



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION FOR LICENSURE BY RECIPROCITY -
TEMPORARY PERMIT REQUEST

MISSOURI DIVISION OF PROFESSIONAL REGISTRATION
 STATE COMMITTEE FOR SOCIAL WORKERS

INSTRUCTIONS

1. Please read the Missouri State Committee for Social Workers Regulations.
2. Applicant must complete all sections, including reference page.
3. If additional information is needed for any questions, please attach a separate sheet.
4. Complete applications should be mailed to the following central office address:

DIVISION OF PROFESSIONAL REGISTRATION/
 STATE COMMITTEE FOR SOCIAL WORKERS
 P.O. BOX 1335
 JEFFERSON CITY, MISSOURI 65102-1335
 TELEPHONE: (573) 751-0885 TDD 800-735-2966
 www.pr.mo.gov E-mail: lcsww@pr.mo.gov

FEES
\$75.00 Fees are made payable to the Division of Professional Registration, which are not refundable, in the form of a cashier's check, money order, personal check or bank draft.

PLEASE CHECK ONE OF THE FOLLOWING

<input type="checkbox"/> CLINICAL SOCIAL WORKER	<input type="checkbox"/> ADVANCED MACRO SOCIAL WORKER	<input type="checkbox"/> BACCALAUREATE SOCIAL WORKER	<input type="checkbox"/> MASTER LEVEL SOCIAL WORKER
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APPLICANT DATA

NAME (FIRST, MIDDLE, LAST, SUFFIX, FORMER/MAIDEN)

RESIDENCE STREET ADDRESS (IF PO, PLEASE PROVIDE A STREET ADDRESS ALSO)	CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER	DATE OF BIRTH	RESIDENCE TELEPHONE NUMBER	
CURRENT PLACE OF EMPLOYMENT	EMPLOYMENT TELEPHONE NUMBER		
EMPLOYMENT ADDRESS	CITY	STATE	ZIP CODE
E-MAIL	U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, ATTACH COPY OF EVIDENCE OF LEGAL RESIDENT ALIEN STATUS)		

SOCIAL WORK DEGREES:

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

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

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 or social work privileges ever been revoked, restricted, or have you ever been the subject of disciplinary action by any licensing agency, institution or any other entity?	<input type="checkbox"/>	<input type="checkbox"/>
c) Within the last two years have you entered a plea of guilty or nolo contendere or been convicted of a felony, misdemeanor or received a suspended imposition of sentence?	<input type="checkbox"/>	<input type="checkbox"/>
d) Are you presently being investigated or is there any disciplinary action pending against you?	<input type="checkbox"/>	<input type="checkbox"/>
e) Within the last two years have you been addicted to or used in excess, any drug or chemical substance including alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
f) Within the last two years have you been treated through a drug or alcohol rehabilitation program?	<input type="checkbox"/>	<input type="checkbox"/>
g) Within the last two years have you been named as a party 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"/>
i) Have you ever voluntarily surrendered a professional license?	<input type="checkbox"/>	<input type="checkbox"/>

AFFIDAVIT

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 pursuant to this application in the State of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief.

I submit for consideration this application as required by the Missouri law governing the practice pursuant to this application and subject to the rules and regulations of the Division of Professional Registration/State Committee for Social Workers. The Division may request further information or evidence that it deems reasonable and proper from the sources above.

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**.

MUST BE SIGNED IN PRESENCE OF NOTARY PUBLIC	APPLICANT SIGNATURE	
		
NOTARY PUBLIC EMBOSSEER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	USE RUBBER STAMP IN CLEAR AREA BELOW.	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

MO 375-1103 (10-2022)

YES

NO

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?
2. If answering question (1) in the affirmative, would you like to receive information and assistance regarding the agency's veteran services? If yes, go to www.pr.mo.gov or the website for your licensing board.



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
VERIFICATION OF LICENSURE

STATE COMMITTEE FOR SOCIAL WORKERS
 P.O. BOX 1335
 JEFFERSON CITY, MISSOURI 65102-1335
 TELEPHONE (573) 751-0885

TO BE COMPLETED BY APPLICANT

APPLICANT - COMPLETE THE TOP PORTION OF THIS FORM AND FORWARD IT TO THE STATE WHERE YOU ARE CURRENTLY LICENSED.

NAME (LAST, FIRST, MIDDLE, MAIDEN)

ADDRESS (NO. & STREET) CITY STATE ZIP CODE

*SOCIAL SECURITY NUMBER ORIGINAL LICENSE NO. (IN THE STATE TO WHICH THE FORM IS BEING FORWARDED) DATE ISSUED DATE EXPIRES

I HEREBY AUTHORIZE THE _____ TO FURNISH THE MISSOURI STATE COMMITTEE FOR SOCIAL WORKERS THE INFORMATION REQUESTED BELOW.

SIGNATURE DATE

TO BE COMPLETED BY LICENSING AGENCY ONLY

PLEASE VERIFY REQUIREMENTS MET IN YOUR STATE:

MSW FROM CSWE ACCREDITED SCHOOL BSW FROM CSWE ACCREDITED SCHOOL

DOCTORATE DEGREE IN SOCIAL WORK NAME OF SCHOOL GRANTING DOCTORATE

EXAM TAKEN DATE EXAM PASSED SCORE
 NO EXAM, GRANDFATHERED ASWB MASTERS ASWB BACHELORS
 ASWB CLINICAL ASWB ADVANCED

DOES APPLICANT HAVE 2 YEARS (OR MORE) OF POST MSW CLINICAL EXPERIENCE SUPERVISED BY:

- a. Licensed clinical social worker. State _____
- b. Other professional. Please specify: _____

Does the licensee hold a valid, unrevoked, unexpired, undisciplined, and unrestricted license? YES NO

Have there been any complaints, investigations or disciplinary action taken against licensee? YES 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

* You must provide your social security number pursuant to state law. Your social security number may be used for the following purposes: a) to identify you in record keeping and information exchanges with state agencies (Missouri and other state), federal agencies and other data sources; b) to make criminal history checks and to verify all information provided in the application; c) to the Division of Child Support Enforcement of the Department of Social Services; and d) to the Department of Revenue pursuant to Section 324.010 RSmO. Discovery of false information in the application or discovery of relevant criminal history may result in denial of your application.