
**Rules of
Department of Economic
Development
Division 263—Licensed Clinical Social Workers
Chapter 2—Licensure Requirements**

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**Title 4—DEPARTMENT OF
ECONOMIC DEVELOPMENT
Division 263—Licensed Clinical Social
Workers
Chapter 2—Licensure Requirements**

Editor's Note: Forms referred to in these rules may be found at the end of the chapter.

4 CSR 263-2.010 Transitional Grandparenting Requirements
(Rescinded August 28, 1994)

4 CSR 263-2.020 Educational Requirements

PURPOSE: This rule defines the educational requirements for a clinical social worker license.

(1) An applicant for licensure as a clinical social worker must have one (1) of the following graduate degrees from an acceptable educational institution to be eligible for licensure:

(A) A master's degree from a college or university program of social work accredited by the Council on Social Work Education (CSWE) or equivalent bodies as acceptable to the advisory committee;

(B) A doctorate degree in social work from a college or university that also has a master's program of social work accredited by the CSWE or equivalent bodies as acceptable to the advisory committee; or

(C) A doctorate degree from a school of social work which is a part of an acceptable educational institution.

*Auth: sections 337.615 and 337.627, RSMo (1994). *Original rule filed Sept. 18, 1990, effective Feb. 14, 1991. Amended: Filed Jan. 11, 1995, effective June 30, 1995.*

**Original authority: 337.615, RSMo (1989) and 337.627, RSMo (1989), amended 1993.*

4 CSR 263-2.025 Examination Requirements

PURPOSE: This rule provides the examination requirements for an applicant to apply for licensure as a clinical social worker.

(1) An applicant for licensure as a clinical social worker must provide verification of successful completion of one (1) of the following examinations administered by the

American Association of State Social Work Boards (AASSWB):

- (A) Advanced examination; or
- (B) Clinical examination.

*Auth: sections 337.612 and 337.627, RSMo (1994). *Original rule filed Jan. 11, 1995, effective June 30, 1995.*

**Original authority: 337.612, RSMo (1989) and 337.627, RSMo (1989), amended 1993.*

4 CSR 263-2.030 Supervised Clinical Social Work Experience

PURPOSE: This rule defines the educational requirements for supervised clinical social work experience.

(1) The phrase supervised clinical experience acceptable to the committee as used in section 337.615(2), RSMo shall mean the practice of clinical social work beginning after the satisfactory completion of the education requirements set forth in 4 CSR 263-2.020 and obtained under the supervision of an acceptable supervisor as defined in 4 CSR 263-2.031. The supervisor must have met the requirements for an acceptable supervisor at the time the supervision was performed.

(2) The characteristics of supervised clinical experience shall include:

(A) A minimum of one (1) hour per week of individual face-to-face supervision by the supervisor at the rate of no fewer than forty-eight (48) weeks per calendar year. However, supervision may be consolidated for up to four (4) weeks for a total of four (4) hours of individual face-to-face supervision per four (4) week period. These hours may be included in the total number of supervised hours required in subsection (2)(B). Group supervision is not acceptable for meeting the requirements of this regulation nor is the use of electronic communication;

(B) The minimum acceptable supervised experience shall be three thousand (3000) hours obtained in no fewer than twenty-four (24) and no more than forty-eight (48) consecutive calendar months; and

(C) The clinical social work activities of the applicant/registrant shall be performed under the supervisor's oversight and guidance. The applicant shall remain under the supervision of a supervisor until s/he is fully licensed.

(3) Upon completion of twenty-four (24) months and three thousand (3000) hours of supervised clinical experience, the applicant shall submit an application for licensure. Any individual who does not apply for licensure within three (3) months after attaining three

thousand (3000) hours of supervised clinical experience cannot continue to practice as a clinical social worker.

(4) During the period of supervised clinical social work experience, the applicant shall not use the title clinical social worker.

(5) Applicants/registrants must comply with all laws and regulations relating to the practice of clinical social work.

*Auth: sections 337.615 and 337.627, RSMo (1994). *Original rule filed Sept. 18, 1990, effective Feb. 14, 1991. Amended: Filed Dec. 2, 1991, effective May 14, 1992. Amended: Filed March 1, 1994, effective Aug. 28, 1994. Amended: Filed Jan. 11, 1995, effective June 30, 1995.*

**Original authority: 337.615, RSMo (1989) and 337.627, RSMo (1989), amended 1993.*

4 CSR 263-2.031 Acceptable Supervisors and Supervisor Responsibilities

PURPOSE: This rule defines who are acceptable supervisors during the twenty-four months of supervised clinical experience required under section 337.615(2), RSMo.

(1) Relatives of the applicant are never acceptable supervisors.

(2) For purposes of this rule, the term relative of the applicant shall mean a spouse, parent, child, sibling of the whole- or half-blood, grandparent, grandchild, aunt or uncle of the applicant, or one who is or has been related by marriage or has any other dual relationship.

(3) Only the following shall qualify as supervisors for applicants for licensure as clinical social workers:

(A) Licensed clinical social worker licensed by Missouri or holding an equivalent license in another state;

(B) An active member in the Academy of Certified Social Workers (ACSW) with five (5) years of clinical social work experience;

(C) MSW credentialed clinical faculty member from a graduate program in social work which is accredited by the Council on Social Work Education (CSWE) or equivalent bodies as acceptable to the committee;

(D) MSW credentialed clinical field faculty for practicum from a graduate program in social work accredited by the CSWE or equivalent bodies as acceptable to the committee; or

(E) Board Certified Diplomate (BCD) in clinical social work.



(4) No licensed clinical social worker whose license is under discipline shall serve as a supervisor during the period of discipline.

Amended: Filed Jan. 11, 1995, effective June 30, 1995.

(5) The clinical social work activities of the applicant/registrant shall be performed under the supervisor's oversight and guidance. Oversight and guidance shall include:

**Original authority: 337.615, RSMo (1989) and 337.627, RSMo (1989), amended 1993.*

(A) General orientation of the setting's policies and procedures;

(B) Providing strategies for professional social work practice;

(C) Preliminary screening of all potential clients of the applicant/registrant to determine if the applicant/registrant is capable of successful diagnosis and treatment;

(D) Referral to the applicant/registrant of all such cases;

(E) Thorough knowledge of the applicant/registrant's entire workload;

(F) Thorough knowledge of each case including assessment, diagnosis and treatment of the client;

(G) Semiannual evaluation and modification of the applicant/registrant's workload as necessary; and

(H) A minimum of one (1) hour per week on average of individual face-to-face one-on-one supervision.

(6) The applicant/registrant shall remain under the supervision of the supervisor until s/he is fully licensed.

(7) The supervisor must certify to the advisory committee on an Attestation of Supervision Form provided by the division that the supervisor was the applicant/registrant's immediate supervisor and that the applicant/registrant has complied with these requirements for supervised clinical experience.

(8) A licensed clinical social worker assuming the role of supervisor may employ applicants in the supervisor's private practice setting. In those instances, the supervisor may bill clients for services rendered by the applicant but under no circumstances shall the applicant bill the clients directly for services rendered by the applicant. The professional setting shall not include private practice in which the applicant operates, manages or has an ownership interest in the private practice.

*Auth: sections 337.615 and 337.627, RSMo (1994). * Original rule filed Sept. 18, 1990, effective Feb. 14, 1991. Amended: Filed Dec. 2, 1991, effective May 14, 1992. Emergency amendment filed March 25, 1992, effective April 4, 1992, expired Aug. 1, 1992. Amended: Filed March 25, 1992, effective Sept. 6, 1992. Amended: Filed March 1, 1994, effective Aug. 28, 1994.*



MISSOURI DIVISION OF PROFESSIONAL REGISTRATION
 ADVISORY COMMITTEE FOR LICENSED CLINICAL SOCIAL WORKERS
ATTESTATION OF SUPERVISED CLINICAL SOCIAL WORK EXPERIENCE

FOR OFFICE USE ONLY	
DATE FORWARDED	NUMBER
DATE RECEIVED	

INSTRUCTIONS **MUST BE TYPED**

APPLICANT: Complete items 1-8 and forward to the supervisor whom you wish to have attest to your clinical social work experience. Additional forms may be requested through the central office.

SUPERVISOR: Return completed form to:
 Division of Professional Registration/Advisory Committee for Licensed Clinical Social Workers
 3605 Missouri Boulevard
 Post Office Box 85
 Jefferson City, Missouri 65102
 Telephone: (314) 751-0885

APPLICANT DATA

1. NAME (LAST, FIRST, MIDDLE INITIAL, SUFFIX, MAIDEN NAME)

2. ADDRESS (STREET AND BOX NO., IF APPLICABLE, CITY, STATE, ZIP)

3. DEGREE

4. DATE RECEIVED

5. TELEPHONE NUMBER (DAYTIME)

6. MAJOR FIELD OF PRACTICE

<input type="checkbox"/> MEDICAL	<input type="checkbox"/> ADULT & JUVENILE JUSTICE	<input type="checkbox"/> SCHOOL
<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> GERONTOLOGY	<input type="checkbox"/> FACULTY
<input type="checkbox"/> FAMILY & CHILD WELFARE	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> OTHER ▶ _____

7. I hereby authorize the release of information requested below to the Missouri Division of Professional Registration, Advisory Committee for Licensed Clinical Social Workers.

8. APPLICANT SIGNATURE DATE

DO NOT WRITE BELOW THIS LINE - FOR SUPERVISOR'S COMPLETION ONLY

SUPERVISOR: Complete items below and return the original (not a photocopy) of this attestation as soon as possible to the Missouri Division of Professional Registration, Advisory Committee for Licensed Clinical Social Workers. **DO NOT RETURN THIS FORM TO THE APPLICANT.** It is important that you verify all hours worked under your supervision.

9. SUPERVISOR NAME (LAST, FIRST, MIDDLE, MAIDEN)

10. TELEPHONE NUMBER (DAYTIME)

11. CURRENT OFFICE ADDRESS (STREET AND BOX NO., IF APPLICABLE, CITY, STATE, ZIP CODE)

12. MAJOR FIELD OF PRACTICE

<input type="checkbox"/> MEDICAL	<input type="checkbox"/> ADULT & JUVENILE JUSTICE	<input type="checkbox"/> SCHOOL
<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> GERONTOLOGY	<input type="checkbox"/> FACULTY
<input type="checkbox"/> FAMILY & CHILD WELFARE	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> OTHER ▶ _____

13. PLEASE CHECK ALL THAT APPLY TO SUPERVISOR AT THE TIME OF SUPERVISION:

Licensed clinical social worker in Missouri (LCSW) - License Number _____;

Licensed social worker in another state with an equivalent license - State _____ License Number _____; Issue Date _____;

Active member in the Academy of Certified Social Workers (ACSW) with five (5) years of clinical social work experience;

MSW credentialed clinical faculty member from a graduate program in social work which is accredited by the Council on Social Work Education (CSWE) or equivalent bodies as acceptable to the committee;

MSW credentialed clinical field faculty member for practicums from a graduate program in social work accredited by the Council on Social Work Education (CSWE) or equivalent bodies as acceptable to the committee; or

Board Certified Diplomate (BCD) in clinical social work.

ATTACH VERIFICATION OF THE ABOVE CREDENTIAL(S).

MO 419-1796 (1-94)

4 CSR 263-2.032 Registration of Supervised Clinical Experience

PURPOSE: This rule outlines the requirements for registering clinical experience.

(1) Supervised clinical experience shall be registered and approved by the advisory committee prior to the start of that experience.

(A) The registrant shall—

1. Have an official transcript of his/her graduate social work education sent directly from the educational institution(s) to the division;

2. Submit a written proposal on forms provided by the division at least sixty (60) days prior to the proposed starting date of the supervision. The proposal shall outline, with as much specificity as possible, the nature of the clinical social work duties to be performed. The form must include the signature of both the supervisor and the registrant;

3. Pay the supervision registration fee as prescribed by the division; and

4. Report any change of supervisor(s), setting(s), or both, to the advisory committee within thirty (30) days of the change for approval.

(B) Supervised clinical experience of the applicant in an exempt setting (any agency or department of Missouri) shall meet the requirements in this rule.

(2) Approval of the proposed clinical social work experience and the proposed supervisor may be withdrawn if circumstances change so that the experience, supervisor, or both, do not qualify as supervised clinical social work experience as that term is defined by rule.

(3) Individuals receiving clinical social work supervision toward the required twenty-four (24) months and three thousands (3000) hours for licensure are subject to sections 337.600—337.639, RSMo and corresponding regulations. Violations of the statutes and rules relating to licensure for clinical social work may be grounds for denial of licensure.

*Auth: sections 337.615 and 337.627, RSMo (1994). *Original rule filed Sept. 18, 1990, effective Feb. 14, 1991. Amended: Filed Jan. 11, 1995, effective June 30, 1995.*

**Original authority: 337.615, RSMo (1989) and 337.627, RSMo (1989), amended 1993.*

4 CSR 263-2.040 Renewal of License

PURPOSE: This rule provides information to clinical social workers licensed in Missouri regarding renewal of that license.

(1) A license shall be renewed on or before the expiration of the license by submitting the signed renewal application and fee to the division.

(2) Failure of a licensee to receive the notice and application to renew his/her license shall not excuse him/her from the requirements of sections 337.612 and 337.618, RSMo to renew that license.

(3) Failure to renew a license within sixty (60) days of the registration renewal date shall effect an administrative revocation of the license as authorized by section 337.612.2., RSMo.

(4) Any licensee who fails to renew his/her license or whose license has been administratively revoked shall not perform any act for which a license is required.

(5) Any individual whose license has been administratively revoked who wishes to restore the license shall make application to the division by submitting the following within two (2) years of the registration renewal date:

(A) An application for restoration of licensure; and

(B) The delinquency fee as set forth in 4 CSR 263-1.020(1).

*Auth: sections 337.612 and 337.618, RSMo (Cum. Supp. 1989) and 337.627, RSMo (Cum. Supp. 1993). *Original rule filed Sept. 18, 1990, effective Feb. 14, 1991.*

**Original authority: 337.615, RSMo (1989) and 337.627, RSMo (1989), amended 1993.*

4 CSR 263-2.050 Application for Licensure

PURPOSE: This rule outlines the procedure for application for licensure as a clinical social worker.

(1) Application for licensure shall be made on the forms provided by the division. Application forms may be obtained by requesting them from the Executive Director, Advisory Committee for Licensed Clinical Social Workers, P.O. Box 85, Jefferson City, MO 65102.

(2) An application must be typewritten, signed, notarized and accompanied by the application fee. The application fee must be in the form of a cashier's check, personal check or money order.

(3) The following documents must be on file for an application to be considered complete and officially filed:

(A) Completed application;

(B) Official transcript(s) sent directly from the educational institution(s);

(C) Completed Attestation of Clinical Supervision form(s) sent directly from the attestor;

(D) Verification of successful completion of the advanced or the clinical examination offered by the American Association of State Social Work Boards (AASSWB) sent directly to the division by that association;

(E) An applicant for licensure who answers yes to any question in the application which relates to possible grounds for denial of licensure under section 337.630.1., RSMo, shall submit an affidavit setting forth in detail the facts that explain the answer and shall submit copies of appropriate documents related to that answer.

1. Certified copies of final orders/judgments.

2. If still pending—Certified copy of clerk's docket sheet and copy of complaint.

3. If no final order—A certified copy of docket sheet.

4. If criminal conviction—A certified copy of final order and sentence or commutation of sentence.

(F) If an applicant has been a defendant in a civil suit, the applicant shall submit a certified copy of the final judgement. If the case is not yet final, the applicant shall submit a certified copy of the complaint and the clerk's docket sheet. If the case was settled out of court, the applicant shall submit a copy of the petition and a copy of the final order of dismissal, or a copy of the settlement document.

(4) All forms must be completed and post-marked by the established deadline.

(5) Following the division's review process, the applicant will be informed by letter of licensure approval or denial. The denial letter will identify the reasons for denial and the appeal process.

*Auth: sections 337.612 and 337.627, RSMo (1994). *Original rule filed Sept. 18, 1990, effective Feb. 14, 1991. Amended: Filed Dec. 2, 1991, effective May 14, 1992. Amended: Filed Jan. 11, 1995, effective June 30, 1995.*

**Original authority: 337.612, RSMo (1989) and 337.627, RSMo (1989), amended 1993.*

4 CSR 263-2.060 Reciprocity

PURPOSE: This rule provides information to those desiring licensure by reciprocity.

(1) To be licensed by reciprocity, an individual shall—

(A) Complete an application form provided by the division;

(B) Complete a license verification form;

(C) Submit a nonrefundable reciprocity application fee;

(D) Be of good moral character;

(E) Be eighteen (18) years of age;

(F) Be a United States citizen or legal resident alien;

(G) Not have been convicted of a felony during the ten (10) years immediately prior to application for licensure; and

(H) Hold a valid, unrevoked, unexpired license as a clinical social worker from a state whose licensing or certification requirements are substantially the same as those in Missouri. The applicant has the burden of providing the information necessary for determination of this issue.

(2) The applicant shall furnish to the division true and accurate copies of the current licensure law from the state in which s/he is licensed and seeks reciprocity. Copies of the licensure law, statutes and rules shall be certified as true and accurate by the secretary of that state, the authorized representative of the licensing agency for that state, or both.

(3) Following the division's review process, the applicant will be informed by letter that licensure by reciprocity has been approved or denied. The denial letter will identify the reasons for denial and the appeal process.

*Auth: sections 337.615, RSMo (Cum. Supp. 1989) and 337.627, RSMo (Cum. Supp. 1993). * Original rule filed Sept. 18, 1990, effective Feb. 14, 1991.*

**Original authority: 337.615, RSMo (1989) and 337.627, RSMo (1989), amended 1993.*

4 CSR 263-2.070 Temporary Permits

PURPOSE: This rule establishes a procedure for reciprocity applicants to practice clinical social work in Missouri before licensure.

(1) Individuals who have a valid, unrevoked, unexpired license as clinical social workers from a state or country whose licensing or certification requirements are substantially the same as the current Missouri requirements for licensure may apply for temporary permits to practice clinical social work in Missouri.

(2) Temporary permit applicants must submit to the division proof of licensure in another state or country along with the application fee and a written request.

(3) Upon receipt of the written request, the application for licensure and proof of a valid, unrevoked, unexpired license from another state or country, the division shall issue a temporary permit.

(4) Temporary permits shall be valid for a maximum of six (6) months after issuance.

(5) The division can withdraw temporary permits upon a determination that an individual does not meet the requirements for licensure in Missouri.

(6) Individuals who have temporary permits are subject to the requirements of sections 337.600—337.639, RSMo and corresponding regulations.

(7) Individuals who have temporary permits may use the title licensed clinical social worker.

*Auth: sections 337.621 and 337.627, RSMo (1994). * Original rule filed Sept. 18, 1990, effective Feb. 14, 1991. Amended: Filed Jan. 11, 1995, effective June 30, 1995.*

**Original authority: 337.621, RSMo (1989) and 337.627, RSMo (1989), amended 1993.*



MISSOURI DIVISION OF PROFESSIONAL REGISTRATION
 ADVISORY COMMITTEE FOR LICENSED CLINICAL SOCIAL WORKERS
APPLICATION FOR LICENSURE BY RECIPROCITY

FOR OFFICE USE ONLY	
DATE FORWARDED	DATE RECEIVED
NUMBER	

INSTRUCTIONS MUST BE TYPED

- Applicant must complete all sections.
- If additional information is needed for any questions, please attach a separate sheet.
- Complete applications should be mailed to the following central office address:
 Division of Professional Registration/
 Advisory Committee for Licensed Clinical Social Workers
 3605 Missouri Blvd.
 Post Office Box 162
 Jefferson City, Missouri 65102
 Telephone: (314) 751-0885

FEES: \$250.00 Non-refundable.

I. GENERAL INFORMATION

1. I HEREBY APPLY FOR A LICENSE TO PRACTICE AS A CLINICAL SOCIAL WORKER IN THE STATE OF MISSOURI ON THE BASIS OF RECIPROCITY FROM THE STATE OF:		STATE
2. NAME (LAST, FIRST, MIDDLE INITIAL, SUFFIX, MAIDEN NAME)		3. DAYTIME TELEPHONE NUMBER
4. OTHER NAME(S) YOU HAVE USED		5. SOCIAL SECURITY NUMBER
6. DATE OF BIRTH	7. U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, ATTACH COPY OF EVIDENCE OF LEGAL RESIDENT ALIEN STATUS)	8. SEX
9. PREFERRED MAILING ADDRESS (STREET AND BOX NO., IF APPLICABLE, CITY, STATE, ZIP)		COUNTY
10. MAJOR FIELD OF PRACTICE		
<input type="checkbox"/> MEDICAL	<input type="checkbox"/> ADULT & JUVENILE JUSTICE	<input type="checkbox"/> SCHOOL
<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> GERONTOLOGY	<input type="checkbox"/> FACULTY
<input type="checkbox"/> FAMILY & CHILD WELFARE	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> OTHER _____

SOCIAL WORK DEGREES:

<input type="checkbox"/> DOCTORATE	SCHOOL NAME	LOCATION	DATE CONFERRED
<input type="checkbox"/> MASTERS	SCHOOL NAME	LOCATION	DATE CONFERRED

11. IS THE DEGREE GRANTING INSTITUTION ACCREDITED BY THE COUNCIL ON SOCIAL WORK EDUCATION? YES NO

12. LIST ALL OF THE STATES IN WHICH YOU NOW HOLD OR HAVE EVER HELD A LICENSE/CERTIFICATE TO PRACTICE SOCIAL WORK IN ORDER OF ATTAINMENT. IF CURRENT STATUS IS "OTHER", PLEASE EXPLAIN ON SEPARATE SHEET.

STATE	LICENSE/CERTIFICATE NUMBER AND TITLE CONFERRED BY LICENSE OR CERTIFICATE	ISSUE DATE	CURRENT STATUS
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER

13. **ARE YOU:**

	YES	NO
a. An active member in the Academy of Certified Social Workers? If yes, date acquired _____	<input type="checkbox"/>	<input type="checkbox"/>
b. A Board Certified Diplomate (BCD) in clinical social work? If yes, date acquired _____	<input type="checkbox"/>	<input type="checkbox"/>
c. A member of any other Professional Social Work Association? (If yes, attach list)	<input type="checkbox"/>	<input type="checkbox"/>

MO 419-1792 (3-92)



14. ANSWER THE FOLLOWING QUESTIONS (Yes answers must be explained in sworn affidavit and accompanied by documents as required in the rules.)

	YES	NO
a. Have you ever applied for a license as a social worker and been denied?	<input type="checkbox"/>	<input type="checkbox"/>
b. Has your license ever been revoked or have you ever been the subject of disciplinary action by any licensing agency?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are you presently being investigated or is there any disciplinary action pending against you?	<input type="checkbox"/>	<input type="checkbox"/>
d. Have you ever entered a plea of guilty or nolo contendere or been convicted in a criminal prosecution? (Attach certified copies of all court documents.)	<input type="checkbox"/>	<input type="checkbox"/>
e. Are you now or have you ever been addicted to or used in excess, any drug or chemical substance including alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
f. Have you been convicted of a felony in the last ten years?	<input type="checkbox"/>	<input type="checkbox"/>
g. Have you ever been named as a defendant in a civil suit?	<input type="checkbox"/>	<input type="checkbox"/>
h. Have you ever been disciplined for unethical behavior or unprofessional conduct?	<input type="checkbox"/>	<input type="checkbox"/>

II. POST DEGREE SUPERVISED CLINICAL SOCIAL WORK EXPERIENCE

Indicate below person(s) designated as your supervisor of post-degree or supervised clinical social work experience. For each supervisor indicate how the supervisor is qualified under 4CSR 263-2.031.

NOTE: If you hold the credential ACSW or BCD and wish to use that as evidence of having met the supervised clinical experience requirement, please submit a photocopy of that credential in lieu of attestation form.

SUPERVISOR'S NAME	DATES APPLICANT SUPERVISED		TOTAL HRS/WK	HRS ONE TO ONE SUPV/WK
	FROM	TO		
INSTITUTION OR BUSINESS NAME AND ADDRESS				
CURRENT ADDRESS (IF DIFFERENT FROM ABOVE)				
DESCRIPTION OF APPLICANT'S PROFESSIONAL WORK DURING THE SUPERVISION				

SUPERVISOR'S NAME	DATES APPLICANT SUPERVISED		TOTAL HRS/WK	HRS ONE TO ONE SUPV/WK
	FROM	TO		
INSTITUTION OR BUSINESS NAME AND ADDRESS				
CURRENT ADDRESS (IF DIFFERENT FROM ABOVE)				
DESCRIPTION OF APPLICANT'S PROFESSIONAL WORK DURING THE SUPERVISION				

SUPERVISOR'S NAME	DATES APPLICANT SUPERVISED		TOTAL HRS/WK	HRS ONE TO ONE SUPV/WK
	FROM	TO		
INSTITUTION OR BUSINESS NAME AND ADDRESS				
CURRENT ADDRESS (IF DIFFERENT FROM ABOVE)				
DESCRIPTION OF APPLICANT'S PROFESSIONAL WORK DURING THE SUPERVISION				

SUPERVISOR'S NAME	DATES APPLICANT SUPERVISED		TOTAL HRS/WK	HRS ONE TO ONE SUPV/WK
	FROM	TO		
INSTITUTION OR BUSINESS NAME AND ADDRESS				
CURRENT ADDRESS (IF DIFFERENT FROM ABOVE)				
DESCRIPTION OF APPLICANT'S PROFESSIONAL WORK DURING THE SUPERVISION				

SUPERVISOR'S NAME	DATES APPLICANT SUPERVISED		TOTAL HRS/WK	HRS ONE TO ONE SUPV/WK
	FROM	TO		
INSTITUTION OR BUSINESS NAME AND ADDRESS				
CURRENT ADDRESS (IF DIFFERENT FROM ABOVE)				
DESCRIPTION OF APPLICANT'S PROFESSIONAL WORK DURING THE SUPERVISION				

SUPERVISOR'S NAME	DATES APPLICANT SUPERVISED		TOTAL HRS/WK	HRS ONE TO ONE SUPV/WK
	FROM	TO		
INSTITUTION OR BUSINESS NAME AND ADDRESS				
CURRENT ADDRESS (IF DIFFERENT FROM ABOVE)				
DESCRIPTION OF APPLICANT'S PROFESSIONAL WORK DURING THE SUPERVISION				

SUPERVISOR'S NAME	DATES APPLICANT SUPERVISED		TOTAL HRS/WK	HRS ONE TO ONE SUPV/WK
	FROM	TO		
INSTITUTION OR BUSINESS NAME AND ADDRESS				
CURRENT ADDRESS (IF DIFFERENT FROM ABOVE)				
DESCRIPTION OF APPLICANT'S PROFESSIONAL WORK DURING THE SUPERVISION				

SUPERVISOR'S NAME	DATES APPLICANT SUPERVISED		TOTAL HRS/WK	HRS ONE TO ONE SUPV/WK
	FROM	TO		
INSTITUTION OR BUSINESS NAME AND ADDRESS				
CURRENT ADDRESS (IF DIFFERENT FROM ABOVE)				
DESCRIPTION OF APPLICANT'S PROFESSIONAL WORK DURING THE SUPERVISION				

SUPERVISOR'S NAME	DATES APPLICANT SUPERVISED		TOTAL HRS/WK	HRS ONE TO ONE SUPV/WK
	FROM	TO		
INSTITUTION OR BUSINESS NAME AND ADDRESS				
CURRENT ADDRESS (IF DIFFERENT FROM ABOVE)				
DESCRIPTION OF APPLICANT'S PROFESSIONAL WORK DURING THE SUPERVISION				

SUPERVISOR'S NAME	DATES APPLICANT SUPERVISED		TOTAL HRS/WK	HRS ONE TO ONE SUPV/WK
	FROM	TO		
INSTITUTION OR BUSINESS NAME AND ADDRESS				
CURRENT ADDRESS (IF DIFFERENT FROM ABOVE)				
DESCRIPTION OF APPLICANT'S PROFESSIONAL WORK DURING THE SUPERVISION				

SUPERVISOR'S NAME	DATES APPLICANT SUPERVISED		TOTAL HRS/WK	HRS ONE TO ONE SUPV/WK
	FROM	TO		
INSTITUTION OR BUSINESS NAME AND ADDRESS				
CURRENT ADDRESS (IF DIFFERENT FROM ABOVE)				
DESCRIPTION OF APPLICANT'S PROFESSIONAL WORK DURING THE SUPERVISION				

SUPERVISOR'S NAME	DATES APPLICANT SUPERVISED		TOTAL HRS/WK	HRS ONE TO ONE SUPV/WK
	FROM	TO		
INSTITUTION OR BUSINESS NAME AND ADDRESS				
CURRENT ADDRESS (IF DIFFERENT FROM ABOVE)				
DESCRIPTION OF APPLICANT'S PROFESSIONAL WORK DURING THE SUPERVISION				

SUPERVISOR'S NAME	DATES APPLICANT SUPERVISED		TOTAL HRS/WK	HRS ONE TO ONE SUPV/WK
	FROM	TO		
INSTITUTION OR BUSINESS NAME AND ADDRESS				
CURRENT ADDRESS (IF DIFFERENT FROM ABOVE)				
DESCRIPTION OF APPLICANT'S PROFESSIONAL WORK DURING THE SUPERVISION				

SUPERVISOR'S NAME	DATES APPLICANT SUPERVISED		TOTAL HRS/WK	HRS ONE TO ONE SUPV/WK
	FROM	TO		
INSTITUTION OR BUSINESS NAME AND ADDRESS				
CURRENT ADDRESS (IF DIFFERENT FROM ABOVE)				
DESCRIPTION OF APPLICANT'S PROFESSIONAL WORK DURING THE SUPERVISION				

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SUPERVISOR'S NAME		DATES APPLICANT SUPERVISED FROM TO		TOTAL HRS/WK	HRS ONE TO ONE SUPV/WK
INSTITUTION OR BUSINESS NAME AND ADDRESS					
CURRENT ADDRESS (IF DIFFERENT FROM ABOVE)					
DESCRIPTION OF APPLICANT'S PROFESSIONAL WORK DURING THE SUPERVISION					
SUPERVISOR'S NAME		DATES APPLICANT SUPERVISED FROM TO		TOTAL HRS/WK	HRS ONE TO ONE SUPV/WK
INSTITUTION OR BUSINESS NAME AND ADDRESS					
CURRENT ADDRESS (IF DIFFERENT FROM ABOVE)					
DESCRIPTION OF APPLICANT'S PROFESSIONAL WORK DURING THE SUPERVISION					
SUPERVISOR'S NAME		DATES APPLICANT SUPERVISED FROM TO		TOTAL HRS/WK	HRS ONE TO ONE SUPV/WK
INSTITUTION OR BUSINESS NAME AND ADDRESS					
CURRENT ADDRESS (IF DIFFERENT FROM ABOVE)					
DESCRIPTION OF APPLICANT'S PROFESSIONAL WORK DURING THE SUPERVISION					
EXAMINATION RESULTS					
AASSWB EXAMINATION (FOR APPLICANTS AFTER JULY 1, 1992)					
EXAMINATION TAKEN?					
<input type="checkbox"/> ADVANCED		<input type="checkbox"/> CLINICAL		<input type="checkbox"/> NOT TAKEN	
DATE EXAM TAKEN					
EXAM RESULTS: Effective July 1, 1992, applicant is responsible for having the American Association of State Social Work Boards submit verification of successful completion of the advanced or clinical examination to central office.					

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IV. ACADEMIC OR PROFESSIONAL REFERENCES			
APPLICANT NAME		NUMBER OF YEARS KNOWN	
<p>1. This certifies that I have been personally acquainted with the above named applicant for the period stated; that I believe him/her to be of good and professional character, and in every respect worthy of confidence. I hereby recommend him/her to the Division of Professional Registration/Advisory Committee for Licensed Clinical Social Workers as entirely worthy to be licensed to practice as a clinical social worker.</p>			
SIGNATURE OF REFERENCE		DEGREE	DATE
REFERENCE NAME (PLEASE PRINT)		PROFESSION OR OCCUPATION	
TITLE		TELEPHONE NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP)			
APPLICANT NAME		NUMBER OF YEARS KNOWN	
<p>2. This certifies that I have been personally acquainted with the above named applicant for the period stated; that I believe him/her to be of good and professional character, and in every respect worthy of confidence. I hereby recommend him/her to the Division of Professional Registration/Advisory Committee for Licensed Clinical Social Workers as entirely worthy to be licensed to practice as a clinical social worker.</p>			
SIGNATURE OF REFERENCE		DEGREE	DATE
REFERENCE NAME (PLEASE PRINT)		PROFESSION OR OCCUPATION	
TITLE		TELEPHONE NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP)			
V. AFFIDAVIT			
<p>I, the below named applicant, being duly sworn, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a license to practice as a clinical social worker in the State of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief.</p> <p>I submit for consideration the above proofs as required by the Missouri law governing the practice of clinical social work and subject to the rules and regulations of the Division of Professional Registration/Advisory Committee for Licensed Clinical Social Workers. The Division may request further evidence that it deems reasonable and proper from the sources above.</p> <p>Enclosed is the application fee made payable to the Division of Professional Registration, which is not refundable, in the form of a money order, personal check, cashier's check or bank draft.</p>			
<p>MUST BE SIGNED IN PRESENCE OF NOTARY PUBLIC</p>	APPLICANT SIGNATURE 		
NOTARY PUBLIC EMBOSSEER SEAL	STATE		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF _____ 19____		USE RUBBER STAMP IN CLEAR AREA BELOW
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		

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STATE OF MISSOURI
ADVISORY COMMITTEE FOR LICENSED CLINICAL SOCIAL WORKERS
VERIFICATION OF LICENSURE IN OTHER STATE

DIRECTIONS FOR APPLICANT

Complete front portion of form and forward one to each state where you hold or have held a license to practice Social Work.

To: _____
(STATE BOARD)

I am applying for license in Missouri to practice Social Work based on endorsement. I was granted license # _____ on _____ by the State of _____.


The Missouri Division of Professional Registration, Advisory Committee for Licensed Clinical Social Workers requests that I submit verification that my license in the State of _____ is in good standing.

You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Missouri Division of Professional Registration, Advisory Committee for Licensed Clinical Social Workers. Your early attention is appreciated.

Signature: _____

Print Name: _____

Date: _____

DIRECTIONS FOR STATE BOARD:			
Please complete and return form to the address below with copies of the documents requested below.			
Division of Professional Registration Advisory Committee for Licensed Clinical Social Workers P.O. Box 162 Jefferson City, Missouri 65102			
1. NAME OF LICENSEE			
2. LICENSURE LEVEL		3. LICENSE NUMBER	4. DATE ISSUED
5. PLEASE VERIFY REQUIREMENTS MET IN YOUR STATE:			
<input type="checkbox"/> MSW FROM CSWE ACCREDITED SCHOOL			
<input type="checkbox"/> DOCTORATE DEGREE IN SOCIAL WORK		NAME OF SCHOOL GRANTING DOCTORATE	
EXAM TAKEN			
<input type="checkbox"/> PES	<input type="checkbox"/> AASSWB/ASI	<input type="checkbox"/> OTHER	
DATE EXAM PASSED		LEVEL EXAM TAKEN	
<input type="checkbox"/> DOES APPLICANT HAVE 2 YEARS (OR MORE) OF PAST MSW CLINICAL EXPERIENCE SUPERVISION BY AN ACCEPTABLE SUPERVISOR ACCORDING TO 4CSR 263-2.031?			
6. HOW WAS LICENSE OBTAINED?			
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> GRANDFATHER	<input type="checkbox"/> ENDORSEMENT (STATE: _____)	
7. LICENSE CURRENT?		8. EXPIRATION DATE	
<input type="checkbox"/> YES	<input type="checkbox"/> NO		
9. Does the licensee hold a valid, unrevoked, unexpired license?			<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Have there been any complaints or disciplinary action taken against licensee?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If so, indicate the disposition of the complaint and the disciplinary action taken. Please include copies of any board orders, agreements or other documents showing the validity of the complaint or the type of discipline imposed. (Attach additional sheets if necessary).			
STATE BOARD SEAL		SIGNATURE	DATE
			
		TITLE	

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