

Certified Social Worker

Initial Licensure Application Endorsement Application

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN:* _____ Date of Birth: _____ Gender: Male Female
* If you don't have a social security number, please follow the instructions on the last page.

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City: _____ State: _____ Zip: _____

Phone: (_____) _____ – _____ Email: _____
Note: All Division notices and communication will be sent to this email.

Please select one:

- I am a United States citizen or a non-citizen of the United States who is lawfully present.
 I am a foreign national not physically present in the United States.
 None of the above, please explain: _____

Driver License or State ID Card: _____
State of Issue License Number Expiration Date

NOTE: If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

AFFIDAVIT AND RELEASE

I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, and discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.

I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Department of Commerce, State of Utah, any files, records, or information of any type reasonably required for the Department to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

I understand that I am responsible to update the Department of any changes relating to my application/license/certification/registration.

I understand that if the application is not complete at the time of submission, it will delay approval and could result in a denial.

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature of Applicant: _____ Date: _____

PRIVACY NOTICE

The information you provide on this form will be used to determine your eligibility for a license, registration, or certification in Utah. Failure to provide complete information as requested will result in the denial of your request as incomplete.

Information provided in this form is retained in accordance with state record retention laws. For specific information about the records retention for this form, please visit <https://dopl.utah.gov/records>.

To comply with legal and regulatory requirements, we may share limited information about your license, registration, or certification with authorized parties. This may include government agencies, national databases, and contracted vendors. Shared information may include issue date, status, expiration date, disciplinary actions, and your name or other direct identifiers.

We may also share aggregated and de-identified data (e.g., education levels, exam pass rates, length of licensure, etc.) with relevant stakeholders for data analysis and reporting purposes.

ACKNOWLEDGEMENT:

Your signature acknowledges receipt of this information.

Authorized Signature: _____ Date: _____

QUALIFYING QUESTIONNAIRE

Do not leave any question blank.

DOPL may request additional documentation if the information submitted is insufficient.

1. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise disciplined in any way ?
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you CURRENTLY have any criminal action active or pending ?
3. <input type="checkbox"/> Yes <input type="checkbox"/> No	WITHIN THE PAST 10 YEARS, have you pled guilty to, no contest to, entered into a plea in abeyance , or been convicted of a misdemeanor in any jurisdiction?
4. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you EVER pled guilty to, no contest to, entered into a plea in abeyance , or been convicted of a felony in any jurisdiction?

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. If you answered "Yes" to questions 2, 3, or 4 you must submit the following for EACH and EVERY incident:

- | | |
|--|---|
| <ul style="list-style-type: none"> • personal account of the incident • police report(s) | <ul style="list-style-type: none"> • court record(s) • probation/parole officer report(s) |
|--|---|

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

NOTE:

- **DISCLOSE** charges that were later held in abeyance, diverted, reduced, or dismissed.
- **DISCLOSE** motor vehicle offenses such as driving while impaired or intoxicated. But you do not need to disclose minor traffic offenses such as parking or speeding violations.
- You do **not need to disclose** juvenile offenses, unless you were tried as an adult.
- **DISCLOSE** if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).
- You do **not need to disclose** legally expunged or sealed criminal history incidents.

For more information, see DOPL's [criminal history FAQs](#).

PROFESSIONAL LICENSES

List all other licenses, registrations or certifications issued by any state in which you now hold or have ever held in any profession. *(Use additional sheets if necessary.)*

Profession: _____ **License Number:** _____

Issuing State: _____ **License Status:** _____ **Issue Date:** _____

Profession: _____ **License Number:** _____

Issuing State: _____ **License Status:** _____ **Issue Date:** _____

MEDICAL QUALIFYING QUESTIONNAIRE

Read thoroughly, and answer each question. Do not leave any question blank.

A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

1. Have your rights, privileges, and/or participation ever been denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by:
 - Yes No a hospital or health care facility
 - Yes No Medicaid, Medicare or any other state or federal health care payment reimbursement program
 - Yes No the Federal Drug Enforcement Administration or any state drug enforcement agency
 - Yes No malpractice insurance coverage
 - Yes No other entity: _____

2. Have you ever been permitted to resign or surrender any rights, privileges and/or participation while under investigation or while action was pending against you from:
 - Yes No a hospital or health care facility
 - Yes No Medicaid, Medicare or any other state or federal health care payment reimbursement program
 - Yes No The Federal Drug Enforcement Administration or any state drug enforcement agency
 - Yes No malpractice insurance coverage
 - Yes No other entity: _____

3. Is any action pending against you now by:
 - Yes No a hospital or health care facility
 - Yes No Medicaid, Medicare or any other state or federal health care payment reimbursement program
 - Yes No the Federal Drug Enforcement Administration or any state drug enforcement agency
 - Yes No malpractice insurance coverage
 - Yes No other entity: _____

4. Yes No Have you been named as a defendant in a malpractice suit?

5. Yes No Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitation, restrictions or conditions imposed by any malpractice carrier?

If you answered "Yes" to question 4, you must submit a complete narrative of the circumstances and a National Practitioner Data Bank report outlining all professional liability claims made against your license and any settlements paid by or on your behalf. NPDB website: <http://www.npdb.hrsa.gov>.

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

NATIONAL PROVIDER IDENTIFIER (NPI)

Your NPI: _____

CRIMINAL HISTORY DISCLOSURE STATEMENT

Fingerprints submitted with this application are used to complete a search through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigations (FBI). Prior to submitting fingerprints, you must read and acknowledge, by signing the affidavit below, the Privacy Act Statement found at: <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement> . Physical copies of this statement may also be obtained upon request from the Division.

The criminal record information obtained by this search will be used by Division staff to evaluate your ability to obtain licensure in Utah. You may challenge or review your criminal record. For additional information regarding the challenge or review process, please see below.

By signing below, you acknowledge receipt of this information and consent to the background check process described above.

Signature: _____ Date: _____

Printed Name: _____

Please see our website, www.dopl.utah.gov/fingerprints.html, for required information and approved locations to obtain fingerprints. Fingerprint cards may be completed at an approved vendor or you may mail two (2) FD-258 fingerprint cards to our office.

Completed fingerprint cards can be mailed to:
Division of Professional Licensing
P.O. Box 146741
Salt Lake City, UT 84114-6741

REVIEW OF YOUR CRIMINAL RECORD: If you wish to review or challenge the accuracy of the information in your FBI record, you should contact the agency that contributed the information in question. You may also direct the challenge to the FBI. Please see their website at: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. You may also contact them via mail at: FBI: CJIS Division, Attn. Criminal History Analysis Team 1, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will forward the challenge to the respective agency.

If you wish to review or challenge the accuracy of the information in your BCI record, you must complete the required "Record Challenge Form", available at: <https://bci.utah.gov/criminal-records/criminal-records-forms/>, and submit it directly to BCI.

Agency review of a licensing decision based on your criminal record may be obtained by filing a written request for agency review with the Executive Director of the Department of Commerce within thirty (30) days after notification of the decision. Any such request must comply with the requirements of [Utah Code § 63G-4-301](#) and [Utah Admin. Code R151-4-902](#).

CLINICAL SUPERVISOR ASSOCIATION FORM

Use this form to notify DOPL of your intent to obtain clinical supervision hours.
A Supervisor must be approved by the Division BEFORE you begin accruing hours, NO EXCEPTIONS.
 Hours may **NOT** be obtained before you AMFT, ACMHC, AMAC, or CSW license is active

APPLICANT INFORMATION (TO BE COMPLETED BY THE APPLICANT)

Full Legal Name: _____
First Middle Last

Email: _____
NOTE: All Division notices and communication will be sent to this email.

Associate or CSW License Number : _____ Date Issued: _____

I understand and acknowledge that I am unable to count ANY supervision hours obtained toward full licensure before this form is on file with the Division. I further acknowledge and understand that there is no exception that will be made if this form is not on file. Furthermore, I understand and will abide by the requirements outlined in [Utah Admin Code Subsection R156-60-308.1](#).

Signature of Applicant: _____ Date: _____

CLINICAL SUPERVISOR INFORMATION (TO BE COMPLETED BY THE SUPERVISOR)

Supervisor Name: _____
First Middle Last

Email: _____
NOTE: REQUIRED all communication to Supervisor will be sent to this email.

License Number: _____ License Type: _____ State of Issue _____

NOTE! If the supervisor listed above is licensed outside of the state of Utah an official verification of the supervisor's license, showing it is active and in good standing, must be submitted with this form.

I acknowledge that I have entered into a supervision contract with the individual named above and understand that by doing so I am committing myself to providing clinical supervision which includes direct client care as defined in [Utah Code 58-60](#). Furthermore, I understand and will abide by the requirements outlined in Utah Admin Code Subsections [R156-60-305.1](#), [R156-60-306.1](#), [R156-60-307.1](#)

Date Supervision Contract Signed: _____ Is This Supervision Full or Part Time: F P

During the clinical supervision required to obtain licensure for this individual, I approve the following mental health licensed individuals to participate in Direct Observation.

Approved Licensed Observers Name: _____
First Middle Last

License Number: _____ License Type: _____

Approved Licensed Observers Name: _____
First Middle Last

License Number: _____ License Type: _____

Signature of Supervisor: _____ Date: _____

Verification of Active Practice as a CSW in another State

*For endorsement applicants applying by via **Option 2**. See checklist for additional information*

Applicants using **Option 1** do not need to complete this form.

Each employer must complete a separate form.

APPLICANT INFORMATION

(TO BE COMPLETED BY THE APPLICANT)

Full Legal Name: _____
First Middle Last

Address: _____ City: _____ State: _____ Zip: _____

License Number: _____ State of Issue: _____

EMPLOYMENT INFORMATION:

(TO BE COMPLETED BY THE EMPLOYER, A PROFESSIONAL COLLEAGUE, OR HUMAN RESOURCES.)

Name of Establishment: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ – _____ Email: _____

Dates of Employment: _____ to _____

How many hours did the applicant work per week? _____

Number of hours practicing mental health therapy: _____

Total number of hours practiced as a CSW: _____

Describe the applicant's duties: *(attach additional form if needed)*

Is the applicant still employed? Yes No

The applicant is/was a W-2 Employee Contracted Labor.

If no, is the applicant re-hirable? Yes No

If Not re-hirable, Please explain:

ATTESTATION:

I do hereby certify that the applicant for licensure as a certified social worker was actively engaged in the lawful practice as a CSW at the above named establishment for the number of hours listed.

I further certify that the applicant is qualified and competent to practice as a licensed certified social worker.

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature of certifying individual: _____ Date: _____

Relationship to Applicant: _____

APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience; you do not need to include it with your application.

NOTE: Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information that is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other laws.

If you do not have a valid Social Security number, you must submit your Individual Taxpayer Identification Number (ITIN), Alien Registration Number (A-number), or a copy of an unexpired government issued passport from your country of residence and an intent-to-hire letter from a Utah based employer ([Utah Admin. Code R156-1-301](#)). Submission of the above documents may require additional documents to demonstrate lawful presence ([Utah Code § 63G-12-402 \(3\)\(k\)](#)).

ALL APPLICANTS

The following items are required to complete your application:

- \$152.00 non-refundable application-processing fee, made payable to DOPL.
- Supporting documentation for any “yes” answers provided on either of the qualifying questionnaires.
- “Supervisor Association Verification”, found in this application.
Note: *This form is not required to obtain a license, but you cannot begin your post-graduate experience hours until it is on file and approved by the Division.*
- Fingerprints completed at an approved vendor or mailed to the Division. Please see www.dopl.utah.gov/fingerprints.html for required information and approved locations to obtain fingerprints.

LICENSURE BY APPLICATION

If applying for your initial application or you do not qualify for licensure by endorsement, *in addition* to the items required for all applicants, you must submit:

- Official transcripts documenting completion of a master’s degree from a program accredited by CSWE

Note: Transcripts are considered “official” when they are sent via email directly from the school registrar to DOPL at B8@utah.gov or sealed in an envelope bearing the school’s stamp/seal on the envelope flap.

LICENSURE BY ENDORSEMENT

If applying for licensure by endorsement, there are two options. In addition to the items required for all applicants, you must submit the following:

- Option 1:** One Year of Active Licensure from a [jurisdiction deemed equivalent](#).
Official verification, showing active licensure in good standing for at least one year, from a jurisdiction designated by the Division as equivalent to Utah.
If required, official transcripts and/or exam scores to demonstrate equivalency.

Please see our website for additional information regarding approved jurisdictions, and any additional documentation that may be necessary.

OR

- Option 2:** 3,000 Hours of Active Licensure from any U.S. Jurisdiction
Official verification of license from one or more states in which you are currently licensed. Verifications must cover the time period used to qualify for endorsement.
“Verification of Active Practice as a CSW in another state” form found in this application. NOTE: You must have each employer complete a separate form, and the hours from all forms must total 3,000.

Submit completed application to the Division:

By US Postal Service:
**Division of Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741**

By in-person or express delivery:
**Division of Professional Licensing
Heber M Wells Building, 1st Floor
160 E 300 S
Salt Lake City, UT 84111**

If you have questions, please contact the Division via our direct email address: b8@utah.gov, or via the phone or fax number listed below. Do not send applications or payments to this email.