experience was completed prior to January 1, 2006, Section 47.1a(1) or (3). No more than 1500 hours may be supervised by an individual meeting the requirements of Section 47.1a(2). **Pages 3, 4 and 5 of the supervised clinical experience form must be received by the supervisor(s) in a sealed envelope.** **OR** If you hold current certification from the Academy of Certified Social Workers (ACSW) issued prior to January 1, 2001, by the National Association of Social Workers, a letter will need to be submitted by the National Association of Social Workers (National Headquarters) verifying current ACSW certification. As long as the ACSW certification meets the requirements indicated above, the certification will be accepted in lieu of the 3000 hours of supervised clinical experience.
6. Please provide a curriculum vitae (a list of activities from graduation to the present).
7. Passed the Clinical Examination of the Association of Social Work Boards (ASWB formerly AASSWB). **If you have already taken and passed the ASWB Clinical Examination request your scores to be sent DIRECTLY to the Board from ASWB.**
8. If licensed in another state, request each state licensing agency where you have ever held a license to practice (active, inactive, expired, etc..) to send a letter of good standing **DIRECTLY** to the Board office in an official sealed state board envelope.

9. If documents will be submitted to the Board under a name different from your present name, submit a copy of legal document showing the name change (marriage certificate, divorce decree, court order, etc..)
10. All persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board.
11. Provide a Self-Query from the National Practitioner Data Bank which is valid for 6 months from the date of issuance. A Self-Query can be requested online at <https://www.npdb.hrsa.gov/>. When you receive the "Self-Query Response" from the National Practitioner Data Bank, forward it to the Board office. (Verify that "Self-Query Response" is sent to the Board and not a discrepancy notice.)
12. Provide an official Criminal History Record Check (CHRC) from the state agency for every state in which you have resided for the past 5 years. The report(s) is valid for 90 days from the date of issuance. This report can be sent to you and forwarded to the Board with your application. For Pennsylvania CHRC, this can be done online at <http://epatch.state.pa.us>. For states that do not provide CHRC for employment or licensing purposes (CA & AZ), we will accept an FBI background check. You may visit <https://www.fbi.gov/about-us/cjis/identity-history-summary-checks> to obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check.

PLEASE NOTE:

If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee.

In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance. All background check documents cannot be older than 90 days from the date of issuance.

STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS
AND PROFESSIONAL COUNSELORS

Email: st-socialwork@pa.gov

Website: www.dos.pa.gov/social

Mailing address
P.O. BOX 2649
HARRISBURG, PA 17105-2649

Courier Delivery Address:
2601 North Third Street
Harrisburg, PA 17110

APPLICATION FOR A LICENSE BY EXAMINATION
TO PRACTICE CLINICAL SOCIAL WORK

PLEASE INDICATE IF YOU NEED TO TAKE THE ASWB CLINICAL EXAMINATION BELOW:

() YES () NO () EXTENSTION

Application fee- \$90.00 and is non-refundable. Check/money order should be made payable to "Commonwealth of PA". A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for nonpayment.

Name: _____
Last First Middle Maiden

Address: _____
Street

_____ City State Zip

Current PA Social Work License Number _____ Applicant's Email _____

Social Security Number: _____ Date of Birth: _____
Month Day Year

School of Social Work: _____

Address of School: _____
City State Zip

Date of Graduation: _____
Month Day Year

NAME AS IT APPEARS ON DIPLOMA OR DEGREE (If transcript will be submitted under a different name from the name listed on the above, submit a copy of legal documenting showing the name change (marriage certificate, divorce decree, court order, etc..))

Please list all states in which you have lived in the past five years: _____

If you have already taken the ASWB clinical exam, please provide the date of clinical examination by ASWB

(AASSWB): _____
Month Day Year

The following questions must be answered, please check the appropriate box.	Yes	No
1. Do you hold or have you held, a license, certificate, permit, registration or other authorization to practice any health-related profession in any state or jurisdiction? If yes, please list all professions and states where you have been licensed and request a letter of good standing be sent from each state board to the Pennsylvania Board. _____		
2. Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
3. Do you currently have any disciplinary charges pending against your professional or occupational licensure, certificate, permit or registration in any state or jurisdiction?		
4. Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5. Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7. Have you ever been found guilty of immoral or unprofessional conduct?		
8. Have you ever violated standards of professional practice or conduct?		
9. Do you currently engage in or have you ever engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination.		
10. Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
11. Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?		
12. Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		

IF YOU HAVE ANSWERED YES TO ANY QUESTIONS FROM 2 THROUGH 12, PLEASE ATTACH AN 8 1/2 X 11 SHEET OF PAPER EXPLAINING THE SITUATION IN DETAIL. INCLUDE COURTHOUSE CERTIFIED COPIES OF ANY DOCUMENTS EXPLAINING THE SITUATION, IF APPLICABLE.

VERIFICATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 49.11. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

 APPLICANT'S SIGNATURE

 DATE

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa.C.S. § 4304.1(a). At the request of the Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

VERIFICATION OF SUPERVISED CLINICAL EXPERIENCE

Regular address:
State Board of Social Workers, Marriage and
Family Therapists and Professional Counselors
PO Box 2649
Harrisburg, PA 17105-2649

Courier Delivery:
State Board of Social Workers, Marriage and
Family Therapists and Professional Counselors
2601 North Third Street
Harrisburg, PA 17110

The information on these forms must be provided by the applicant's supervisor that provided the supervision for the supervised clinical experience hours completed towards meeting the 3000 hours of supervised clinical experience defined in Section 47.12c(b) and Section 47.12d of the regulations. This verification of supervised clinical experience form should be photocopied then completed by each supervisor that provided supervision towards the 3000 hours of supervised clinical experience. If there are gaps in dates greater than 1 month during the supervised clinical experience being completed, separate forms must be completed after each gap in dates.

Hours required: 3,000 hours of supervised clinical experience that meet the requirements defined in Sections 47.12c(b) and 47.12d of the regulations. 1,500 hours must be face-to-face direct client contact in person. The other 1,500 hours may be other non-direct clinical work determined by the supervisor.

YOUR SUPERVISOR (as defined in the rules and regulations) MUST COMPLETE THE FOLLOWING PAGES (3, 4 and 5) VERIFYING COMPLETION OF 3000 HOURS OF SUPERVISED CLINICAL EXPERIENCE AFTER COMPLETING YOUR MASTER'S DEGREE IN SOCIAL WORK.

Applicant's Name: _____
Last First Middle

Supervisor's qualifications: Please check all that apply.

1500 hours of supervised clinical experience must be completed under an individual that meets the requirements of Section 47.1a(1) and if the supervised clinical experience was completed prior to January 1, 2006, may be completed under an individual that meets the requirements of Section 47.1a(3).

- Hold a license as a clinical social worker and have 5 years of experience within the last 10 years as a clinical social worker (Section 47.1a(1)).
Hold a license and a master's or doctoral degree in a related field, and have 5 years of experience within the last 10 years in that field (Section 47.1a(2)). Only 1500 hours of supervised clinical experience may be completed under a supervisor meeting this qualification.
Practices as a clinical social worker. Have 5 years experience within the last 10 years as a clinical social worker. Hold a license to practice as a social worker (Section 47.1a(3)). This qualification is for supervised clinical experience completed prior to January 1, 2006.

Supervisor's Name: _____
Please print

Supervisor's Address: _____
Street

City State Zip

License Number _____ Profession _____ State _____

(Pages 3, 4 and 5 must all be placed in a sealed envelope by the supervisor and the supervisor shall sign her/his name over the flap and the sealed envelope given to the applicant to submit.)

Where did the Clinical Experience occur:

Site: _____
Please print

Address: _____
Street

City State Zip

Dates of Supervised Experience: ____/____/____ to ____/____/____
month day year month day year

Number of weeks worked in which clinical experience was accrued between the dates listed above: _____

Total Number of Hours of Supervised Clinical Experience Worked with this Supervisor between the dates listed above: _____
(Do not include vacation days, sick days, etc..)

The total number of hours of face-to-face direct client contact hours completed: _____

Average Hours per week Applicant worked: _____

Dates of Individual supervised clinical experience: ____/____/____ to ____/____/____
month day year month day year

I provided _____ hour(s) of individual supervision for every 40 hours worked.

Dates of Group supervised clinical experience: ____/____/____ to ____/____/____
month day year month day year

I provided _____ hour(s) of group supervision for every 40 hours worked.

As per Section 47.12c(b) (1) At least one-half of the experience shall consist of providing services in one or more of the following areas:

Please check all that apply

- (i) Assessment
- (ii) Psychotherapy
- (iii) Other psychosocial-therapeutic interventions
- (iv) Consultation
- (v) Family therapy
- (vi) Group therapy

(Pages 3, 4 and 5 must all be placed in a sealed envelope by the supervisor and the supervisor shall sign her/his name over the flap and the sealed envelope given to the applicant to submit.)

As per Section 47.12c(b)(5), the supervisor, or one to whom supervisory responsibilities have been delegated, shall meet with the supervisee for a minimum of 2 hours for every 40 hours of supervised clinical experience. At least 1 of the 2 hours shall be with the supervisee individually and in person, and 1 of the 2 hours may be with the supervisee in a group setting and in person.

As per Section 47.12c(b)(9), the supervised clinical experience shall be completed in no less than 2 years and no more than 6 years, except that no less than 500 hours and no more than 1,800 hours may be credited in any 12-month period.

I verify that _____ has met the requirements of Sections 47.12c(b)(5) and 47.12c(b)(9) of the regulations.

I verify that I have reviewed and understand Sections 47.12c(b) and 47.12d of the regulations. I further verify that the supervised clinical experience documentation completed on these forms was completed based on my records and will provide the records upon request by the Board.

I verify that the statements in this verification of Clinical Supervised Experience are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 (relating to unsworn falsification to authorities) and may result in the suspension or revocation of my license. I also verify that I have complied with Section 47.12d of Title 49 Standards for supervisors.

Signature of Supervisor

Date

(Pages 3, 4 and 5 must all be placed in a sealed envelope by the supervisor and the supervisor shall sign her/his name over the flap and the sealed envelope given to the applicant to submit.)

REVISED 09/17

**STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS AND
PROFESSIONAL COUNSELORS
P.O. BOX 2649
HARRISBURG, PA 17105-2649**

Email st-socialwork@pa.gov

www.dos.pa.gov/social

**APPLICATION FOR A LICENSE BY ENDORSEMENT WITHOUT EXAMINATION AS A CLINICAL
SOCIAL WORKER
(A current clinical social work license in another state is required)**

QUALIFICATIONS: (Satisfactory Proof must be submitted to the Board that all of the following have been met)

1. Application fee- \$90.00 and is non-refundable. Check/money order should be made payable to "Commonwealth of PA". A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for nonpayment. If the application process has not been completed within one year from the date it was received, applicants will be required to submit an updated application (another application processing fee) and supporting documents as necessary.
2. Hold a Master's Degree in social work or social welfare or a doctoral degree in social work from a school accredited by the Council on Social Work Education. **Please request the school to submit an official transcript of your Master's or Doctoral degree DIRECTLY to the Board office in an official sealed school envelope.**
3. International graduates must request the Council on Social Work Education (CSWE) send a credential evaluation directly to the Board at the above address.
4. Hold a current clinical social work license in another state.
5. Request each state licensing agency where you have ever held a license to practice (active, inactive, expired, etc) to send letter(s) of good standing **directly** to the PA Board in an official state-board-envelope.
6. Completed a minimum of 3,000 hours of supervised clinical experience. Request the state where you hold a current license as a clinical social worker to submit a statement to the Board verifying the completion of 3,000 hours of supervised clinical experience **OR** have the state provide copies of your supervised clinical experience verifying the completion of 3,000 hours of supervised clinical experience as set forth in section 47.16(5) of the Board's regulations **OR** If you hold current certification from the Academy of Certified Social Workers (ACSW) issued prior to January 1, 2001, by the National Association of Social Workers, a letter will need to be submitted by the National Association of Social Workers (National Headquarters) verifying current ACSW certification. As long as the ACSW certification meets the requirements indicated above, the certification will be accepted in lieu of the 3000 hours of supervised clinical experience.
7. Passed the Clinical Examination of the Association of Social Work Boards (ASWB formerly AASSWB). Examination is acceptable if taken and passed previously. Scores are required to be sent from the ASWB **directly** to the PA Board.
8. Please provide a curriculum vitae (a list of activities from graduation to the present).

9. If documents will be submitted to the Board under a name different from your present name, submit a copy of legal document showing the name change (marriage certificate, divorce decree, court order, etc).
10. All persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board.
11. Provide a Self-Query from the National Practitioner Data Bank which is valid for 6 months from date of issuance. A Self-Query can be requested online at <https://www.npdb.hrsa.gov/>. When you receive the "Self-Query Response" from the National Practitioner Data Bank, forward it to the Board office. (Verify that "Self-Query Response" is sent to the Board and not a discrepancy notice.)
12. Provide an official Criminal History Record Check (CHRC) from the state agency for every state in which you have resided for the past 5 years. The report(s) is valid for 90 days from the date of issuance. This report can be sent to you and forwarded to the Board with your application. For Pennsylvania CHRC, this can be done online at <http://epatch.state.pa.us>. For states that do not provide CHRC for employment or licensing purposes (CA & AZ), we will accept an FBI background check. You may visit <https://www.fbi.gov/about-us/cjis/identity-history-summary-checks> to obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check.

PLEASE NOTE:

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In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance. All background check documents cannot be older than 90 days from the date of issuance.

REVISED 09/17

STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS
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Email: st-socialwork@pa.gov

Website: www.dos.pa.gov/social

Mailing address
P.O. BOX 2649
HARRISBURG, PA 17105-2649

Courier Delivery Address:
2601 North Third Street
Harrisburg, PA 17110

APPLICATION FOR A LICENSE BY ENDORSEMENT WITHOUT EXAMINATION AS A CLINICAL SOCIAL WORKER
(A current clinical social work license in another state is required)

Application fee- \$90.00 and is non-refundable. Check/money order should be made payable to "Commonwealth of PA". A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for nonpayment.

Name:

Last

First

Middle

Maiden

Address:

Street

City

State

Zip

Applicant's Email _____ Date of Birth: _____

Month

Day

Year

Social Security Number: _____ Telephone Number _____

School of Social Work: _____

Address of School: _____

City

State

Zip

Date of Graduation: _____

Month

Day

Year

Please list all states in which you have lived in the past five years: _____

NAME AS IT APPEARS ON DIPLOMA OR DEGREE (If transcript will be submitted under a different name from the name listed on the above, submit a copy of legal documenting showing the name change (marriage certificate, divorce decree, court order, etc..))

The following questions must be answered, please check the appropriate box.	Yes	No
1. Do you hold or have you held, a license, certificate, permit, registration or other authorization to practice any health-related profession in any state or jurisdiction? If yes, please list all professions and states where you have been licensed and request a letter of good standing be sent from each state board to the Pennsylvania Board.		
2. Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
3. Do you currently have any disciplinary charges pending against your professional or occupational licensure, certificate, permit or registration in any state or jurisdiction?		
4. Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5. Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7. Have you ever been found guilty of immoral or unprofessional conduct?		
8. Have you ever violated standards of professional practice or conduct?		
9. Do you currently engage in or have you ever engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination.		
10. Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
11. Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?		
12. Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		

IF YOU HAVE ANSWERED YES TO ANY QUESTIONS FROM 2 THROUGH 12, PLEASE ATTACH AN 8 ½ X 11 SHEET OF PAPER EXPLAINING THE SITUATION IN DETAIL. INCLUDE COURTHOUSE CERTIFIED COPIES OF ANY DOCUMENTS EXPLAINING THE SITUATION, IF APPLICABLE.

VERIFICATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 49.11. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

 APPLICANT'S SIGNATURE

 DATE

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa.C.S. § 4304.1(a). At the request of the Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

Revised 09/17

**STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS
AND PROFESSIONAL COUNSELORS**

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HARRISBURG, PA 17105-2649
Email st-socialwork@pa.gov
Website www.dos.pa.gov/social

**APPLICATION FOR A LICENSE BY EXAMINATION TO PRACTICE
MARRIAGE AND FAMILY THERAPY**

QUALIFICATIONS

1. Application fee- \$100.00 and is non-refundable. Check/money order should be made payable to "Commonwealth of PA". A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for nonpayment. "If the application process has not been completed within one year from the date it was received, applicants will be required to submit an updated application (another application processing fee) and supporting documents as necessary."
2. Meet ONE of the following education requirements as per Section 7(e) (2) Act 136 – 1998. Request the school to send an official transcript of your educational degree and other graduate level coursework directly to the Board office in an official sealed school envelope. Please complete page 7 of the application, providing coursework information and submit with application.
 - i. Has successfully completed a planned program of 60 semester hours or 90 quarter hours of graduate coursework closely related to marriage and family therapy, including a master's degree granted on or before June 30, 2009, in marriage and family therapy from an accredited educational institution or a master's degree granted on or before June 30, 2009, in a field determined by the board by regulation to be closely related to the practice of marriage and family therapy from an accredited educational institution, with graduate level coursework in marriage and family therapy acceptable to the board from an accredited educational institution or from a program recognized by a national accrediting agency, and has met specific course requirements listed in Section 48.2.
 - ii. Has successfully completed a planned program of 60 semester hours or 90 quarter hours of graduate coursework which is closely related to marriage and family therapy, including a 48-semester-hour or 72-quarter-hour master's degree in marriage and family therapy from an accredited educational institution or a 48-semester-hour or 72-quarter-hour master's degree in a field determined by the board by regulation to be closely related to the practice of marriage and family therapy from an accredited educational institution, with graduate level coursework in marriage and family therapy acceptable to the board from an accredited educational institution or from a program recognized by a national accrediting agency and has met specific course requirements listed in Section 48.2.
 - iii. Holds a doctoral degree in marriage and family therapy from an accredited educational institution or holds a doctoral degree in a field determined by the board by regulation to be closely related to the practice of marriage and family therapy from an accredited educational institution with graduate level coursework in marriage and family therapy acceptable to the board from an accredited educational institution or from a program recognized by a national accrediting agency and has met specific course requirements listed in Section 48.2.
3. Demonstrate proof of supervised clinical Marriage and Family Therapy experience. **Master's Degree-** completion of 3000 hours of supervised clinical experience. **Doctoral Degree** – completion of 2400 hours of supervised clinical experience. Experience must meet the criteria established in Section 48.13(a)(4) and 48.13 (b) of the regulations. Have your supervisor complete the attached forms pages 3 through 5 certifying your supervised clinical experience and return directly to you in a sealed envelope. As per Section 48.13(b)(2), 1500 hours shall be supervised by a supervisor meeting the qualifications of Section 48.3(1) and until January 1, 2010, Section 48.3(3). Only 1500 hours may be supervised by a supervisor meeting the qualifications of Section 48.3(2).

****Please note that the practicum hours are part of your educational requirements and cannot be counted towards the 3000 hours of supervised clinical experience.****

Revised 09/17

4. Pass the Association of Marital and Family Therapy Regulatory Boards (AMFTRB) exam. Upon determination that your application is complete, you will receive an e-mail from the Board on how to register for the AMFTRB examination.
If you have taken the exam for another state board, contact the testing agency to have your exam results sent directly to the board office.
5. If licensed in another state, request each state licensing agency where you have ever held a license to practice (active, inactive, expired, etc.) send a letter of good standing DIRECTLY to the Board office in an official sealed state board envelope.
6. Please provide a curriculum vitae (a list of activities from graduation to the present).
7. If documents will be submitted to the Board under a name different from your present name, submit a copy of legal document showing the name change (marriage certificate, divorce decree, court order, etc.).
8. All persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board.
9. Provide a Self-Query from the National Practitioner Data Bank which is valid for 6 months from the date of issuance. A Self-Query can be requested online at <https://www.npdb.hrsa.gov/>. When you receive the "Self-Query Response" from the National Practitioner Data Bank, forward it to the Board office. (Verify that "Self-Query Response" is sent to the Board and not a discrepancy notice.)
10. Provide an official Criminal History Record Check (CHRC) from the state agency for every state in which you have resided for the past 5 years. The report(s) is valid for 90 days from the date of issuance. This report can be sent to you and forwarded to the Board with your application. For Pennsylvania CHRC, this can be done online at <http://epatch.state.pa.us>. For states that do not provide CHRC for employment or licensing purposes (CA & AZ), we will accept an FBI background check. You may visit <https://www.fbi.gov/about-us/cjis/identity-history-summary-checks> to obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check.

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Revised 09/17

STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS
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APPLICATION FOR A LICENSE BY EXAMINATION TO PRACTICE
MARRIAGE AND FAMILY THERAPY

Application Fee - \$100.00 and is non-refundable. Make check or money order payable to "Commonwealth of PA".
Please note—A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank,
regardless of the reason for nonpayment.

Name:

Last	First	Middle	Maiden
------	-------	--------	--------

Address:

Street

City	State	Zip
------	-------	-----

Social Security Number: _____ Date of Birth: _____

Month	Day	Year
-------	-----	------

Daytime Telephone Number: (____) _____ Email _____

Will any documentation submitted in connection with this application be received in a name other than the name under
which you are applying? Yes [] No []

If Yes, please list the other name or names below (Submit a copy of the legal document evidencing the name change (i.e.,
marriage certificate, divorce decree or court order) ;

Accredited School Where Degree Obtained _____

Address of School: _____

City	State	Zip
------	-------	-----

Date of Graduation: _____ Type of Degree _____

Month	Day	Year
-------	-----	------

COAMFTE Approved Post-Graduate Program _____

Please list all states in which you have lived in the past five years: _____

Have you taken an examination in Marriage and Family Therapy? Yes _____ No _____

If yes, provide the following information: State exam taken for _____ and Date of Exam _____

The following questions must be answered, please check the appropriate box.		Yes	No
1.	Do you hold or have you ever held, a license, certificate, permit, registration or other authorization to practice any health-related profession in any state or jurisdiction? If yes, please list all professions and states where you have been licensed and request a letter of good standing be sent from each state board to the Pennsylvania Board.		
2.	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
3.	Do you currently have any disciplinary charges pending against your professional or occupational license certificate, permit or registration in any state or jurisdiction?		
4.	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7.	Have you ever been found guilty of immoral or unprofessional conduct?		
8.	Have you ever violated standards or professional practice or conduct?		
9.	Do you currently engage in or have you ever engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
10.	Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
11.	Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?		
12.	Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		

IF YOU HAVE ANSWERED "YES" TO ANY QUESTIONS FROM 2 THROUGH 12, PLEASE ATTACH AN 8 1/2 X 11 SHEET OF PAPER GIVING FULL DETAILS. INCLUDE COURTHOUSE CERTIFIED COPIES OF ANY DOCUMENTS EXPLAINING THE SITUATION, IF APPLICABLE.

VERIFICATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 49.11. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

APPLICANT'S SIGNATURE

DATE

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa.C.S. § 4304.1(a). At the request of the Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

Revised 09/17

VERIFICATION OF SUPERVISED CLINICAL EXPERIENCE

Regular address:
State Board of Social Workers, Marriage and
Family Therapists and Professional Counselors
PO Box 2649
Harrisburg, PA 17105-2649

Courier Delivery:
State Board of Social Workers, Marriage and
Family Therapists and Professional Counselors
2601 North Third Street
Harrisburg, PA 17110

The information on these forms must be provided by the applicant's supervisor that provided the supervision for the supervised clinical experience hours completed towards meeting the 3000 hours of supervised clinical experience defined in Section 48.13(b) and Section 48.14 of the regulations. This verification of supervised clinical experience form should be photocopied then completed by each supervisor that provided supervision towards the 3000 hours of supervised clinical experience. If there are gaps in dates greater than 1 month during the supervised clinical experience being completed, separate forms must be completed after each gap in dates.

Master Degree - SUPERVISOR MUST COMPLETE THE FOLLOWING SECTION VERIFYING COMPLETION OF 3000 HOURS OF SUPERVISED CLINICAL EXPERIENCE IN MARRIAGE AND FAMILY THERAPY WHICH WERE OBTAINED AFTER THE COMPLETION OF 48 SEMESTER HOURS OR 72 QUARTER HOURS OF GRADUATE COURSEWORK AND SATISFIES THE CRITERIA OF SECTION 48.13(b)(9).

Doctoral Degree - SUPERVISOR MUST COMPLETE THE FOLLOWING SECTION VERIFYING COMPLETION OF 2400 HOURS OF SUPERVISED CLINICAL EXPERIENCE, 1200 HOURS OF WHICH WAS OBTAINED SUBSEQUENT TO THE GRANTING OF THE DOCTORAL DEGREE.

Applicant's Name: _____
Last First Middle

Supervisor's qualifications: Please check all that apply.

1500 hours of supervised clinical experience must be completed under an individual that meets the requirements of Section 48.3(1) and if the supervised clinical experience was completed prior to January 1, 2010, may be completed under an individual that meets the requirements of Section 48.3(3).

- Holds a license as an MFT and have received certification as an approved supervisor or supervisor-in-training by the AAMFT (Section 48.3(1)).
- Hold a license and has at least a master's degree in a related field and have at least 5 years of experience within the last 10 years in that field (Section 48.3(2)). Only 1500 hours of supervised clinical experience may be completed under a supervisor meeting this qualification.
- Practices as an MFT. Have completed a 1-semester graduate course in MFT supervision (At least 30 contact hours) or the equivalent. Have 5 years experience within the last 10 years as an MFT (Section 48.3(3)). This qualification is for supervised clinical experience completed prior to January 1, 2010.

Supervisor's Name: _____
Please print

Supervisor's Address: _____
Street

City State Zip

License Number _____ Profession _____ State _____

(Pages 3, 4 and 5 must all be placed in a sealed envelope by the supervisor and the supervisor shall sign her/his name over the flap and the sealed envelope given to the applicant to submit.)

Revised 06/17

Where did the Clinical Experience occur:

Site: _____
Please print

Address: _____
Street

City State Zip

Dates of Supervised Experience: ____/____/____ to ____/____/____
month day year month day year

Number of weeks worked in which clinical experience was accrued between the dates listed above: _____

Total Number of Hours of Supervised Clinical Experience Worked with this Supervisor between the dates listed above: _____
(Do not include vacation days, sick days, etc..)

The total number of hours of face-to-face direct client contact hours completed: _____

Average Hours per week Applicant worked: _____

Dates of Individual supervised clinical experience: ____/____/____ to ____/____/____
month day year month day year

I provided _____ hour(s) of individual supervision for every 40 hours worked.

Dates of Group supervised clinical experience: ____/____/____ to ____/____/____
month day year month day year

I provided _____ hour(s) of group supervision for every 40 hours worked.

As per Section 48.13(b) (1) At least one-half of the experience shall consist of providing services in one or more of the following areas:

Please check all that apply

- (i) Assessment
- (ii) Couples therapy
- (iii) Family therapy
- (iv) Other systems interventions
- (v) Consultation
- (vi) Individual therapy
- (vii) Group Therapy

(Pages 3, 4 and 5 must all be placed in a sealed envelope by the supervisor and the supervisor shall sign her/his name over the flap and the sealed envelope given to the applicant to submit.)

Revised 09/17

As per Section 48.13(b)(5), the supervisor, or one to whom supervisory responsibilities have been delegated, shall meet with the supervisee for a minimum of 2 hours for every 40 hours of supervised clinical experience. At least 1 of the 2 hours shall be with the supervisee individually and in person, and 1 of the 2 hours may be with the supervisee in a group setting and in person.

As per Section 48.13(b)(9), the supervised clinical experience shall be completed in no less than 2 years and no more than 6 years, except that no less than 500 hours and no more than 1,800 hours may be credited in any 12-month period.

I verify that _____ has met the requirements of Sections 48.13(b)(5) and 48.13(b)(9) of the regulations.

I verify that I have reviewed and understand Sections 48.13(b) and 48.14 of the regulations. I further verify that the supervised clinical experience documentation completed on these forms was completed based on my records and will provide the records upon request by the Board.

I verify that the statements in this verification of Clinical Supervised Experience are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 (relating to unsworn falsification to authorities) and may result in the suspension or revocation of my license. I also verify that I have complied with Section 48.14 of Title 49 Standards for supervisors.

Signature of Supervisor

Date

(Pages 3, 4 and 5 must all be placed in a sealed envelope by the supervisor and the supervisor shall sign her/his name over the flap and the sealed envelope given to the applicant to submit.)

Revised 06/17

Complete the following chart verifying the semester or quarter hours, course number and course title for the coursework that meets the requirements of Section 48.2 of the regulations. For specific course descriptions, please refer to the regulations at www.dos.pa.gov/social. If your school is COAMFTE (The Commission on Accreditation for Marriage and Family Therapy Education) accredited this form does not need to be completed.

Section 48.2 – Educational Requirements

1. Human development (3 courses minimum – 9 semester or 12 quarter or 135 didactic contact hours.)
2. Marriage and family studies (3 courses minimum – 9 semester or 12 quarter or 135 didactic contact hours.)
3. Marriage and family therapy (3 courses minimum – 9 semester or 12 quarter or 135 didactic contact hours.)
4. Professional studies (1 course minimum – 3 semester or 4 quarter or 45 didactic contact hours.)
5. Research (1 course minimum – 3 semester or 4 quarter or 45 didactic contact hours.)
6. Practicum (minimum 1 year (3 semesters), 300 hours of supervised direct client contact with individuals, couples and families)

Areas	S or Q Hours	Course Number and Title	Areas	S or Q Hours	Course Number and Title
Human development			Marriage/Family Therapy		
Human development			Marriage/Family Therapy		
Human development			Marriage/Family Therapy		
Marriage/Family Studies			Professional Studies		
Marriage/Family Studies			Research		
Marriage/Family Studies			Practicum		

Revised 09/17

**STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS
AND PROFESSIONAL COUNSELORS**

P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1389
FAX – 717-787-7769

Email st-socialwork@state.pa.us

Website www.dos.pa.gov/social

**APPLICATION FOR A LICENSE BY ENDORSEMENT WITHOUT EXAMINATION TO PRACTICE
MARRIAGE AND FAMILY THERAPY**

(Must hold a license in another state as a marriage and family therapy and have been actively engaged in the practice of marriage and family therapy for 5 of the last 7 years immediately preceding the filing of this application for licensure by endorsement)

QUALIFICATIONS

1. Application fee- \$100.00 and is non-refundable. Check/money order should be made payable to "Commonwealth of PA". A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for nonpayment. If the application process has not been completed within one year from the date it was received, applicants will be required to submit an updated application (another application processing fee) and supporting documents as necessary.
2. Meet **ONE** of the following education requirements as per Section 7(e) (2) Act 136 – 1998. Request the school to send an official transcript of your educational degree and other graduate level coursework directly to the Board office in an official sealed school envelope. **Please complete page 7 of the application, providing coursework information and submit with application.**
 - i. Has successfully completed a planned program of 60 semester hours or 90 quarter hours of graduate coursework closely related to marriage and family therapy, including a master's degree granted on or before June 30, 2009, in marriage and family therapy from an accredited educational institution or a master's degree granted on or before June 30, 2009, in a field determined by the board by regulation to be closely related to the practice of marriage and family therapy from an accredited educational institution, with graduate level coursework in marriage and family therapy acceptable to the board from an accredited educational institution or from a program recognized by a national accrediting agency, and has met specific course requirements listed in Section 48.2.
 - ii. Has successfully completed a planned program of 60 semester hours or 90 quarter hours of graduate ~~coursework which is closely related to marriage and family therapy, including a 48-semester-hour or 72-quarter-hour~~ master's degree in marriage and family therapy from an accredited educational institution or a 48-semester-hour or 72-quarter-hour master's degree in a field determined by the board by regulation to be closely related to the practice of marriage and family therapy from an accredited educational institution, with graduate level course work in marriage and family therapy acceptable to the board from an accredited educational institution or from a program recognized by a national accrediting agency and has met specific course requirements listed in Section 48.2.
 - iii. Holds a doctoral degree in marriage and family therapy from an accredited educational institution or holds a doctoral degree in a field determined by the board by regulation to be closely related to the practice of marriage and family therapy from an accredited educational institution with graduate level coursework in marriage and family therapy acceptable to the board from an accredited educational institution or from a program recognized by a national accrediting agency and has met specific course requirements listed in Section 48.2.

Revised 09/17

3. Demonstrate proof of supervised clinical Marriage and Family Therapy experience. Completed a minimum of 3,000 hours of supervised clinical experience. Request state where you hold a current license as a marriage and family therapist to submit a statement to the Board verifying the completion of 3,000 hours of supervised clinical experience OR have the state provide copies of your supervised clinical experience verifying the completion of 3,000 hours of supervised clinical experience as set forth in section 48.17(4) of the Board's regulations.
4. Verification Statement of Active Practice. Sign and date the certification form verifying that you have been actively engaged in the practice of marriage and family therapy for 5 of the last 7 years immediately preceding the filing of the application for licensure by endorsement with the Board.
5. Request each state licensing agency where you have ever held a license to practice (active, inactive, expired, etc..) send a letter of good standing **DIRECTLY** to the Board office in an official sealed state board envelope.
6. Please provide a curriculum vitae (a list of activities from graduation to the present).
7. If documents will be submitted to the Board under a name different from your present name, submit a copy of legal document showing the name change (marriage certificate, divorce decree, court order, etc.).
8. All persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board.
9. Provide a Self-Query from the National Practitioner Data Bank which is valid for 6 months from the date of issuance. A Self-Query can be requested online at <https://www.npdb.hrsa.gov/>. When you receive the "Self-Query Response" from the National Practitioner Data Bank, forward it to the Board office. (Verify that "Self-Query Response" is sent to the Board and not a discrepancy notice.)
10. Provide an official Criminal History Record Check (CHRC) from the state agency for every state in which you have resided for the past 5 years. The report(s) is valid for 90 days from the date of issuance. This report can be sent to you and forwarded to the Board with your application. For Pennsylvania CHRC, this can be done online at <http://epatch.state.pa.us>. For states that do not provide CHRC for employment or licensing purposes (CA & AZ), we will accept an FBI background check. You may visit <https://www.fbi.gov/about-us/cjis/identity-history-summary-checks> obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check.

PLEASE NOTE:

If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee.

In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance. All background check documents cannot be older than 90 days from the date of issuance.

Revised 09/17

STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS
AND PROFESSIONAL COUNSELORS

Website: www.dos.pa.gov/social
Mailing Address
P O Box 2649
Harrisburg, PA 17105-2649

email: st-socialwork@pa.gov
Courier Delivery Address
2601 North Third Street
Harrisburg, PA 17110

APPLICATION FOR A LICENSE BY ENDORSEMENT WITHOUT EXAMINATION TO PRACTICE
MARRIAGE AND FAMILY THERAPY

Application Fee - \$100.00 and is non-refundable. Make check or money order payable to "Commonwealth of PA".
Please note—A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank,
regardless of the reason for nonpayment.

Name:

Last First Middle Maiden

Address:

Street

City State Zip

Social Security Number: _____ Date of Birth: _____

Month Day Year

Daytime Telephone Number: (____) _____ Email _____

Will any documentation submitted in connection with this application be received in a name other than the name under
which you are applying? Yes [] No []

If Yes, please list the other name or names below (Submit a copy of the legal document evidencing the name change (i.e.,
marriage certificate, divorce decree or court order) ;

Accredited School Where Degree Obtained _____

Address of School: _____

City State Zip

Date of Graduation: _____ Type of Degree _____

Month Day Year

COAMFTE Approved Post-Graduate Program _____

Please list all states in which you have lived in the past five years: _____

The following questions must be answered, please check the appropriate box.		Yes	No
1.	Do you hold or have you ever held, a license, certificate, permit, registration or other authorization to practice any health-related profession in any state or jurisdiction? If yes, please list all professions and states where you have been licensed and request a letter of good standing be sent from each state board to the Pennsylvania Board.		
2.	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
3.	Do you currently have any disciplinary charges pending against your professional or occupational license certificate, permit or registration in any state or jurisdiction?		
4.	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7.	Have you ever been found guilty of immoral or unprofessional conduct?		
8.	Have you ever violated standards or professional practice or conduct?		
9.	Do you currently engage in or have you ever engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
10.	Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
11.	Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?		
12.	Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		

IF YOU HAVE ANSWERED "YES" TO ANY QUESTIONS FROM 2 THROUGH 13, PLEASE ATTACH AN 8 1/2 X 11 SHEET OF PAPER GIVING FULL DETAILS. INCLUDE COURTHOUSE CERTIFIED COPIES OF ANY DOCUMENTS EXPLAINING THE SITUATION, IF APPLICABLE.

VERIFICATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 49.11. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

APPLICANT'S SIGNATURE

DATE

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa.C.S. § 4304.1(a). At the request of the Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

VERIFICATION STATEMENT OF ACTIVE PRACTICE

Verification of 5 years of Active Practice:

I have been actively engaged in the practice of marriage and family therapy for 5 of the last 7 years immediately preceding the filing of this application for licensure by endorsement. I verify that the statements in this verification statement of active practice are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities) and may result in the suspension or revocation of my license.

Signature

Date

Revised 09/17

Complete the following chart verifying the semester or quarter hours, course number and course title for the coursework that meets the requirements of Section 48.2 of the regulations. For specific course descriptions, please refer to the regulations at www.dos.pa.gov/social. If your school is COAMFTE (The Commission on Accreditation for Marriage and Family Therapy Education) accredited this form does not need to be completed.

Section 48.2 – Educational Requirements

1. Human development (3 courses minimum – 9 semester or 12 quarter or 135 didactic contact hours.)
2. Marriage and family studies (3 courses minimum – 9 semester or 12 quarter or 135 didactic contact hours.)
3. Marriage and family therapy (3 courses minimum – 9 semester or 12 quarter or 135 didactic contact hours.)
4. Professional studies (1 course minimum – 3 semester or 4 quarter or 45 didactic contact hours.)
5. Research (1 course minimum – 3 semester or 4 quarter or 45 didactic contact hours.)
6. Practicum (minimum 1 year (3 semesters), 300 hours of supervised direct client contact with individuals, couples and families)

Areas	S or Q Hours	Course Number and Title	Areas	S or Q Hours	Course Number and Title
Human development			Marriage/Family Therapy		
Human development			Marriage/Family Therapy		
Human development			Marriage/Family Therapy		
Marriage/Family Studies			Professional Studies		
Marriage/Family Studies			Research		
Marriage/Family Studies			Practicum		

STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS
AND PROFESSIONAL COUNSELORS

717-783-1389
FAX: 717-787-7769

Email st-socialwork@pa.gov
Website www.dos.pa.gov/social

APPLICATION FOR A LICENSE BY EXAMINATION TO PRACTICE PROFESSIONAL COUNSELING
QUALIFICATIONS

1. Application fee- \$100.00 and is non-refundable. Check/money order should be made payable to "Commonwealth of PA". A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for nonpayment. If the application process has not been completed within one year from the date it was received, applicants will be required to submit an updated application (another application processing fee) and supporting documents as necessary.
2. Meet **ONE** of the following education requirements as per Section 7(f) (2) Act 136 – 1998. Request the school to send an official transcript of your educational degree and other graduate level coursework **DIRECTLY** to the Board in an official sealed school envelope.
 - i. Has successfully completed a planned program of 60 semester hours or 90 quarter hours of graduate coursework in counseling or a field determined by the board by regulation to be closely related to the practice of professional counseling, including a master's degree granted on or before June 30, 2009, in counseling or a field determined by the board by regulation to be closely related to the practice of professional counseling, from an accredited educational institution, and has met specific course requirements listed in Section 49.2.
 - ii. Has successfully completed a planned program of 60 semester hours or 90 quarter hours of graduate coursework in counseling or a field determined by the board by regulation to be closely related to the practice of professional counseling, including a 48-semester-hour or 72-quarter-hour master's degree in counseling or a field determined by the board by regulation to be closely related to the practice of professional counseling, from an accredited educational institution, and has met specific course requirements listed in Section 49.2.
 - iii. Holds a doctoral degree in counseling from an accredited educational institution or holds a doctoral degree in a field determined by the board by regulation to be closely related to the practice of professional counseling from an accredited educational institution, and has met specific course requirements listed in Section 49.2.
3. Demonstrate proof of supervised clinical experience. **Master's degree**-completion of 3000 hours of supervised clinical experience. **Doctoral degree**-completion of 2,400 hours of supervised clinical experience. **Experience must meet the criteria established in Section 49.13(a)(4) and 49.13(b) of the regulations.** Have your supervisor complete Pages 3 through 5 certifying your supervised clinical experience and return **DIRECTLY** to you in a sealed envelope. As per ~~Section~~ 49.13(b)(2) 1500 hours shall be supervised by a supervisor meeting the qualifications of Section 49.3(1) and (3). No more than 1500 hours may be supervised by a supervisor meeting the qualifications of Section 49.3(2). Supervised clinical experience completed prior to January 1, 2006, may be supervised by a supervisor meeting the requirements of Section 49.3(3).

****Please note that the practicum and internship are part of your educational requirements and cannot be counted towards the 3000 hours of supervised clinical experience.**
4. Please provide a curriculum vitae (a list activities from graduation to the present).
5. Request each state licensing agency where you have ever held a license to practice send letter(s) of good standing **DIRECTLY** the Board office in official sealed agency envelope.

6. Pass one of the following accepted examinations for licensure. Request your licensure examination scores to be sent **DIRECTLY** to the Board from the certification and examination agency.
 - a) The National Counselor Examination for Licensure and Certification (NCE) given by the National Board for Certified Counselors, Inc. (NBCC).
 - b) The Certified Rehabilitation Counselor (CRC) Examination given by the Commission on Rehabilitation Counselor Certification (CRCC).
 - c) The Art Therapy Credentials Board (ATCB) Certification Examination given by the Art Therapy Credentialing Board.
 - d) The Board Certification Examination given by the Certification Board for Music Therapists (CBMT).
 - e) The Practice Examination of Psychological Knowledge given by North American Association of Masters in Psychology (NAMP).
 - f) The Advanced Alcohol and Other Drug Abuse Counselor Examination (AAODA) given by the International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse Inc. (IC&RC/AODA).
 - g) The Examination for Masters Addictions Counselors (EMAC) given by the National Board for Certified Counselors, Inc (NBCC).
7. If documents will be submitted to the Board under a name different from your present name, submit a copy of legal document showing the name change (marriage certificate, divorce decree, court order, etc.).
8. All persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board.
9. Provide a Self-Query from the National Practitioner Data Bank which is valid for 6 months from the date of issuance. A Self-Query can be requested online at <https://www.npdb.hrsa.gov/>. When you receive the "Self-Query Response" from the National Practitioner Data Bank, forward it to the Board office. (Verify that "Self-Query Response" is sent to the Board and not a discrepancy notice.)
10. Provide an official Criminal History Record Check (CHRC) from the state agency for every state in which you have resided for the past 5 years. The report(s) is valid for 90 days from the date of issuance. This report can be sent to you and forwarded to the Board with your application. For Pennsylvania CHRC, this can be done online at <http://epatch.state.pa.us>. For states that do not provide CHRC for employment or licensing purposes (CA & AZ), we will accept an FBI background check. You may visit <https://www.fbi.gov/about-us/cjis/identity-history-summary-checks> to obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check.

PLEASE NOTE:

If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee.

In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance. All background check documents cannot be older than 90 days from the date of issuance.

STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS
AND PROFESSIONAL COUNSELORS

Email: st-socialwork@pa.gov

Website: www.dos.pa.gov/social

Mailing address
P.O. BOX 2649
HARRISBURG, PA 17105-2649

Courier Delivery Address:
2601 North Third Street
Harrisburg, PA 17110

APPLICATION FOR A LICENSE BY EXAMINATION TO PRACTICE
PROFESSIONAL COUNSELING

Complete page 1 and 2 and submit to the above address.

Application fee - \$100.00 and is non-refundable. Make check/money order payable to "Commonwealth of PA". A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for nonpayment.

Name: _____
Last First Middle Maiden

Address: _____
Street

_____ City State Zip

Daytime Telephone Number: (____) _____ Email: _____

Social Security Number: _____ Date of Birth: _____
Month Day Year

Will any documentation submitted in connection with this application be received in a name other than the name under which you are applying? Yes [] No []

If Yes, please list the other name or names below (Submit a copy of the legal document evidencing the name change (i.e., marriage certificate, divorce decree or court order); _____

Please list all states in which you have lived in the past five years: _____

School _____

Address of School: _____
Street

_____ City State Zip

Date of Graduation: _____ Type of Degree _____
Month Day Year

Name of licensing exam taken _____ Date of examination _____
Month/Day/Year

The following questions must be answered, please check the appropriate box.		Yes	No
1.	Do you hold or have you ever held, a license, certificate, permit, registration or other authorization to practice any health-related profession in any state or jurisdiction? If yes, please list all professions and states where you have been licensed and request a letter of good standing be sent from each state board to the Pennsylvania Board. _____		
2.	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
3.	Do you currently have any disciplinary charges pending against your professional or occupational license certificate, permit or registration in any state or jurisdiction?		
4.	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7.	Have you ever been found guilty of immoral or unprofessional conduct?		
8.	Have you ever violated standards or professional practice or conduct?		
9.	Do you currently engage in or have you ever engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
10.	Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
11.	Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?		
12.	Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		

IF YOU HAVE ANSWERED "YES" TO ANY QUESTIONS FROM 2 THROUGH 12, PLEASE ATTACH AN 8 1/2 X 11 SHEET OF PAPER GIVING FULL DETAILS. INCLUDE COURTHOUSE CERTIFIED COPIES OF ANY DOCUMENTS EXPLAINING THE SITUATION, IF APPLICABLE.

VERIFICATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 49.11. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

APPLICANT'S SIGNATURE

DATE

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa.C.S. § 4304.1(a). At the request of the Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

VERIFICATION OF SUPERVISED CLINICAL EXPERIENCE

Regular address:
State Board of Social Workers, Marriage and
Family Therapists and Professional Counselors
PO Box 2649
Harrisburg, PA 17105-2649

Courier Delivery:
State Board of Social Workers, Marriage and
Family Therapists and Professional Counselors
2601 North Third Street
Harrisburg, PA 17110

The information on these forms must be provided by the applicant's supervisor that provided the supervision for the supervised clinical experience hours completed towards meeting the 3000 hours of supervised clinical experience defined in Section 49.13(b) and Section 49.14 of the regulations. This verification of supervised clinical experience form should be photocopied then completed by each supervisor that provided supervision towards the 3000 hours of supervised clinical experience. If there are gaps in dates greater than 1 month during the supervised clinical experience being completed, separate forms must be completed after each gap in dates.

MASTER'S DEGREE - YOUR SUPERVISOR (as defined in the rules and regulations) MUST COMPLETE THE FOLLOWING PAGES (3, 4 and 5) VERIFYING COMPLETION OF 3000 HOURS OF SUPERVISED CLINICAL EXPERIENCE IN PROFESSIONAL COUNSELING WHICH WERE OBTAINED AFTER THE COMPLETION OF 48 SEMESTER HOURS OR 72 QUARTER HOURS OF GRADUATE COURSEWORK AND SATISFIES THE CRITERIA OF SECTION 49.13(b)(9).

DOCTORAL DEGREE - YOUR SUPERVISOR (as defined in the rules and regulations) MUST COMPLETE THE FOLLOWING PAGES (3, 4 AND 5) VERIFYING COMPLETION OF 2400 HOURS OF SUPERVISED CLINICAL EXPERIENCE IN PROFESSIONAL COUNSELING. 1200 HOURS OF WHICH WAS OBTAINED SUBSEQUENT TO THE GRANTING OF THE DOCTORAL DEGREE.

Applicant's Name: _____
Last First Middle

Supervisor's qualifications: Please check all that apply.

1500 hours of supervised clinical experience must be completed under an individual that meets the requirements of Section 49.3(1) and if the supervised clinical experience was completed prior to January 1, 2006, may be completed under an individual that meets the requirements of Section 49.3(3).

- Hold a license as a professional counselor and has 5 years of experience within the last 10 years as a professional counselor (Section 49.3(1)).
Hold a license and has at least a master's degree in a related field and has 5 years of experience within the last 10 years in that field (Section 49.3(2)). Only 1500 hours of supervised clinical experience may be completed under a supervisor meeting this qualification.
Practices as a professional counselor. Has 5 years experience within the last 10 years as a professional counselor (Section 49.3(3)). This qualification is for supervised clinical experience completed prior to January 1, 2006.

Supervisor's Name: _____
Please print

Supervisor's Address: _____
Street

City State Zip

License Number _____ Profession _____ State _____

(Pages 3, 4 and 5 must all be placed in a sealed envelope by the supervisor and the supervisor's shall sign their name over the flap of the envelope and the sealed, signed envelope shall be given to the applicant to submit.)

Where did the Clinical Experience occur:

Site: _____
Please print

Address: _____
Street

City State Zip

Dates of Supervised Experience: ____/____/____ to ____/____/____
month day year month day year

Number of weeks worked in which clinical experience was accrued between the dates listed above: _____

Total Number of Hours of Supervised Clinical Experience Worked with this Supervisor between the dates listed above: _____
(Do not include vacation days, sick days, etc..)

The total number of hours of face-to-face direct client contact hours completed: _____

Average Hours per week Applicant worked: _____

Dates of Individual supervised clinical experience: ____/____/____ to ____/____/____
month day year month day year

I provided _____ hour(s) of individual supervision for every 40 hours worked.

Dates of Group supervised clinical experience: ____/____/____ to ____/____/____
month day year month day year

I provided _____ hour(s) of group supervision for every 40 hours worked.

As per Section 49.13(b) (1) At least one-half of the experience shall consist of providing services in one or more of the following areas:

Please check all that apply

- (i) Assessment
- (ii) Counseling
- (iii) Therapy
- (iv) Psychotherapy
- (v) Other therapeutic interventions
- (vi) Consultation
- (vii) Family Therapy
- (viii) Group Therapy

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As per Section 49.13(b)(5), the supervisor, or one to whom supervisory responsibilities have been delegated, shall meet with the supervisee for a minimum of 2 hours for every 40 hours of supervised clinical experience. At least 1 of the 2 hours shall be with the supervisee individually and in person, and 1 of the 2 hours may be with the supervisee in a group setting and in person.

As per Section 49.13(b)(9), the supervised clinical experience shall be completed in no less than 2 years and no more than 6 years, except that no less than 500 hours and no more than 1,800 hours may be credited in any 12-month period.

I verify that _____ has met the requirements of Sections 49.13(b)(5) and 49.13(b)(9) of the regulations.

I verify that I have reviewed and understand Sections 49.13(b) and 49.14 of the regulations. I further verify that the supervised clinical experience documentation completed on these forms was completed based on my records and will provide the records upon request by the Board.

I verify that the statements in this verification of Clinical Supervised Experience are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 (relating to unsworn falsification to authorities) and may result in the suspension or revocation of my license. I also verify that I have complied with Section 49.14 of Title 49 Standards for supervisors.

Signature of Supervisor

Date

(Pages 3, 4 and 5 must all be placed in a sealed envelope by the supervisor and the supervisor's shall sign their name over the flap of the envelope and the sealed, signed envelope shall be given to the applicant to submit.)

**STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS
AND PROFESSIONAL COUNSELORS**

717-783-1389
FAX: 717-787-7769

Email st-socialwork@pa.gov

Website www.dos.pa.gov/social

**APPLICATION FOR A LICENSE BY ENDORSEMENT WITHOUT EXAMINATION TO PRACTICE
PROFESSIONAL COUNSELING**

(Must hold a license in another state as a professional counselor and have been actively engaged in the practice of professional counseling for 5 of the last 7 years immediately preceding the filing of this application for licensure by endorsement)

1. Application fee- \$100.00 and is non-refundable. Check/money order should be made payable to "Commonwealth of PA". A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for nonpayment. "If the application process has not been completed within one year from the date it was received, applicants will be required to submit an updated application (another application processing fee) and supporting documents as necessary."
2. Meet ONE of the following education requirements as per Section 7(f) (2) Act 136 – 1998. Request the school to send an official transcript of your educational degree and other graduate level coursework **DIRECTLY** to the Board in an official sealed school envelope.
 - i. Has successfully completed a planned program of 60 semester hours or 90 quarter hours of graduate coursework in counseling or a field determined by the board by regulation to be closely related to the practice of professional counseling, including a master's degree granted on or before June 30, 2009, in counseling or a field determined by the board by regulation to be closely related to the practice of professional counseling, from an accredited educational institution, and has met specific course requirements listed in Section 49.2.
 - ii. Has successfully completed a planned program of 60 semester hours or 90 quarter hours of graduate coursework in counseling or a field determined by the board by regulation to be closely related to the practice of professional counseling, including a 48-semester-hour or 72-quarter-hour master's degree in counseling or a field determined by the board by regulation to be closely related to the practice of professional counseling, from an accredited educational institution, and has met specific course requirements listed in Section 49.2.
 - iii. Holds a doctoral degree in counseling from an accredited educational institution or holds a doctoral degree in a field determined by the board by regulation to be closely related to the practice of professional counseling from an accredited educational institution, and has met specific course requirements listed in Section 49.2.
3. Demonstrate proof of supervised clinical Professional Counseling experience. Completed a minimum of 3,000 hours of supervised clinical ~~experience~~: Request state where you hold a current license as a professional counselor to submit a statement to the Board verifying the completion of 3,000 hours of supervised clinical experience **OR** have the state provide copies of your supervised clinical experience verifying the completion of 3,000 hours of supervised clinical experience as set forth in section 49.18(4) of the Board's regulations.
4. Verification Statement of Active Practice. Sign and date the certification form verifying that you have been actively engaged in the practice of professional counseling for 5 of the last 7 years immediately preceding the filing of the application for licensure by endorsement with the Board.
5. Please provide a curriculum vitae (a list activities from graduation to the present).

6. Request each state licensing agency where you have ever held a license to practice send letter(s) of good standing DIRECTLY the Board office in official sealed agency envelope.
7. If documents will be submitted to the Board under a name different from your present name, submit a copy of legal document showing the name change (marriage certificate, divorce decree, court order, etc..)
8. All persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board.
9. Provide a Self-Query from the National Practitioner Data Bank which is valid for 6 months from the date of issuance. A Self-Query can be requested online at <https://www.npdb.hrsa.gov/>. When you receive the "Self-Query Response" from the National Practitioner Data Bank, forward it to the Board office. (Verify that "Self-Query Response" is sent to the Board and not a discrepancy notice.)
10. Provide an official Criminal History Record Check (CHRC) from the state agency for every state in which you have resided for the past 5 years. The report(s) is valid for 90 days from the date of issuance. This report can be sent to you and forwarded to the Board with your application. For Pennsylvania CHRC, this can be done online at <http://epatch.state.pa.us>. For states that do not provide CHRC for employment or licensing purposes (CA & AZ), we will accept an FBI background check. You may visit <https://www.fbi.gov/about-us/cjis/identity-history-summary-checks> to obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check.

PLEASE NOTE:

If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee.

In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance. All background check Documents cannot be older than 90 days from the date of issuance.

STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS
AND PROFESSIONAL COUNSELORS

Email: st-socialwork@pa.gov

Website: www.dos.pa.gov/social

Mailing address
P.O. BOX 2649
HARRISBURG, PA 17105-2649

Courier Delivery Address:
2601 North Third Street
Harrisburg, PA 17110

APPLICATION FOR A LICENSE BY ENDORSEMENT WITHOUT EXAMINATION TO PRACTICE
PROFESSIONAL COUNSELING

Complete page 1 and 2 and submit to the above address.

Application fee - \$100.00 and is non-refundable. Make check/money order payable to "Commonwealth of PA". A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for nonpayment.

Name: _____
Last First Middle Maiden

Address: _____
Street

City State Zip

Daytime Telephone Number: (____) _____ Email: _____

Social Security Number: _____ Date of Birth: _____
Month Day Year

Will any documentation submitted in connection with this application be received in a name other than the name under which you are applying? Yes [] No []

If Yes, please list the other name or names below (Submit a copy of the legal document evidencing the name change (i.e., marriage certificate, divorce decree or court order) ;

Please list all states in which you have lived in the past five years: _____

School _____

Address of School: _____
Street

City State Zip

Date of Graduation: _____ Type of Degree _____
Month Day Year

The following questions must be answered, please check the appropriate box.		Yes	No
1.	Do you hold or have you ever held, a license, certificate, permit, registration or other authorization to practice any health-related profession in any state or jurisdiction? If yes, please list all professions and states where you have been licensed and request a letter of good standing be sent from each state board to the Pennsylvania Board. <hr/> <hr/>		
2.	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
3.	Do you currently have any disciplinary charges pending against your professional or occupational license certificate, permit or registration in any state or jurisdiction?		
4.	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7.	Have you ever been found guilty of immoral or unprofessional conduct?		
8.	Have you ever violated standards or professional practice or conduct?		
9.	Do you currently engage in or have you ever engaged in the Intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
10.	Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
11.	Have you ever had practice privileges denied revoked, suspended or restricted by a hospital or any health care facility?		
12.	Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		

IF YOU HAVE ANSWERED "YES" TO ANY QUESTIONS FROM 2 THROUGH 12, PLEASE ATTACH AN 8 1/2 X 11 SHEET OF PAPER GIVING FULL DETAILS. INCLUDE COURTHOUSE CERTIFIED COPIES OF ANY DOCUMENTS EXPLAINING THE SITUATION, IF APPLICABLE.

VERIFICATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 49.11. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

APPLICANT'S SIGNATURE

DATE

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa.C.S. § 4304.1(a). At the request of the Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

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STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS

Regular Mailing Address
P O Box 2649
Harrisburg, PA 17105-2649

Courier Delivery Address
2601 North Third Street
Harrisburg, PA 17110

VERIFICATION STATEMENT OF ACTIVE PRACTICE

Verification of 5 years of Active Practice:

I have been actively engaged in the practice of professional counseling for 5 of the last 7 years immediately preceding the filing of this application for licensure by endorsement. I verify that the statements in this verification statement of active practice are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities) and may result in the suspension or revocation of my license.

Signature

Date

**STATE BOARD OF SOCIAL WORKERS,
MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS**

RENEWAL APPLICATION

RETURN TO:

State Board of Social Workers, Marriage and Family
Therapists and Professional Counselors
PO Box 8416
Harrisburg, PA 17105-8416

Full Name

Street Address

City State Zip Code

License number

Check if appropriate

- ADDRESS CHANGE – The address above is a new address and not on file with the Board
- NAME CHANGE – The name above is not the current name on the licensure records. (You must submit a photocopy of a legal document verifying the name change (i.e., marriage certificate, divorce decree showing the retaking of a maiden name or court order).

THE FOLLOWING QUESTIONS MUST BE ANSWERED – CHECK "YES" OR "NO" FOR EACH QUESTION

YES	NO	If YES to #3 - #11 – provide details AND certified copies of legal document(s).
		1. Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?
		2. Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice any health-related profession in any state or jurisdiction? If yes, List: _____
		3. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
		4. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		5. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		6. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or <i>plea nolo contendere</i>), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		7. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		8. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?
		9. Since your initial application or your last renewal, whichever is later, have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?
		10. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?
		11. Since your initial application or your last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?

BSW/SW/CW/MF/PC License Number _____

CONTINUING EDUCATION – SELECT ONE BELOW. You are required to retain your official continuing education certificates of completion earned for this license renewal period until February 28, 2021 and provide them to the Board if requested.

- I have completed the required 30 hours of Pennsylvania Board approved continuing education courses from 3/1/15 thru 2/28/17.
- I obtained my initial license since 03-01-15, and am exempt from continuing education.
- I have received written approval from the Board for an extension or waiver of the required continuing education based on an illness, military service or hardship.

NOTE: Indicating that you completed the required continuing education hours if you have not, subjects you to disciplinary and criminal action for **BOTH** failure to complete the requirements **AND** for falsifying a renewal.

All persons applying for renewal/reactivation of a license shall be required to complete 2 hours of Department of State or DHS approved training in child abuse recognition and reporting requirements as a condition of renewal/reactivation. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board. Child Abuse Continuing Education Providers Information can be found here.

INACTIVE STATUS

If you will not be practicing this profession in Pennsylvania after February 28, 2017, you may place your license on inactive status by checking the box below. The form must be completed in its entirety. **No fee or continuing education is required to maintain inactive status.**

- I will not be practicing this profession in Pennsylvania after February 28, 2017 and request inactive status.

I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 PA C.S. § 4911 and that any false statement made is subject to the penalties of 18 PA C.S. § 4904 relating to unsworn falsification to authorities and may result in my license being disciplined.

Signature of Licensee (Mandatory): _____ Date: _____

EXPIRATION DATE:	February 28, 2017
FEE – Payable to "COMMONWEALTH OF PENNSYLVANIA" Write your licensee number on your payment. TO ENSURE THAT YOUR LICENSE IS RENEWED BY THE EXPIRATION DATE, SUBMIT BY February 15, 2017.	RENEWAL FEE = \$95.00 (NON REFUNDABLE) A \$20.00 fee will be assessed for returned payment. Fees are Non-refundable.
PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES	LATE FEE - \$5.00 per month, or part of a month Late renewal fee will be assessed if postmarked after February 28, 2017.

STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS

Mailing Address: P.O. Box 2649 Harrisburg, PA 17105-2649 Telephone: (717) 783-1389 E-Mail: st-socialwork@pa.gov

Courier Address: 2601 North Third Street Harrisburg, PA 17110 Fax: (717) 787-7769

OFFICIAL USE ONLY Date Received: License Number: Date Approved:

APPLICATION FORM FOR APPROVAL AS A PRE-APPROVED PROVIDER UNDER SECTIONS 47.36(b), 48.36(b) and 49.36(b)

**PLEASE NOTE, ALL PENNSYLVANIA PRE-APPROVED PROVIDER APPROVALS EXPIRE FEBRUARY 28 OF EACH ODD NUMBERED YEAR.

IT IS YOUR RESPONSIBILITY TO MAINTAIN A COPY OF THIS APPLICATION AND ALL DOCUMENTS SUBMITTED TO THE BOARD, OR RECEIVED FROM THE BOARD FOR YOUR FUTURE REFERENCE.

Submit a \$65.00 check or money order made payable to "Commonwealth of PA." Application fees are not refundable. If your application is not complete within one year from the date of submission, you will be required to submit another application fee. A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. (Payment of an application processing fee does not guarantee approval).

Section 1: Application Form

- 1. Name of organization:
2. Name and title of person responsible for continuing education. Attach his/her curriculum vitae.
3. Address of organization:
4. Name of person completing application:
Telephone number:
Fax number:

Section 2: Major goals and functions of your organization

Attach a copy of the major goals/functions of your organization, including the continuing education component.

Section 3: History of continuing education

Please provide copies of all workshops. Copies should include schedules and content of all workshops held within the last biennial renewal period (March 1, 2015-February 28, 2017.) (Do not include PowerPoint presentations, handouts, etc..)

Section 4: Target audience(s)

Indicate all groups you target as potential participants in the activities you intend to offer or to sponsor for credit.

<input type="checkbox"/>	Professional Counselors	<input type="checkbox"/>	Psychologists	<input type="checkbox"/>	Graduate students
<input type="checkbox"/>	Social Workers	<input type="checkbox"/>	Psychiatrists	<input type="checkbox"/>	Nurses
<input type="checkbox"/>	Marriage & Family Therapists	<input type="checkbox"/>	Physicians	<input type="checkbox"/>	Special Educators
<input type="checkbox"/>	Other (Specify) _____				

Section 5: Program administrator

Attach a curriculum vitae of the program administrator.

Section 6:

Describe how your continuing education program is administratively organized including names, titles, and a brief description of the functions of staff. Include a description of how responsibilities are delegated, if they are, to approved sponsors. When differences exist between practices of your organization and approved sponsors, be certain that the differences are explained in answers to the items below.

Section 7:

Describe how your organization maintains continuing awareness of the needs for continuing education for social workers, marriage and family therapists and professional counselors. Describe the role of social workers, marriage and family therapists and/or professional counselors in the development for your continuing education program offerings.

Section 8:

Describe the type of facilities typically used by your organization or those you sponsor for offering continuing education programs (e.g., hotels, conference centers, etc) with special attention to ventilation, accessibility and confidentiality when clinical materials are presented.

Section 9:

Describe your policy for accommodating the needs of participants with a disability.

Section 10:

Describe your policy for evaluating participant satisfaction with each continuing education program, including program content, instructor performance and effectiveness, administration, and facilities. Attach sample instruments/forms used.

Section 11:

- A) Describe how you evaluate the perceived (self-report) and/or actually achieved (objective) learning that took place during a continuing education activity.
- B) Summarize the results of the evaluations of participant satisfaction and learning and describe how these are used for quality improvement. (Please provide documentation between this biennial renewal period March 1, 2015 - February 28, 2017.)

Section 12:

List the criteria used in selecting instructors for continuing education offerings.

Section 13:

Describe the process by which learning objectives are developed for each type of continuing education offered for social workers, marriage and family therapists and professional counselors by your organization.

Section 14:

Describe how and when potential participants obtain the following information:

- A) Educational objectives of the offering;
- B) For whom the activity is designed;
- C) Schedule and format of the activity;
- D) Fee(s) (Including items covered and refund policy. If there is no fee that should be stated);
- E) Number of CE credits for social workers, marriage and family therapists and professional counselors will be offered;
- F) Brief biographical information about instructor(s); and
- G) Length of time that records of attendance and completion of the activity will be maintained.

- H) Each Program announcement should include (Name of Sponsor/Provider) is approved by the Pennsylvania State Board of Social Workers, Marriage and Family Therapists and Professional Counselors to offer continuing education for social workers, marriage and family therapists and professional counselors. (Name of Sponsor/Provider) maintains responsibility for the program(s).

Attach a sample of promotional materials developed to promote Continuing Education activities.

Section 15:

List the type(s) of credit your organization offers for successful completion of your program(s). Describe what safeguards exist to ensure that no participant receives more than one type of credit for his/her participation in a single activity. Describe what constitutes completion of an activity for the purpose of awarding credit.

Section 16:

Attach a sample certificate or other documentation of attendance given to participants as verification of their satisfactory completion of an activity.

Each certificate or letter of completion must include the following: (Name of Sponsor/Provider) is approved by the Pennsylvania State Board of Social Workers, Marriage and Family Therapists and Professional Counselors to offer continuing education for social workers, marriage and family therapists and professional counselors. (Name of Sponsor/Provider) maintains responsibility for the program(s).

Describe how completion of work, which meets the basic criteria for approval (i.e., was designed for social workers, marriage and family therapists and professional counselors, had appropriate promotional material, including specific learning objectives, and had a procedure for determining consumers' perceptions of the extent to which the objectives have been met) is identified in contrast with continuing education that does not.

Section 17:

Describe how your organization maintains the confidentiality of instructional material and participant disclosure.

Section 18:

Describe the policies and procedures your organization has developed to guard against discrimination during the process of selecting participants and faculty for your continuing education programs and during the instructional period.

Section 19:

Describe your procedures for dealing with participant complaints.

Section 20:

AGREEMENT

I understand that information in this application will be used by members of the Pennsylvania State Board of Social Workers, Marriage and Family Therapists and Professional Counselors, their consultants and staff. I also certify that the information provided herein is accurate, and, if approved, agree to abide by the criteria and procedures set by the Pennsylvania State Board of Social Workers, Marriage and Family Therapists and Professional Counselors for continuing education for social workers, marriage and family therapist and professional counselors.

Signature of Continuing Education Program Administrator

Date

VERIFICATION

I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa.C.S. §4911. I verify that the statements in this application are true and correct to the best of my knowledge, information, and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my approval.

Signature of Continuing Education Program Administrator

Date

STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL
COUNSELORS

P.O. Box 2649
Harrisburg, PA 17105-2649

Telephone: (717) 783-1389
Fax: (717) 787-7769
Website: www.dos.pa.gov/social
E-Mail: st-socialwork@pa.gov

Courier Address:
2601 North Third Street
Harrisburg, PA 17110

APPLICATION FOR PROVIDER OF CONTINUING EDUCATION APPROVAL FOR COURSES
AND PROGRAMS

Standards for courses and programs

1. Continuing education programs must be directed toward the enhancement of social workers', clinical social workers', marriage & family therapists' and professional counselors' knowledge and practice skills related to helping people achieve adequate and productive personal, interpersonal, and social adjustments in their individual lives, families, and community. The Board will not approve continuing education programs in office management or in marketing the practice.
2. There must be an established mechanism measuring the quality of the course or program.
3. There must be established criteria for selecting and evaluating faculty or source material.
4. One (1) credit hour equals 50-60 minutes of actual instruction, exclusive of coffee breaks, lunch, etc. The minimum duration may be one (1) hour. Continuing Education Courses must be taken within the two-year renewal period for which they are approved (i.e. March 1, 2011—February 28, 2013).
5. All Provider approvals expire February 28th of each odd numbered year. A separate application is required for each two-year renewal period.

Instructions:

1. The application must be submitted by the provider to the above address at least **90 days** [per 49 Pa. Code § 47.34(b), § 48.34(a) and § 49.34(a)] before the date the course or program commences. **Please allow at least 30 days processing for Board review after a completed application has been received. Please note: Durling periods of high volume average processing times may be extended.**
2. The application must be **typed or printed legibly only**. All questions must be answered completely or the application may be denied; **"see attached"** is not acceptable. The designated field of licensure should be listed after the instructor's name.
3. **The following documents must accompany each application submitted:**
 - a. Course outline indicating starting time, breaks, lunch, and ending times; course objectives; a brief description; and a sample course evaluation form.
 - b. List of Instructors' names, titles, affiliations, degrees and curriculum vitae/resume.
 - c. Sample of the Certificate of Attendance that is to be issued to each person in attendance. The sample certificate must contain the name of the sponsor, title of the course, and spaces marked for each of the following: name of licensee, date of course, number of clock hours, PA SW Board approval number, and signature of the person authenticating attendance. **Home study courses must be marked home study. If course applies to ethics, certificate must list the number of clock hours.**
 - d. \$65.00 check or money order payable to "Commonwealth of PA". Fees are not refundable and will not be waived. Failure to submit the fee will delay the application(s). A processing fee of \$20.00 will be charged for a returned check or money order, regardless of the reason for non-payment.

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IMPORTANT INFORMATION:

PLEASE NOTE: The continuing education regulations for social workers and clinical social workers were amended and became effective March 1, 2007. To determine if you are already a pre-approved provider refer to Section 47.36(a), 48.36(a) or 49.36(a) of the regulations. The rules and regulations may be located on the Board's website at www.dos.pa.gov/social.

If a course is going to be provided for other dates and locations than what has been requested on the application, you are required to submit a letter to the Board requesting approval. Failure to obtain approval for additional dates and locations could result in revocation of approval by the Board for further program offerings of that program.

It is mandatory that you issue all participants who hold a Pennsylvania license an attendance certificate. The certificate must contain the name of the provider, the name of the licensee, title of the course, date of the course, number of credit hours, live or home study/on-line, Board approval number and signature of the person verifying attendance.

The Board has determined that a webinar is considered a live course if the licensee can interact with the instructor in real time and the instructor responds in real time.

If an instructor or an individual licensee is applying for individual continuing education approval, please refer to the Application for Individual Continuing Education Approval.

STATE BOARD OF SOCIAL WORKERS, MARRIAGE & FAMILY THERAPISTS AND PROFESSIONAL COUNSELOR

Mailing Address: P.O. Box 2649 Harrisburg, PA 17105-2649 Telephone: (717) 783-1389 E-Mail: st-socialwork@pa.gov

Courier Address: 2601 North Third Street Harrisburg, PA 17110 Fax: (717) 787-7769

OFFICIAL USE ONLY Reference Number: Approval Number: SWCE Receipt Number:

APPLICATION FOR PROVIDER OF CONTINUING EDUCATION APPROVAL FOR COURSES AND PROGRAMS

- a. Submit a \$65.00 check or money order made payable to "Commonwealth of PA." Application fees are not refundable. If your application is not complete within one year from the date of submission, you will be required to submit another application fee. A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. (Payment of an application processing fee does not guarantee approval).

The Provider must submit this application at least 90 days prior to the date of the program. The application must be typed or printed legibly only. All questions must be answered completely or the application may be denied; "see attached" is not acceptable.

Please allow at least 30 days processing for Board review after a completed application has been received. Please note: During periods of high volume average processing times may be extended.

IT IS YOUR RESPONSIBILITY TO MAINTAIN A COPY OF THIS APPLICATION AND ALL DOCUMENTS SUBMITTED TO OR RECEIVED FROM THE BOARD FOR YOUR FUTURE REFERENCE.

- 1. Name of person completing this application: Telephone number: () Name of provider: Address of provider:

- 4. Name of Instructor: Title Degree License # (if any)

5. Title of course/program

6. Location of course/program:

Live Home study/on-line Webinar Describe

7. Date of course/program: Number of hours requested:

Months/Day/Year

Please answer additional questions on pages 2 and 3.

8. Target audience(s) – Indicate groups you target as potential participants in the activities you indeed to offer or to sponsor for credit.

- Social Workers Psychologists Special Educators Marriage & Family Therapists
- Psychiatrists Educators Professional Counselors Graduate Students
- Physicians Nurses Other _____

9. Describe how the subject matter pertains to the enhancement of the social worker's, clinical social worker's, marriage and family therapist's and professional counselor's knowledge and practice skills related to helping people achieve adequate and productive personal, interpersonal and social adjustments in their individual lives, in their families and in their community. (Sections 47.35(a)(1), 48.35(a)(1) and 49.35(a)(1) of the regulations).

10. Describe the established mechanism measuring the quality of the course or program being offered. (Sections 47.35(a)(2), 48.35(a)(2) and 49.35(a)(2) of the regulations).

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11. Describe the established criteria for selecting and evaluating faculty or source material.
(Sections 47.35(a)(3), 48.35(a)(3) and 49.35(a)(3) of the regulations).

12. Describe the established criteria for the evaluation of each course or program upon completion.
(Sections 47.35(a)(4), 48.35(a)(4), 49.35(a)(4) of the regulations).

13. Do you comply with relevant federal, State and local laws related to serving people with disabilities and shall provide adequate facilities and appropriate instructional materials to carry out the continuing education course or program.
YES () NO ()

Verification

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my approval. I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. §4911. I certify that the information provided herein is accurate, and if approved, agree to abide by the criteria and procedures set by the PA State Board of Social Workers, Marriage and Family Therapists and Professional Counselors and upon request will submit evaluation forms.

Signature of provider: _____ Date: _____

STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS

P.O. Box 2649
Harrisburg, PA 17105-2649

Telephone: (717) 783-1389
Fax: (717) 787-7769
Website: www.dos.pa.gov/social
E-Mail: st-socialwork@pa.gov

Courier Address:
2601 North Third Street
Harrisburg, PA 17110

APPLICATION FOR INDIVIDUAL CONTINUING EDUCATION APPROVAL

Pennsylvania Code
Title 49. Professional and Vocational Standards
Part I. Department of State
Subpart A. Professional and Occupational Affairs

This application applies to Sections 47.36(d), 48.36(d) and 49.36(d) which state "The Board may approve participation in other continuing education courses or programs for credit so long as the licensee submits, prior to attendance, an application for program approval and supporting documentation provided in Sections 47.35, 48.35 and 49.35 and upon completion of the course or program submits verification of attendance.

A licensee shall complete at least 30 clock hours of continuing education during the preceding biennial period. Of the 30 clock hours, 10 clock hours must be completed live in person, up to 20 clock hours may be completed in home study/on-line and 3 clock hours must be in ethics.

All persons applying for renewal/reactivation of a license shall be required to complete 2 hours of Department of State or DHS approved training in child abuse recognition and reporting requirements as a condition of renewal/reactivation. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board.

Please review the continuing education regulations prior to the completion of this application.

Social Workers and Clinical Social Workers – Sections 47.31-47.41

Specifically Sections 47.32, 47.33, 47.35 & 47.36(a)

Marriage and Family Therapists – Sections 48.31 – 48.42

Specifically Sections 48.32, 48.33, 48.35 & 48.36(a)

Professional Counselors – Sections 49.31 – 49.42

Specifically Sections 49.32, 49.33, 49.35 & 49.36(a)

Instructions:

- (1) Continuing education programs must be directed toward the enhancement of social workers', clinical social workers', marriage & family therapists' and professional counselors' knowledge and practice skills related to helping people achieve adequate and productive personal, interpersonal, and social adjustments in their individual lives, families, and community. The Board will not approve continuing education programs in office management or in marketing the practice.
- (2) The application must be submitted **at least one day** (may be faxed and the original application mailed or the application post marked) before the date the course or program commences. The program is only approved for the individual licensee requesting approval. Please allow at least 30 days processing for Board review after a completed application has been received. Please note: During periods of high volume, average processing times may be extended.
- (3) The application must be typed or printed legibly only. All questions must be answered completely or the application may be denied.

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IMPORTANT INFORMATION:

DEFINITIONS:

PUBLISHED ARTICLES – Published in a professional journal or professional magazine.

PUBLISHED CHAPTER – Published in a professional text relevant to social work, marriage and family therapy and professional counseling.

The Board has determined that a webinar is considered a live course if the licensee can interact with the instructor in real time and the instructor responds in real time.

STATE BOARD OF SOCIAL WORKERS, MARRIAGE & FAMILY THERAPISTS AND PROFESSIONAL COUNSELOR

Mailing Address: P.O. Box 2649 Harrisburg, PA 17105-2649 Telephone: (717) 783-1389 E-Mail: st-socialwork@pa.gov

Courier Address: 2601 North Third Street Harrisburg, PA 17110 Fax: (717) 787-7769

OFFICIAL USE ONLY

Reference Number: _____ Approval Number: SWICE Receipt Number: _____

APPLICATION FOR INDIVIDUAL CONTINUING EDUCATION APPROVAL

- a. Submit a \$65.00 check or money order made payable to "Commonwealth of PA." Application fees are not refundable. If your application is not complete within one year from the date of submission, you will be required to submit another application fee. A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. (Payment of an application processing fee does not guarantee approval.)
b. This form must be typed or printed legibly only. All questions must be answered completely or the application may be denied.
c. Application deadlines: Individual Course Approval - must be submitted (application may be faxed and then the original application mailed or application must be post marked) up to 1 day prior to attending the course. Published Articles - must be submitted during biennial renewal period published. Program Presenter - including Lectures, College or University Courses - must be submitted (application may be faxed and then the original application mailed or application must be post marked) up to 1 day prior to presentation of the course. Instructor of college/university course (first time teaching a course) - must be submitted (application may be faxed and then the original application mailed or application must be post marked) up to 1 day prior to teaching course.

IT IS YOUR RESPONSIBILITY TO MAINTAIN A COPY OF THIS APPLICATION AND ALL DOCUMENTS SUBMITTED TO OR RECEIVED FROM THE BOARD FOR YOUR FUTURE REFERENCE.

Requesting approval for (check one). Please indicate number of continuing education hours requested. Please indicate whether the course is live, home study/on-line or webinar.

- Individual Course Approval Published Article Program Presenter Instructor - first time teaching (college/university course)

Number of Hours requested: _____

- Live Home study/on-line Webinar Description _____

- 1. Applicant Name: _____
2. Applicant License number: _____ 3. Telephone number: Work () _____
4. Address: _____
5. E-Mail address: _____
6. Title of course/published article/program/graduate course name: _____
7. Date of publication/date of program: _____

Please answer additional questions on page 2.

8. Individual Course approval – attach the following:
- Detailed time schedule of program
 - List of presenters
 - Copy of course content
 - Course objectives
 - Copy of promotional materials (if available)

Program provider: _____

Program provider address: _____

Location of program: _____

9. Published Article/Chapter/Book – attach the following:

- Copy of published article or chapter
AND
- Complete APA reference
OR
- The date of publication and publisher of the article, name of chapter or book.

10. Program Presenter – attach the following:
- Detailed time schedule of program
 - List of presenters' names, titles, affiliations and degree(s)
 - Copy of course content
 - Copy of course objectives
 - Brief description of qualifications to teach the course/program
 - Copy of promotional materials (if available)

11. Instructor of College/University Course Application (first time teaching) – attach the following:

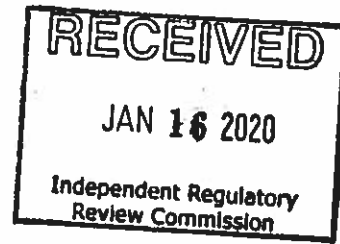
- Letter from university identifying the following:
 - a. the course prefix, number and title
 - b. the dates, time and place of teaching; and
 - c. the number of credits
- Copy of course description
- Copy of syllabus

Verification

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my approval. I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. §4911.

Signature of licensee: _____ Date: _____

FACE SHEET
FOR FILING DOCUMENTS
WITH THE LEGISLATIVE REFERENCE BUREAU
(Pursuant to Commonwealth Documents Law)



DO NOT WRITE IN THIS SPACE

<p>Copy below is hereby approved as to form and legality. Attorney General</p> <p>BY: _____ (DEPUTY ATTORNEY GENERAL)</p> <p>_____ DATE OF APPROVAL</p> <p><input type="checkbox"/> Check if applicable Copy not approved. Objections attached.</p>	<p>Copy below is here by certified to be a true and correct copy of a document issued, prescribed or promulgated by:</p> <p>State Board of Social Workers, Marriage and Family Therapists and Professional Counselors</p> <p>_____ (AGENCY)</p> <p>DOCUMENT/FISCAL NOTE NO: <u>16A-6922</u></p> <p>DATE OF ADOPTION: _____</p> <p>BY: <u><i>Renee W. Cardone, M.S.W., L.C.S.W.</i></u> Renee W. Cardone, M.S.W., L.C.S.W.</p> <p>TITLE: <u>Chairperson</u></p>	<p>Copy below is hereby approved as to form and legality. Executive or Independent Agencies.</p> <p>BY: <u><i>Maria H. Z. Lehr</i></u> (Deputy General Counsel) (Chief Counsel, Independent Agency) (Strike inapplicable title)</p> <p>_____ DEC 27 2019 DATE OF APPROVAL</p> <p><input type="checkbox"/> Check if applicable. No Attorney General approval or objection within 30 days after submission.</p>
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FINAL RULEMAKING

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY
THERAPISTS AND PROFESSIONAL COUNSELORS

49 PA. CODE CHAPTERS 47

§§ 47.1, 47.4, 47.11, 47.12b, 47.12e, 47.15, 47.32 – 47.36a, 47.41, 47.61 – 47.65 and 47.71

LICENSED BACHELOR SOCIAL WORKER; FEES

The State Board of Social Workers, Marriage and Family Therapists and Professional Counselors (Board) hereby amends §§ 47.1, 47.4, 47.11, 47.15, 47.32—47.36a, 47.41, 47.61—47.65 and 47.71, deletes § 47.12b (relating to provisional license as a social worker) and adds § 47.12e (relating to licensed bachelor social worker) to read as set forth in Annex A.

Effective Date

The amendments will be effective upon publication of the final-form regulation in the *Pennsylvania Bulletin*.

Statutory Authority

Section 6 of the Social Workers, Marriage and Family Therapists and Professional Counselors Act (act) (63 P.S. § 1906) authorizes the Board to pass upon the qualifications and fitness of applicants for licenses; to adopt and revise rules and regulations requiring applicants to pass examinations relating to their qualifications as a prerequisite to the issuance of a license; and adopt and revise rules and regulations as may be necessary to carry into effect the provisions of the act. Section 18 (c) of the act (63 P.S. § 1918(c)) provides that all fees required under the act shall be fixed by the Board by regulation. Section 9 of the act of October 22, 2014 (P.L. 2884, No. 179) (Act 179) directs the Board to promulgate regulations to carry out Act 179, which provided for the licensure of bachelor social workers.

Background and Need for Amendment

Act 179 requires the Board to promulgate regulations for the licensure of bachelor social workers, including the establishment of applicable fees. In determining the appropriate fees for bachelor social workers, the Board undertook a comprehensive review of its overall fee structure because existing fees for licensed social workers, licensed clinical social workers, licensed marriage and family therapists and licensed professional counselors had not been adjusted since 2002, and the fees associated with approval of continuing education providers, programs and activities had not been updated since 2006. This rulemaking effectuates Act 179 with regard to licensure of bachelor social workers, establishes applicable fees for licensed bachelor social workers, adjusts existing fees for the Board's other licensure categories to cover the Board's costs of operations, and eliminates provisions pertaining to provisional licenses, which were eliminated by Act 179.

Summary and Responses to Comments and Description of Amendments to the Final-Form Regulation

Notice of the proposed rulemaking was published at 48 Pa.B. 872 (February 10, 2018). Publication was followed by a 30-day public comment period during which the Board received favorable comments from the Association of Social Work Boards (ASWB). The Board also received

comments from the Independent Regulatory Review Commission (IRRC) as part of its review under the Regulatory Review Act (71 P.S. §§ 745.1—745.15). The Board received no comments from the House Professional Licensure Committee (HPLC) or the Senate Consumer Protections and Licensure Committee (SCP/PLC).

Comments from the ASWB

ASWB's comments were generally favorable, expressing support for the changes proposed by the Board. First, the ASWB noted that the regulations are consistent with their *Model Social Work Practice Act* (Model Law), in that the Model Law provides for a bachelor's level license, as well as being consistent with 33 other states that regulate social work practice at the bachelors, masters and clinical levels. ASWB also noted that the proposed continuing education requirements of the Model Law, which suggests that social work licensees complete at least 15 hours of approved programs of continuing education annually, are consistent with the Board's proposal of 30 hours to be completed biennially. ASWB also noted that Pennsylvania's efforts to add bachelors' level licensure are in concert with the ASWB Mobility Initiative.

The one area of concern raised by ASWB pertains to § 47.36 (relating to preapproved providers of continuing education courses and programs for social workers and clinical social workers). ASWB points out that it is unclear how preapproved providers will demonstrate that their courses routinely meet the standards established by the Board once the entity is approved to offer an unlimited number of courses. The Board acknowledges that there is no formal requirement for preapproved providers to submit every course they intend to offer to the Board for review and approval. The Board believes that requiring Board review of every course offered by preapproved providers would be overly burdensome to both the course providers and the Board and cause pre-approved providers unnecessary delays in presenting additional courses. Therefore, the Board relies on the preapproved providers to adhere to the standards set forth in § 47.35 (relating to standards for courses and programs). This is not to say that there is no mechanism to ensure that preapproved providers are following these standards. As the Board does random audits of licensees' compliance with the continuing education requirements, Board staff evaluates all courses that are submitted to assure that they meet the standards of § 47.35. If the Board determines, after notice and an opportunity to be heard, that a particular pre-approved provider is not complying with the established standards, the Board may revoke the provider's pre-approved status. Historically, the Board has been able to resolve any identified issues before revocation of pre-approved status has become necessary. Therefore, the Board does not deem this to be an issue that requires changes to the regulations.

Additionally, ASWB suggests that their Approved Continuing Education (ACE) program was created to help licensing boards to evaluate a continuing education provider's ability to present social workers with effective, relevant continuing education. The Board notes that continuing education providers, courses and programs approved by ACE are already accepted as preapproved by the Board. However, the Board has not considered mandating ACE approval, believing that

because ASWB is also an approved provider of continuing education, it may be considered a conflict if the Board would use their ACE program to evaluate other competing continuing education providers.

Comments from IRRC

IRRC pointed out that § 47.15(a)(5) (relating to biennial renewal; inactive status; failure to renew) references “a late fee required by § 47.4....” but that no corresponding late fee is set forth in § 47.4 (relating to licensure fees). IRRC suggested that the Board clarify this reference by amending § 47.4 to include the late fees as authorized by section 225 of the Bureau of Professional and Occupational Affairs (BPOA) Fee Act (63 P.S. § 1401-225), noting that it is beneficial to the regulated community to have all fees associated with licensure, renewal and reactivation located in one place. The Board agrees with IRRC’s comment and has amended § 47.4 by adding the late fee of \$ 5 per month, or part of a month, for late renewal, as authorized under the BPOA Fee Act.

Fiscal Impact

The final rulemaking will have a fiscal impact on the regulated community of licensed bachelor social workers in that they would be required to pay a \$ 75 application fee, and a \$ 95 biennial renewal fee. They would also incur costs associated with completion of 30 hours of continuing education each biennium. Because there are many free and low-cost options for meeting the continuing education requirements, the Board estimates an average cost of \$ 300 per biennium to comply with the continuing education requirements. It would also have an impact on applicants for licensure as licensed social workers, licensed clinical social workers, licensed marriage and family therapists and licensed professional counselors due to the increased application fees. Applicants for licensure as a licensed social worker would incur a \$50 increase (from \$25 to \$75); applicants for licensure as a licensed clinical social worker would incur a \$45 increase (from \$45 to \$ 90); and applicants for licensure as a licensed marriage and family therapist or licensed professional counselor would incur a \$55 increase (from \$45 to \$100). Providers of continuing education courses and programs and, to a lesser extent, licensees would incur a \$20 increase in the application fee for approval of providers/courses/activities from \$45 to \$65. The final rulemaking should have no other fiscal impact on the private sector, the general public or political subdivisions of the Commonwealth.

Paperwork Requirements

The final rulemaking will require bachelor level social workers to file an application for licensure and keep documentation on file to demonstrate completion of continuing education credit hours. The Board has developed an application for licensure as a bachelor social worker and will need to revise some of its other applications to provide for the increased fees. There should be no other paperwork requirements for the Commonwealth or the regulated community.

Sunset Date

The Board continuously monitors the effectiveness of its regulations on a fiscal year and biennial basis. Therefore, no sunset date has been assigned.

Regulatory Review

Under section 5(a) of the Regulatory Review Act (71 P.S. §745.5(a)), on January 31, 2018, the Board submitted a copy of this proposed rulemaking and a copy of a Regulatory Analysis Form to the IRRC and to the Chairpersons of the SCP/PLC and the HPLC. A copy of this material is available to the public upon request.

Under section 5(c) of the Regulatory Review Act, IRRC, the HPLC and the SCP/PLC were provided with copies of the comments received during the public comment period, as well as other documents when requested. In preparing the final-form regulation, the Board has considered all comments.

Under section 5(g)(3) and (j.2) of the Regulatory Review Act (71 P.S. § 745.5a(g)(3) and (j.2)), on _____, 20__, the final-form regulation was deemed approved by the HPLC and the SCP/PLC. Under section 5.1(e) of the Regulatory Review Act, the IRRC met on _____, 20__ and approved the final-form regulation.

Additional Information

Additional information may be obtained by writing to Sandra Matter, Board Administrator, State Board of Social Workers, Marriage and Family Therapists and Professional Counselors, P.O. Box 2649, Harrisburg, PA 17105-2649.

Findings

The Board finds that:

- (1) Public notice of proposed rulemaking was given under sections 201 and 202 of the act of July 31, 1968 (P.L. 769, No. 2540), (45 P.S. §§ 1201 and 1202), and the regulations promulgated thereunder, 1 Pa. Code §§ 7.1 and 7.2 (relating to notice of proposed rulemaking required; and adoption of regulations).
- (2) A public comment period was provided as required by law and all comments were considered in drafting this final-form regulation.

- (3) This final-form regulation does not include any amendments that would enlarge the scope of the proposed rulemaking published at 48 Pa.B. 872.
- (4) These amendments to the regulations of the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors are necessary and appropriate for enforcing the act.

Order

The Board therefore **ORDERS** that:

- (a) The regulations of the Board at 49 Pa. Code, Chapter 47, are amended by amending §§ 47.1, 47.4, 47.11, 47.15, 47.32—47.36a, 47.41, 47.61—47.65 and 47.71, deleting § 47.12b and adding § 47.12e to read as set forth in Annex A.
- (b) The Board shall submit this final-form regulation to the Office of General Counsel and the Office of Attorney General for approval as required by law.
- (c) The Board shall submit this final-form regulation to IRRC, the HPLC and the SCP/PLC for approval as required by law.
- (d) The Board shall certify this final-form regulation and deposit them with the Legislative Reference Bureau as required by law.
- (e) This final-form regulation shall take effect immediately upon publication in the *Pennsylvania Bulletin*.

Renee J. Cardone, MSW, LCSW
Chairperson

ANNEX A

TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS

PART I. DEPARTMENT OF STATE

Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS

CHAPTER 47. STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY
THERAPISTS AND PROFESSIONAL COUNSELORS

GENERAL PROVISIONS

§ 47.1. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

* * * * *

Client/patient—An individual, group or family for whom a licensed bachelor social worker, licensed social worker or licensed clinical social worker provides social work services or clinical social work services. In the case of an individual with a legal guardian, such as a minor or legally incapacitated adult, the individual is the client/patient.

Immediate family member—A parent/guardian, child, sibling, spouse or other family member with whom the client/patient resides.

Licensed bachelor social worker—A person who is currently licensed as a licensed bachelor social worker under section 7 of the act (63 P.S. § 1907).

Licensed clinical social worker—A person who is currently licensed as a licensed clinical social worker under section 7 of the act [(63 P.S. § 1907)].

Licensed social worker—A person who is currently licensed as a licensed social worker under section 7 of the act.

Professional relationship—A [therapeutic] relationship which is deemed to exist for the period of time beginning with the first professional contact or consultation between a licensed bachelor social worker, licensed social worker or licensed clinical social worker and a client/patient and continuing thereafter until the last date of a professional service. If a licensed bachelor social worker, licensed social worker or licensed clinical social worker sees a client/patient on an intermittent basis, the professional relationship is deemed to start anew on each date that the licensed bachelor social worker, licensed social worker or licensed clinical social worker provides a professional service to the client/patient.

Provisional licensed social worker—A person who is currently licensed as a provisional licensed social worker under section 7 of the act.]

Related field—Includes the fields of psychiatry, psychology, marriage and family therapy, counseling, art therapy, dance/movement therapy, drama therapy, music therapy, human services and counseling education.

* * * * *

§ 47.4. Licensure fees.

[(a)] The fee schedule for licensure as a licensed bachelor social worker, licensed social worker, [provisional license,] licensed clinical social worker, licensed marriage and family therapist or licensed professional counselor shall be as follows:

- (1) Application fee for licensure and original license issuance as a licensed bachelor social worker or licensed social worker.....[\$25] **\$75**

- (2) Biennial renewal for a licensed bachelor social worker, licensed social worker, licensed clinical social worker, licensed marriage and family therapist or licensed professional counselor.....\$95
- [(3) Application fee for provisional license and provisional license issuance.....\$25
- (4)] (3) Verification of licensure.....\$15
- [(5)] (4) Certification of license, scores or hours.....\$25
- [(6)] (5) Application fee for licensure and original license issuance as a licensed clinical social worker[, marriage and family therapist or professional counselor].....[\$45] \$90
- (6) Application fee for licensure and original license issuance as a licensed marriage and family therapist or licensed professional counselor.....\$100
- (7) LATE RENEWAL FEE (PER MONTH OR PART OF MONTH).....\$5

[(b) Applicants who were issued licenses prior to June 24, 1989, and who have not paid the appropriate fee in subsection (a) are required to remit the fee within 30 days of receipt of notice from the Board to maintain active licensure status. Failure to remit the required fee within that time will result in the license being placed on inactive status. A licensee holding oneself out as a “licensed social worker” while the license is on an inactive status may be subject to disciplinary proceedings before the Board.]

LICENSURE

§ 47.11. Licensure examination.

(a) The examination required as a prerequisite to original licensure as a licensed social worker is the Association of Social Work Boards’ (ASWB) [(formerly known as the American Association of State Social Work Boards’ (AASSWB))] master’s level examination.

(b) The examination required as a prerequisite to being granted a license to hold oneself out as a licensed bachelor social worker [with a provisional license] is the ASWB [(formerly known as AASSWB)] bachelor's level examination.

(c) The examination required as a prerequisite to being granted a license to hold oneself out as a licensed clinical social worker is the ASWB [(formerly known as AASSWB)] clinical level examination.

* * * * *

§ 47.12b. [Provisional license as a social worker] (Reserved).

[(a) To be issued a license to hold oneself out as a social worker with a provisional license, an applicant shall provide proof satisfactory to the Board, that the applicant has met the following conditions:

- (1) Satisfied the general requirements for licensure of § 47.12 (relating to qualifications for licensure).
- (2) Received a bachelor's degree in social work from a school of social work or social welfare accredited by the Council on Social Work Education and has 3 years full time cumulative experience, under the supervision of a social worker who has graduated with a master's degree in social work or social welfare from a school which was an accredited school on the date the degree was awarded or who possesses a doctoral degree in social work.
- (3) Offered proof of current enrollment in a master's degree program at a school of social work or social welfare accredited by the Council on Social Work Education.
- (4) Passed the provisional license examination requirement set forth in § 47.11 (relating to licensure examination).

(b) A provisional licensee while working as a social worker with a current provisional license, shall associate himself with a licensed social worker or other social worker who qualifies under the act and this chapter. The provisional licensee shall be under the supervision and direction of the licensed social worker or other social worker who qualifies under section 7(b)(2) of the act (63 P. S. § 1907(b)(2)).

(c) An applicant may not be issued more than three provisional licenses. A provisional license has a 2-year duration.

(d) If a provisional licensee discontinues his education to obtain a master's degree in social work or social welfare from an accredited school, the provisional licensee shall notify the Board in writing of the licensee's discontinuance and return to the Board any provisional license.]

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§ 47.12e. Licensed bachelor social worker.

To be issued a license to hold oneself out as a licensed bachelor social worker, an applicant shall provide proof satisfactory to the Board, that the applicant has met all of the following conditions:

(1) Satisfied the general requirements for licensure of § 47.12 (relating to qualifications for licensure).

(2) Received a bachelor's degree from a program of social work or social welfare accredited by the Council on Social Work Education.

(3) Passed the bachelor's license examination requirement set forth in § 47.11 (relating to licensure examination).

* * * * *

§ 47.15. Biennial renewal; inactive status; failure to renew.

(a) *Biennial renewal.*

- (1) A license granted under the act expires on the last day of the renewal month of every biennial period unless renewed for the next biennium.
- (2) A licensed bachelor social worker, licensed social worker or licensed clinical social worker who fails to renew his license shall cease using the title licensed bachelor social worker, licensed social worker or licensed clinical social worker.
- (3) Biennial renewal forms, other forms and literature to be distributed by the Board will be forwarded to the last mailing address given to the Board by the licensee. Whenever the licensee changes his mailing address of record, the licensee shall notify the Board, in writing, within 10 days after making the address change.
- (4) To retain the right to use the title licensed bachelor social worker, licensed social worker or licensed clinical social worker when engaging in practice, the licensee shall renew his license in the manner prescribed by the Board and pay the biennial renewal fee required by § 47.4 (relating to licensure fees), prior to the expiration of the current biennium.
- (5) When a license is renewed after the expiration of the biennial period, a late fee required by § 47.4, as authorized by sections 224—227 of the Bureau of Professional and Occupational Affairs Fee Act (63 P. S. § § 1401-224—1401-227), shall be applied for each month or part of a month that the licensee failed to renew the license or failed to notify the Board of the licensee's desire to be placed on inactive status. This late fee will be charged in addition to the biennial renewal fee.
- (6) The licensee who fails to pay the biennial renewal fee or who notifies the Board that the licensee does not desire to renew his license, will not be sent biennial renewal

forms for the following biennial renewal periods, unless the licensee notifies the Board in writing of the licensee's desire to reactivate the license.

(7) A licensee who practiced bachelor social work, social work or clinical social work and used or implied the licensee was a licensed bachelor social worker, licensed social worker or licensed clinical social worker during a period in which the licensee was not licensed is subject to prosecution under section 16 of the act (63 P. S. § 1916).

(b) *Inactive status.*

(1) A licensee who does not intend to use the title licensed bachelor social worker, licensed social worker or licensed clinical social worker in this Commonwealth and who does not desire to renew his license shall inform the Board in writing. Written confirmation of the Board's receipt of the licensee's letter and notice that the license has been classified as inactive will be forwarded to the licensee.

(2) A licensee applying for licensure renewal will not be assessed a late fee for preceding biennial periods in which the licensee was not engaging as a licensed bachelor social worker, licensed social worker or licensed clinical social worker in this Commonwealth, if the licensee properly notified the Board of the licensee's desire to be placed on inactive status.

(3) If the other conditions of the act and this chapter have been met, active status will be restored upon payment of fees as required under § 47.4.

(c) *Reactivation.* A licensee who is applying to return to active status after expiration of a license as a licensed bachelor social worker, licensed social worker or licensed clinical social worker shall:

- (1) Pay fees which are due as required under the act, § 47.4 and sections 224—227 of the Bureau of Professional and Occupational Affairs Fee Act.
- (2) Submit a sworn statement stating the period during which the licensee was not using the title or engaging as a licensed bachelor social worker, licensed social worker or licensed clinical social worker in this Commonwealth.

* * * * *

CONTINUING EDUCATION

* * * * *

§ 47.32. Requirement for biennial renewal.

[(a)] The Board requires, as a condition of biennial renewal of a bachelor social worker's license, a social worker's license or a clinical social worker's license, the completion during the preceding biennium of 30 clock hours of continuing education in acceptable courses and programs in social work offered by approved providers. Excess clock hours may not be carried over to the next biennium. [Effective with the 2009 renewals and thereafter, at] At least 3 of the required 30 clock hours must be related to ethical issues.

[(b)] The Board requires, as a condition of biennial renewal of a clinical social worker's license, the completion during the preceding biennium of 30 clock hours of continuing education in acceptable courses and programs in social work offered by approved providers. Effective with the 2009 renewals and thereafter, at least 3 of the required 30 clock hours must be in ethical issues. Excess clock hours may not be carried over to the next biennium.]

§ 47.33. Acceptable continuing education courses and programs.

(a) Only courses or programs offered by Board approved providers will be accepted for continuing education credit, except as provided in § 47.36a (relating to other sources of continuing education).

(b) [Continuing] For renewal of a social worker's license or a clinical social worker's license, continuing education courses and programs must be appropriate for the master's level practitioner and pertain to the practice of social work or clinical social work as defined in section 3 of the act (63 P. S. § 1903).

(c) For renewal of a bachelor social worker's license, continuing education courses and programs must pertain to the practice of bachelor social work as defined in section 3 of the act or contribute to the professional development of the licensed bachelor social worker. Nothing in this subsection should be construed as expanding the scope of practice of a licensed bachelor social worker.

[(c)] (d) The Board will not approve courses or programs in office management or in practice building.

[(d)] (e) A licensee may accrue up to 20 of the required clock hours in home study courses offered by approved providers if the home study course has specific learning objectives which the provider evaluates to assure that learning has taken place. Home study courses must be indicated as such on the certificates of attendance.

§ 47.34. Registration of continuing education providers who offer one course or program.

(a) An agency, organization, institution, association, center or individual seeking to offer one organized course or program may apply to the Board as a provider.

(b) An applicant for Board approval as a provider of a course or program shall submit an application, along with a fee of [~~\$45~~] \$65, at least 90 days before the date the course or program commences.

* * * * *

§ 47.35. Standards for courses and programs.

(a) A provider or licensee seeking Board approval of a course or program shall present evidence that the course or program [is geared toward the master's level practitioner and] has all of the following:

(1) Subject matter pertaining to the enhancement of the licensed bachelor social worker's, licensed social worker's or licensed clinical social worker's knowledge and practice skills related to helping people achieve adequate and productive personal, interpersonal and social adjustments in their individual lives, in their families and in their community.

(2) For courses targeted to licensed social workers and licensed clinical social workers, evidence that the course or program is geared toward the master's level practitioner.

[(2)] (3) An established mechanism measuring the quality of the course or program being offered.

[(3)] (4) Established criteria for selecting and evaluating faculty or source material.

[(4)] (5) Established criteria for the evaluation of each course or program upon completion.

[(5)] (6) A minimum total duration of at least [2 clock hours; however, the hours need not be contiguous] 1 clock hour. The Board will not approve partial credit for a course or program.

(b) Providers shall comply with relevant Federal, State and local laws related to serving people with disabilities and shall provide adequate facilities and appropriate instructional materials to carry out the continuing education course or program.

(c) Providers shall insure that instructors have suitable qualifications and are of good reputation and character.

§ 47.36. Preapproved providers of continuing education courses and programs for licensed social workers, [and] licensed clinical social workers and licensed bachelor social workers.

* * * * *

(b) The Board will consider for approval, as preapproved providers, other organizations who offer multiple courses and programs for licensed bachelor social workers, licensed social workers and licensed clinical social workers. The request for approval shall be submitted to the Board in writing and accompanied by a \$65 fee, along with a rationale as to why the organization should be included as a preapproved provider with specific reference to the standards in § 47.35.

* * * * *

§ 47.36a. Other sources of continuing education.

(a) Clock hours may be granted on a case-by-case basis for the following:

(1) Participation in clinical conferences, clinical rounds or training under a preceptor provided through hospitals, medical centers, schools and universities.

(2) First-time experience as a teacher.

(3) Publications of articles, books and research relating to the practice of bachelor social work, social work or clinical social work.

(4) Services as a preceptor, lecturer or speaker.

(b) A licensee who wishes to obtain clock hours for credit under subsection (a)(1), (2) or (4) shall submit, prior to participating in the event, an application for approval along with a \$ 65 fee as provided by § 47.34(b) (relating to registration of continuing education providers who offer one course or program). A licensee seeking to obtain clock hours for a publication under subsection (a)(3), shall submit, after the publication of the article, book or research, an application for approval along with a \$ 65 fee as provided by § 47.34(b).

* * * * *

§ 47.41. Disciplinary action authorized.

(a) A licensed bachelor social worker, licensed social worker or licensed clinical social worker who submits fraudulent clock hour reports will be subject to disciplinary action under section 11(a)(5) of the act (63 P. S. § 1911(a)(5)).

(b) The falsification of a clock hour report by a program provider will result in revocation of approval by the Board for further program offerings of that provider.

* * * * *

SEXUAL MISCONDUCT

§ 47.61. Prohibited conduct.

Sexual intimacies between a licensed bachelor social worker, licensed social worker or licensed clinical social worker and a current client/patient, or an immediate family member of a current client/patient, are prohibited.

§ 47.62. Former sexual partners as clients/patients.

Licensed bachelor social workers, licensed social workers and licensed clinical social workers may not accept as client/patients individuals with whom they have engaged in sexual intimacies.

§ 47.63. Sexual intimacies with a former client/patient or an immediate family member of a former client/patient.

(a) Sexual intimacies between a licensed bachelor social worker, licensed social worker or licensed clinical social worker and a former client/patient, or an immediate family member of a former client/patient are prohibited for 7 years following the termination of the professional relationship.

(b) Following the passage of the 7-year period, licensed bachelor social workers, licensed social workers and licensed clinical social workers may engage in sexual conduct with a former client/patient, or an immediate family member of a former client/patient which is not exploitive. In determining whether the conduct is exploitive, the licensed bachelor social worker, licensed social worker or licensed clinical social worker shall consider all of the following:

- (1) The amount of time that has passed since the professional relationship terminated.
- (2) The nature and duration of the [therapy] professional relationship.
- (3) The circumstances of termination.
- (4) The client/patient's personal history—for example, unique vulnerabilities.
- (5) The client/patient's current mental status.
- (6) Statements or actions made by the licensed bachelor social worker, licensed social worker or licensed clinical social worker during the course of [therapy] professional relationship suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the client/patient.

- (7) The likelihood of adverse impact on the client/patient and immediate family members of the client/patient.

§ 47.64. Disciplinary proceedings.

(a) A violation of §§ 47.61—47.63 (relating to prohibited conduct; former sexual partners as clients/patients; sexual intimacies with a former client/patient or an immediate family member of a former client/patient) will be deemed unprofessional conduct and will subject the licensed bachelor social worker, licensed social worker or licensed clinical social worker to discipline under section 11(a)(2) of the act (63 P. S. § 1911(a)(2)).

(b) The consent of a former client/patient or immediate family member of a former client/patient to engage in sexual intimacies with the licensed bachelor social worker, licensed social worker or licensed clinical social worker is not a defense in any disciplinary action brought under §§ 47.61—47.63.

* * * * *

§ 47.65. Impaired professional program.

When the Board takes disciplinary or corrective action against a licensed bachelor social worker, licensed social worker or licensed clinical social worker under section 11(a) of the act (63 P. S. § 1911(a)), for conduct prohibited by §§ 47.61—47.63 (relating to prohibited conduct; former sexual partners as clients/patients; and sexual intimacies with a former client/patient, or an immediate family member of a former client/patient), the licensed bachelor social worker, licensed social worker or licensed clinical social worker will not be eligible for placement into an impaired professional program in lieu of disciplinary or corrective action.

CODE OF ETHICAL PRACTICE AND STANDARDS OF PROFESSIONAL CONDUCT

§ 47.71. Codes of ethical practice and professional conduct.

The Board subscribes to the codes of ethics and practice standards promulgated by the National Association of Social Workers (NASW), the Pennsylvania Society for Clinical Social Work and the Model Social Work Practice Act of the Association of State Social Work Boards. Licensed bachelor social workers, licensed social workers and licensed clinical social workers (licensees) shall adhere to these codes and standards, except when they conflict with this chapter. The Board will use these codes and standards in resolving ambiguities which may arise in the interpretation of this chapter, except that whenever any conflict exists between this chapter and the professional associations' codes and standards, this chapter shall prevail.

State Board of Social Workers, Marriage and Family Therapists and Professional Counselors

16A-6922 – Licensed Bachelor Social Workers; Fees

Public Commenters

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF SOCIAL WORKERS, MARRIAGE & FAMILY,
THERAPIST & PROFESSIONAL COUNSELORS
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January 16, 2020

The Honorable George D. Bedwick, Chairman
INDEPENDENT REGULATORY REVIEW COMMISSION
14th Floor, Harristown 2, 333 Market Street
Harrisburg, Pennsylvania 17101

Re: Final Regulation
State Board of Social Workers, Marriage & Family, Therapist & Professional Counselors
16A-6922: LICENSED BACHELOR SOCIAL WORKER; FEES

Dear Chairman Bedwick:

Enclosed is a copy of a final rulemaking package of the State Board of Social Workers, Marriage & Family, Therapist & Professional Counselors pertaining to Licensed Bachelor Social Worker Fees.

The Board will be pleased to provide whatever information the Commission may require during the course of its review of the rulemaking.

Sincerely,

A handwritten signature in black ink that reads "Renee V. Cardone, M.S.W., L.C.S.W.".

Renee V. Cardone LSW, LCSW, Chairperson
State Board of Social Workers, Marriage & Family,
Therapist & Professional Counselors

DMW:sc

Enclosure

cc: K. Kalonji Johnson, Acting Commissioner of Professional and Occupational Affairs
Sari Stevens, Executive Deputy Secretary, Department of State
Marc Farrell, Deputy Director of Policy, Department of State
Cynthia Montgomery, Deputy Chief Counsel, Department of State
Dana M. Wucinski, Counsel, State Board of Social Workers, Marriage & Family, Therapist
& Professional Counselors
Jacqueline Wolfgang, Regulatory Unit Counsel, Department of State, State Board of Social
Workers, Marriage & Family, Therapist & Professional Counselors

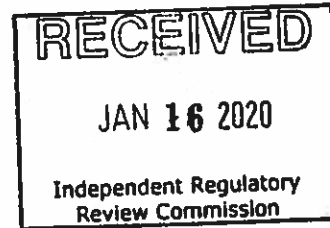
**TRANSMITTAL SHEET FOR REGULATIONS SUBJECT TO THE
REGULATORY REVIEW ACT**

I.D. NUMBER: 16A-6922

SUBJECT: Licensed Bachelor Social Worker; Fees

AGENCY: DEPARTMENT OF STATE
Bureau of Professional and Occupational Affairs
State Board of Social Workers, Marriage and Family Therapists and Professional Counselors

TYPE OF REGULATION



- Proposed Regulation
- Final Regulation
- Final Regulation with Notice of Proposed Rulemaking Omitted
- 120-day Emergency Certification of the Attorney General
- 120-day Emergency Certification of the Governor
- Re-Delivery of Disapproved Regulation
 - a. With Revisions
 - b. Without Revisions

FILING OF REGULATION

<u>DATE</u>	<u>SIGNATURE</u>	<u>DESIGNATION</u>
		<i>HOUSE COMMITTEE ON PROFESSIONAL LICENSURE</i>
1-16-20	<i>David Hickernell</i>	MAJORITY CHAIR <u>Rep. David Hickernell</u>
1-16-20	<i>Harry Readshaw</i>	MINORITY CHAIR <u>Rep. Harry Readshaw</u>
		<i>SENATE COMMITTEE ON CONSUMER PROTECTION & PROFESSIONAL LICENSURE</i>
1/16/20	<i>Robert M. Tomlinson</i>	MAJORITY CHAIR <u>Sen. Robert M. Tomlinson</u>
1/16/20	<i>Lisa M. Boscola</i>	MINORITY CHAIR <u>Sen. Lisa M. Boscola</u>
1/16/20	<i>K Cooper</i>	<i>INDEPENDENT REGULATORY REVIEW COMMISSION</i>
_____		ATTORNEY GENERAL (for Final Omitted only)
_____		LEGISLATIVE REFERENCE BUREAU (for Proposed only)