

**BEHAVIORAL HEALTH AND HUMAN SERVICES LICENSING BOARD
BACHELOR OF SOCIAL WORK (LBSW), LICENSED SOCIAL WORKER (LSW) AND
LICENSED CLINICAL SOCIAL WORKER (LCSW)
APPLICATION FOR LICENSURE BY RECIPROCITY
INFORMATION AND INSTRUCTIONS**

Before completing and submitting your application to our office, please read all materials and information included.

DOCUMENTS TO DOWNLOAD

Applicants must download the following documents from the Board's Website at: www.pla.in.gov:

1. Application for Licensure
2. Information and Instruction Sheet
3. Verification of Licensure
3. Statutes and Administrative Rules which pertain to the Behavioral Health and Human Service Licensing Board

IPLA ADDRESS/TELEPHONE NUMBER/EMAIL/WEBSITE

Indiana Professional Licensing Agency
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Staff Phone: (317) 234-2054
Staff Email: pla8@pla.IN.gov
Website: www.pla.IN.gov

RECIPROCITY LICENSURE REQUIREMENTS

Applicants who are applying for licensure as a licensed bachelor of social work (LBSW), licensed social worker (LSW) or a licensed clinical worker (LCSW), based upon Indiana Code 25-23.6-5-10.5, must meet the following requirements for licensure by reciprocity:

- (1) Has a valid license or certificate to practice social work from another state or jurisdiction.
- (2) Has passed an examination substantially equivalent to the level for which licensure is being requested. The Board requires you meet the following examination requirements if you are applying as:
 - (a) LBSW – Association of Social Work Board's (ASWB) Bachelors Level Examination.
 - (b) LSW – Association of Social Work Board's (ASWB) Masters Level Examination.
 - (c) LCSW – Association of Social Work Board's (ASWB) Clinical Level examination.
- (3) Does not have a pending disciplinary Proceeding in another state.
- (4) Pays a fee of \$50.00

ONLINE APPLICATION TRACKING

Once your application has been received you may track the progress of your application online at <https://mylicense.in.gov/eGov/>. Create your login credentials using the [Register a Person](#) link.

CRIMINAL BACKGROUND CHECK REQUIRED

An individual applying for a bachelor of social work license shall submit to a national criminal history background check at the cost of the individual. Please follow the step-by-step directions on how to complete the fingerprinting process in order to process your criminal background check at <http://www.in.gov/pla/3241.htm>.

Criminal background checks must be completed after you apply for your LBSW, LSW or LCSW license with the Board and prior to the issuance of a license. An email will be sent to you upon the receipt of your application by our office explaining that you are eligible to complete your criminal background check.

WHAT IF I RESPOND "YES" TO ONE OF THE QUESTIONS ON THE APPLICATION?

Please read the questions on the application very carefully. If you need to respond "yes", please submit a notarized affidavit of the incident (such as the date, where it occurred, what happened, the charge and the outcome of the incident) and any court documents. Based upon your response, you may be required to make a personal appearance before the Board. Please note that an appearance before the Board may delay your license or being approved for the examination.

WHAT IF I RESPOND "NO" TO ONE OF THE QUESTIONS AND THE CRIMINAL BACKGROUND CHECK REVEALS SOMETHING?

Please read the questions on the application very carefully. You will be notified of such and will be required to submit the required documents and explain why you failed to respond yes to the question. Also you may be required to appear before the Board. Please note that an appearance before the Board may delay your license or being approved for the examination.

EXAMINATION SCORE REPORTS AND VERIFICATION OF STATE LICENSURE MUST BE SENT DIRECTLY FROM EACH ENTITY

The Board will not be able to accept any examination score reports or verification of state licensure directly from the applicant. All examination score reports and verifications of state licensure must be sent directly from those entities.

EXAMINATION REQUIREMENTS

The Board has adopted the Association of Social Work Board's (ASWB) examinations:

- Bachelors Level to obtain a bachelors social work license
- Master Level to obtain a social work license
- Clinical Level examination to obtain a clinical social work licensure.

PLEASE NOTE: If you did not take one of the examination listed above to receive licensure/certification in another state at the same level or higher level, you will be required to apply for licensure based upon examination and meet the requirements by examination.

JURISPRUDENCE EXAMINATION

All applicants who are approved for licensure as a licensed social worker (LSW) and licensed clinical social worker (LCSW) by reciprocity will be required to pass a jurisprudence examination.

After the approval of your application by the Board, you will be emailed the jurisprudence examination. You will have fourteen (14) days from the date the email is sent to you with the Jurisprudence Examination and Instructions in order to complete the examination and return the required information to our office.

All LSW's and LCSW's applicants will be examined on the statutes and rules for the Indiana Behavioral Health and Human Services Licensing Board. This is a 30 question true-false and multiple-choice examination. Passing criteria is 75%. Statutes and Administrative Rules are available to download at www.pla.IN.gov.

TEMPORARY PERMITS

There is no temporary permit available for applicants who apply by reciprocity.

THE FAIR INFORMATION PRACTICE ACT

In compliance with Ind. Code 4-1-6, this agency is notifying you that you must provide the requested information or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Your social security number is being requested by this state agency in accordance with Ind. Code 4-1-8-1 and Ind. Code 25-1-5-11(1). Disclosure is mandatory, and this record cannot be processed without it. Failure to disclose your U.S. social security number will result in the denial of your application. Application fees are not refundable.

ABANDON APPLICATIONS

If an applicant does not submit all requirements within one (1) year after the date on which the application is filed, the application for licensure is abandoned without any action of the Board. An application submitted subsequent to an abandoned application shall be treated as a new application.

ISSUANCE OF LICENSE

Upon issuance of your license by the Board, you will be sent an email notifying you that your license has been issued. There will be instructions on how to purchase a license card to be mailed to you or how to download a free license card for immediate printing. This service is available on our website at www.in.gov/pla/license.htm.

Ind. Code 25-23.6-4-5 requires that an individual who is licensed as a social worker or clinical social worker shall:

- (1) Display the license or a clear copy of the license at each location where the social worker or clinical social worker regularly practices; and
- (2) Includes the words "licensed social worker" or the letters "LSW" or "licensed clinical social worker" or the letters "LCSW" on all promotional materials, including business cards, brochures, stationary, advertisements, and signs that name the individual.

Therefore, you must either download the free license card or purchase a blue license card to post. IPLA staff cannot print license cards to be mailed or for walk-ins to our office.

This service is available on our website at www.in.gov/pla/license.htm.

LICENSE EXPIRATION

Licenses expire April 1 of even years.

LICENSE EXPIRATION AND CONTINUING EDUCATION

Bachelor of Social Work, Social Workers and Clinical Social Workers licensed in the State of Indiana are required to obtain at least forty (40) hours of continuing education, with at least twenty (20) hours of Category I Continuing Education with two (2) hours of Category I Ethics Continuing Education, in order to renew their license. A licensee who has been licensed less than twenty-four (24) months will need twenty (20) hours of continuing education with one (1) hour of Category I Ethics Continuing Education to renew their license. A licensee who has been licensed less than twelve (12) months does not need continuing education in order to renew their license.

Detailed information regarding the continuing education requirement is available at the Board's website at www.pla.IN.gov. Or you may contact our office by calling (317) 234-2054 or by email at pla8@pla.IN.gov.

**APPLICATION FOR LICENSURE BY RECIPROCITY
BACHELOR OF SOCIAL WORK (LBSW), LICENSED SOCIAL WORKER (LSW) AND
LICENSED CLINICAL SOCIAL WORKER (LCSW)
INSTRUCTIONS**

All applicants must submit an application and supporting documentation to:

Indiana Professional Licensing Agency
Attn: Behavioral Health and Human Services Licensing Board
402 West Washington Street, Room W072
Indianapolis, Indiana 46204

APPLICATION

Submit your Application for Licensure:

- Bachelor Social workers please complete all pages of the application.
- Licensed Social Workers please complete pages 1-3 of the Application for Licensure for Licensed Social Worker.
- Licensed Clinical Social Workers please complete pages 1-3 of the Application for Licensed Clinical Social Workers.

**Please make sure that you have completed and signed the application in all places required.*

ADDITIONAL APPLICATION FORM

In order to process your application efficiently, please print and complete the form located on page 7 of the instructions to send with your application by reciprocity.

AFFIDAVIT

If you answer “yes” to any of the seven (7) questions on the application, the applicant must explain fully in a signed and notarized affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date and disposition. If you have a malpractice action, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement; however, they may accompany your affidavit.

If the applicant has been ***arrested; entered into a prosecutorial diversion or deferment agreement; convicted; pled guilty to or pled nolo contendere to any offense, misdemeanor, or felony in any state***, except for minor violation of traffic law resulting in fines, and arrests or convictions that have been expunged by a court, the applicant shall submit a notarized statement, [at least one paragraph long](#), detailing all criminal offenses, excluding minor traffic violations. The notarized statement must include the following information:

- (1) The date(s), location(s), court, and cause number.
- (2) The offense, misdemeanor or felony of which the applicant was arrested for, entered into a prosecutorial diversion or deferment agreement; convicted, pled guilty to or pled nolo contendere to.
- (3) The penalty imposed.

Also, included with your notarized statement, you will need to provide copies of any and all court documentation regarding each offense listed.

FEE INFORMATION

Applicants must submit a **fifty dollar (\$50.00)** application fee made payable to the Indiana Professional Licensing Agency. Checks or Money orders are acceptable. **All fees are non-refundable and nontransferable.**

PHOTOGRAPH

Applicants must submit one (1) photograph, approximately 2 x 3 inches, head and shoulders view of the applicant only, black and white or color, of professional quality. No “Polaroid” type photographs, laminated photographs, laminated identification cards or group photographs will be accepted.

CRIMINAL BACKGROUND CHECK REQUIRED

All applicants applying for a license shall submit to a national criminal history background check at the cost of the individual. Please follow the step-by-step directions on how to complete the fingerprinting process in order to process your criminal background check on the Board's website at <http://www.in.gov/pla/3241.htm>.

A criminal background check completed prior to the submission of your application for licensure will not be considered valid. If an application is not received by IPLA before scheduling a criminal background check, the applicant will be required to submit to another check resulting in additional fees.

WHAT IF I HAVE TO RESPOND "YES" TO ONE OF THE QUESTIONS ON THE APPLICATION?

Please read the questions on the application very carefully. If you need to respond "yes" please submit a notarized affidavit of the incident (such as the date, where it occurred, what happened, the charge and the outcome of the incident) and any court documents. Based upon your response, you may be required to make a personal appearance before the Board. Please note that an appearance before the Board may delay your license or being approved for the examination.

WHAT IF I RESPOND "NO" TO ONE OF THE QUESTIONS AND THE CRIMINAL BACKGROUND CHECK REVEALS SOMETHING?

Please read the questions on the application very carefully. You will be notified of such and will be required to submit the required documents and explain why you failed to respond yes to the question. Also you may be required to appear before the Board. Please note that an appearance before the Board may delay your license or being approved for the examination.

ASSOCIATION OF SOCIAL WORK BOARDS (ASWB) EXAMINATION SCORE REPORT

Applicants must contact the Association of Social Work Board (ASWB) and request that an official score report be sent to the Indiana Professional Licensing Agency.

The Board has adopted the Association of Social Work Board's (ASWB) examinations:

- Bachelors Level to obtain a bachelors social work license
- Master Level to obtain a social work license
- Clinical Level examination to obtain a clinical social work licensure.

Association of Social Work Board (ASWB)

400 Southridge Parkway, Suite B

Culpeper, Virginia 22701

Candidate Services: (888) 579.3926

Candidates who are deaf or hard of hearing/TT: (888) 332.3926

Phone: (800) 225.6880/(540) 829.6880

Main fax: (540) 829.0562

Email: info@aswb.org

Website: <https://www.aswb.org/>

NAME CHANGE

An official affidavit indicating any legal name change or a notarized copy of a marriage certificate, divorce decree, social security card or court papers is acceptable if your name differs from that on any of your documents.

VERIFICATION OF LICENSURE

Applicants must provide a Verification of State Licensure/Certification form from each state in which you currently are, or have ever been, licensed, certified or registered in any regulated health profession or occupation. This information must be **sent directly to the Board by the state** that issued the license. This form is available on the Board's website.

The top portion of this form should be completed by the applicant and sent to the appropriate state licensing board for their submission to the Indiana Professional Licensing Agency. The form may be duplicated if necessary. Other jurisdictions may charge a fee to verify licensure. You may wish to contact the state boards prior to your request for verification. You do not need to complete this form if you only hold licensure or certification in the State of Indiana.

**LBSW, LSW, OR LCSW BY RECIPROCITY
APPLICATION CHECKLIST**

If you are applying for licensure as a bachelor of social work (LBSW), licensed social worker (LSW) or a licensed clinical worker (LCSW), by reciprocity, you must complete and submit the following forms.

- _____ Completed Application Form
- _____ Additional Application Form (Page 7 of the Instructions)
- _____ One (1) passport quality photograph
- _____ \$50 Application Fee
- _____ Notarized affidavit explaining any “yes” answer on the application which includes the required documentation. (If applicable)
- _____ Criminal History Background Check (CBC)
- _____ Association of Social Work Board (ASWB) Score Report
- _____ Out of State License Verification(s)
- _____ Name Change Documents (If applicable)

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APPLICATION FOR LICENSURE BY RECIPROCITY**

Please print and complete this form to include with your application.

Name: _____

APPLYING FOR LICENSURE BY RECIPROCITY AS:	
	Licensed Bachelor of Social Work (LBSW)
	Licensed Social Worker (LSW)
	Licensed Clinical Social Worker (LCSW)

PLEASE LIST ALL STATES YOU ARE CURRENTLY LICENSED AND DO NOT HAVE A PENDING DISCIPLINARY PROCEEDING:

I HAVE TAKEN AND PASSED THE FOLLOWING EXAMINATION:	
	LBSW – Association of Social Work Board’s (ASWB) Bachelors Level examination
	LSW – Association of Social Work Board’s (ASWB) Masters Level examination
	LCSW – Association of Social Work Board’s (ASWB) Clinical Level examination

Thank you for completing this form and returning it with your application.