



# LOUISIANA

## STATE BOARD *of* SOCIAL WORK EXAMINERS

### 2016 – 2017 RENEWAL APPLICATION

#### PART ONE: RENEWAL OVERVIEW

All fields are REQUIRED. Print legibly. Allow six (6) weeks for processing. Completed renewal forms can be mailed, emailed or faxed, along with the completed Continuing Education Report. If you want confirmation of receipt you should mail by certified mail or email and use a read receipt. Please do not call the board office to confirm receipt.

Licenses lapse on August 31. Social workers are not authorized to practice with a lapsed license. Licenses are cancelled if not renewed by February 28. If your credential is cancelled you will be required to apply as a new applicant, which includes meeting all requirements set forth by the Louisiana Social Work Practice Act.

Payment can be remitted by credit card, money order or certified check. Personal checks are not accepted. Payment made by credit card will include a \$3.00 electronic commerce fee.

#### LCSW-BACS & LCSW

Renewals postmarked between June 1 – November 30 .... \$75

Renewals postmarked between December 1 – February 28 .... \$150

#### LMSW & CSW

Renewals postmarked between June 1 – November 30 .... \$50

Renewals postmarked between December 1 – February 28 .... \$100

#### RSW

Renewals postmarked between June 1 – November 30 ..... \$25

Renewals postmarked between December 1 – February 28 .... \$50

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#### Credit Card Information

Cardholder's Name:

Card Type (circle one):    Visa    MasterCard    Discover

Card Number:

Expiration Date:

3-digit Security Code (on back of card):

Billing Zip Code:

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**Licensee Information:**

Full Name & License Number:

Mailing Address:

City, State Zip:

Parish:

Phone:

Email:

Publish Address: Yes No    Publish Phone: Yes No    Publish Email: Yes No

Primary Employer:

Working in the Social Work Profession: Yes No

Job Title:

Status: Full-Time    Part-time    Other    Retired    Unemployed

Work Place Setting: Hospital    Private Practice    Rehab/Agency    School    University    Other

Employer Mailing Address:

City, State, Zip:

Parish:

Phone:

**PART TWO: QUESTIONNAIRE**

If you have previously provided to the Board notarized detailed explanation(s) within the past year of such incident(s) and no further information or change of status relative to such incident(s) is available, you do not need to replicate material previously submitted to the Board. You may answer the applicable question(s) as “no”.

Since your last renewal:

1 Have you ever been had any professional license revoked or suspended or have you ever been placed on probation by any state?  yes  no

2 Have you been charged or convicted of any state or federal, civil or criminal law? (Includes convictions on any charges except minor traffic offenses whether the conviction resulted by verdict, guilty plea, plea of no contest or nolo contendere and includes arrests, charges, and convictions that have been expunged)  yes  no

3 To an extent that it impairs your functioning as a Social Worker or the delivery of social work services, have you used or are you currently using drugs, chemical substances (including controlled substances obtained either with or without a valid prescription), or intoxicating liquors?  yes  no

**PART THREE: AFFIRMATION**

I understand that I have an obligation to update and supplement the information and responses on this application if they change. Failure to supplement the information and responses on this application may result in denial or other appropriate action.

I hereby request that my license to practice in Louisiana be renewed. I certify that all information provided is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date