



New Mexico Regulation and Licensing Department

BOARDS AND COMMISSIONS DIVISION

Social Work Examiner's Board

PO Box 25101 Santa Fe, New Mexico 87504
(505) 476-4622 • Fax (505) 476-4620 • www.rld.state.nm.us

On behalf of the New Mexico Social Work Examiner's Board, we are pleased that you have chosen New Mexico as a place to practice Social Work!

Requirements for Licensed Clinical & Independent Social Worker:

- **\$125.00** initial license fee (all fees are non-refundable). Payment can be made by check, cashier's check or money order. (No cash accepted)
 - Be at least 18 years of age
 - Complete the Licensed Clinical Social Worker (LCSW)/ Licensed Independent Social Worker (LISW) Application with a recent 2"x2" Passport Style photo.
 - Possess a Master's Degree in Social Work from a program Accredited by the Council on Social Work Education. Official Transcripts must be sent directly to the Board Office from your University.
 - Proof of successfully passing the Association of Social Work Board examination (ASWB) with a 70% or better
 - Proof of successfully passing the Jurisprudence Examination (based on NM Rules & Laws – open book exam) with a 70% or better
 - Proof of completion of the required course in New Mexico Cultures for initial licensing.
 - Proof of successfully completing Supervision from a Board Approved Supervisor.
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- If you are a recent graduate with a Master's Degree in Social Work from an accredited School or University, you will need to pass the (ASWB) Association of Social Work Board Examination to receive a permanent license.
 - When your application is completed and entered into our system, the Board Office will issue one time Provisional license, this will allow you time to test for the National Examination through (ASWB) and meet the cultural requirement if necessary. The Board will mail you the provisional license to the address provided in your application. You will also receive an instruction letter informing you to contact (ASWB) to schedule for the National Exam. All fees will be paid directly to (ASWB) for the cost of the examination. Should you pass the test on your first attempt, you will be issued a permanent license. Please be aware that the Provisional Year is only valid for (1) year and so is your application for licensure. No extension will be granted. We recommend you schedule the ASWB exam as early as possible, in the event you fail the exam and are required to wait 90 days before you can retake the exam.
 - As a Social Work professional, you will need to be aware of Rules & Laws set forth by the Board of Directors for by the State of New Mexico Social Work Board. The Jurisprudence Examination is part of the application and must be completed by the applicant.
 - Multicultural course for initial licensure is required to become a Licensed Master Social Worker (LMSW). **(If you are a graduate from a New Mexico School of Social Work, you will not be required to take the initial New Mexico Cultural Component since you have already taken New Mexico Cultures as part of your school curriculum).** If you are a graduate with a Baccalaureate degree in Social Work from an out of State University, you will be required to take the New Mexico Cultures Course.
 - Supervision must be completed within a minimum of 24 months to a maximum of 60 months. Supervision must include 3600 hours of supervision to include 90 hours of face to face supervision.
 - Any incomplete application will be returned to the applicant.
 - Applications with felony convictions or DUI arrests will be submitted to the Board for approval at the next scheduled Board Meeting which will cause a delay in license granting.



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**Attach 2x2 inch
Photo here**

For Office Use Only
 Issued: _____
 License No. _____

**LICENSED INDEPENDENT/CLINICAL
APPLICATION**

Initial Licensure fee \$125.00

(Fees are non-refundable)

The information you supply on this application will be used to determine your eligibility for licensure. You must supply all the information requested. Omission of any information may result in our inability to process your application. Your completed application will be used by authorized personnel of the board, and may be transferred to other governmental or law enforcement agencies. It cannot be returned to you, but you may gain access to the information by contacting the Social Work Board of Examiner's at P.O. Box 25101, Santa Fe, New Mexico 87504.

Applications received without fees will not be processed. If additional space is needed to complete any section, use additional sheet. All supporting documents, including official transcripts and verification of supervision and experience must be received at the board office before application can be approved.

(PLEASE PRINT IN INK OR TYPE YOUR RESPONSE BELOW)

<input type="checkbox"/> Independent/Clinical Social Worker (LISW&LCSW)			
Please Indicate: <input type="checkbox"/> Original <input type="checkbox"/> Reinstatement <input type="checkbox"/> Licensure by Credentials			

LICENSE HISTORY: If currently or previously licensed in another state or jurisdiction. (If additional space is needed, write on separate sheet of paper)			
Jurisdiction or State	License #	Date Issued	Current Status

Below. Please PRINT your name as you wish it to appear on your license. ** All licensing information provided is public information.**		
NAME OF APPLICANT (Last, First, Middle)	DATE OF BIRTH	SOCIAL SECURITY NUMBER
BUSINESS ADDRESS (Number, Street, City, State, Zip)	PHONE	
MAILING ADDRESS (Number, Street, City, State, Zip)		
ALL CORRESPONDENCE WILL BE SENT TO THE EMAIL ADDRESS PROVIDED:	E-Mail Address:	

ANSWER THE FOLLOWING QUESTIONS:

If you answer **YES** to any of questions 3 - 7, attach a complete and comprehensive explanation. The board may contact you later if additional information is needed.

1. I have read and will abide by the Social Work Rules and Regulations. I will comply with the Social Work Code of Conduct.
Yes No
2. Have you ever used another name under which records may be filed concerning your application or your education, training or experience?
Yes No IF YES, PLEASE ENTER NAME USED HERE: _____
(Explanation not required)
3. Have you ever received a deferred prosecution, a deferred judgment or been convicted of or pled guilty to or pled nolo contendere to a felony in any state, territory, district of the United States or a foreign country?
Yes No If yes, please attach a complete and comprehensive explanation. (The Board may contact you later.)
4. Have you ever pled guilty to or pled nolo contendere to or been convicted of Driving Under the Influence or Driving While Intoxicated?
Yes No If yes, please attach a complete and comprehensive explanation. (The Board may contact you later.)
5. Have you ever been denied a license or permission to practice Social Work or permission to take an examination to practice Social Work in any state, country or territory?
Yes No If yes, please attach a complete and comprehensive explanation. (The Board may contact you later.)
6. Has any disciplinary action ever been taken regarding your practice of Social work or any license you hold or have held to practice Social Work? Disciplinary actions include, but are not limited to, suspension, probation, practice limitations, reprimand, letter of admonition, censure, and any allegations currently pending.
Yes No If yes, please attach a complete and comprehensive explanation. (The Board may contact you later.)
7. Have you ever voluntarily surrendered a license to practice Social Work in any other state or territory?
Yes No If yes, please attach a complete and comprehensive explanation. (The Board may contact you later.)

SWORN AFFADAVIT:

Application must be certified in front of notary public

I hereby certify that I have read and completed this application, that the information contained herein is true to the best of my knowledge, that I am not physically or psychologically dependent on alcohol or drugs, and that I understand that any falsification or misrepresentation made within this application may be grounds for denial of my application or action against my license. I hereby authorized the Department of Licensing and Regulation and its agents to investigate any statements made by me in this application, including checking criminal, civil and administrative records. I declare under penalty of perjury that the statements made on this form are true and complete to the best of my knowledge.

SIGNATURE OF APPLICANT

DATE

State of _____

County of _____

Before me on this day personally appeared the above named applicant who being by me duly sworn upon oath says that all the acts, statements and answers contained in this application are true and correct.

Sworn and subscribed to before me _____ **on this** _____ **day of** _____, **20** _____

SEAL

Notary Public
My Commission Expires: _____

For Office Use Only:	Application Approved: _____ Initials Date
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CHARACTER REFERENCES

Please name two (2) character references who are familiar with your work and whom we may contact.

NAME OF CHARACTER REFERENCE ()
PHONE

NAME OF CHARACTER REFERENCE ()
PHONE

VERIFICATION OF SUPERVISION
(LISW/LCSW Applicants only- Must be completed by applicant)

Applicant's Name: _____

Date: _____

Below, please indicate the exact nature and extent of your supervised social work experience.

Use additional sheets, if necessary.

	1	2	3
Co. Name and Address (where supervision was received)			
Title of Position Applicant Held (at time of supervision)			
Job Duties (Please be specific - at time of supervision)			
Supervisor's Name			
Supervisor's Current Address			
Supervisor's Official Position (at time of supervision)			
Academic Degree & Field (at time of supervision)			
Supervisor's License Number			
Nature of Supervision (Clinical, Research, Medical, School, Administration, Community)			
Hrs. Per Week Of Direct Supervision			
Inclusive Dates of Social Work Supervision	(Month, Day, Year) From: To:	(Month, Day, Year) From: To:	(Month, Day, Year) From: To:
Total number of hours worked per week while under Supervision			

NEW MEXICO BOARD OF SOCIAL WORK EXAMINERS
P.O. Box 25101
Santa Fe, New Mexico 87504
SUPERVISOR'S VERIFICATION
OF APPLICANT'S SOCIAL WORK EXPERIENCE AND SUPERVISION
For LISW/LCSW Applicants Only

The applicant named below has provided you as a professional reference and his/her social work supervisor. Applicant is being considered for licensure at the Independent/Clinical Social Worker level. Please complete and return this form directly to: New Mexico Board of Social Work Examiners, P.O. Box 25101, Santa Fe, NM 87504.

NAME OF APPLICANT: _____
Last First MI

SUPERVISOR'S NAME: _____
Last First MI

SUPERVISOR'S ADDRESS: _____
Number Street City Zip Code

SUPERVISOR'S PROFESSIONAL TITLE: _____
(During period of supervision)

Supervisor's Present Daytime Phone:(_____)_____

1. Were you a practicing Social Worker during the time you supervised the applicant?

If you answer "Yes" to question 1, please complete the following:

Degree(s)_____

License No. _____ State: _____

Original License Issue Date:_____ Expiration:_____

2. Supervision dates – Please document length of Social Work Supervision.
Month, Day, Year – Please use specific dates. (Do not use term "To Present")

From: __/__/____ To: __/__/____

Total number of months _____

3. Please document total number of hours applicant worked while under your supervision. (i.e., 3600 or 2500 total hours not estimate or approx.)

Total Hours: _____

4. Please document total number of hours applicant received direct supervision.

Total Hours of Direct Supervision : _____

Total Hours of Direct Supervision per week: _____

Total Hours group per week: _____

Signature of Supervisor _____

New Mexico Board of Social Work Examiners
P.O. Box 25101
Santa Fe, New Mexico 87505

VERIFICATION OF LICENSURE

Applicant: Please forward this verification of licensure request to each state, territory or province in which you have ever had a social work license, certification or registration. **NOTE: Some boards of social work charge fees for verifying licensure. Please check with the**

Name of Applicant: _____
Last First MI

Mailing Address: _____

License Type: _____ License Number: _____
Date Issued: _____ Expiration Date: _____

I have applied for licensure in the State of New Mexico. I hereby authorize the state/territory/province of _____
_____ to provide the following information to the State of New Mexico.

Applicants Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE – AGENCY USE ONLY

1. This is to certify that the above named individual was issued a license or registration to practice as a:
 Social Worker Master Social Worker Other, please explain
 Independent Social Worker Clinical Social Worker

2. License or registration was based upon:
 Examination Endorsement Other, please explain
Exam passed: _____ State/province: _____
Date exam taken _____
 Independent Social Worker Clinical Social Worker

3. Did your board verify that this individual holds a social work degree? Yes No
On what degree was the licensed based? BSW SW Doctorate
 MSW Other, please explain:
Degree _____ Subject _____

4. Was the degree issued by a program accredited by CSWE? Yes No

5. Did this license require documented post-master supervised experience? Yes No

If yes, how much experience was required? _____ Years _____ Hours
Qualifications of the individual who provided supervision:

6. The license or registration is currently?

Active
 Lapsed

Expired
 Inactive

Other, please explain

7. Has this individual ever been subject to disciplinary action that is public information? Yes No

8. Is there any pending disciplinary action against this individual that is public information?

Yes No

9. Are there any unresolved complaints that are public information regarding this individual?

Yes No

10. If questions 7, 8, or 9 were answered "yes", please provide an explanation below:

11. Is there other information that your agency can share with us about the candidate that might effect a board licensure decision?

Signature: _____

Printed Name: _____

Title: _____

Social Work Licensing Board: _____

Date: _____

Email Address: _____

Office Phone Number: _____

(BOARD SEAL)



New Mexico Regulation and Licensing Department

BOARDS AND COMMISSIONS DIVISION

Board of Social Work Examiners

PO Box 25101 ▪ Santa Fe, New Mexico 87505
(505) 476-4890 ▪ Fax (505) 476-4620 ▪ www.rld.state.nm.us

BOARD OF SOCIAL WORK EXAMINERS JURISPRUDENCE EXAM

(A copy of the rules and laws can be downloaded from our website www.rld.state.nm.us under Rules and Laws)

Applicant name: _____

1. Each licensee must be familiar with the Board's Code of Conduct rule.
 - A. True
 - B. False
2. If a Provisional license holder fails the national examination, the provisional license:
 - A. Is automatically renewed until the temporary license holder passes the national exam.
 - B. License becomes Null and Void
 - C. Is issued for one year during which time the applicant can retake the national exam.
 - D. May be renewed if the license holder pays an additional fee.
3. Continuing education taken prior to the time period stipulated by board rule for acceptable continuing education will not be accepted toward the current renewal cycle.
 - A. True
 - B. False
4. Licensees and registrants must notify the Board in writing of any address change.
 - A. True
 - B. False
5. The Board may take disciplinary action against an unlicensed person practicing social work.
 - A. True
 - B. False
6. An inactive license must be renewed annually.
 - A. True
 - B. False
7. A social worker has a thirty (30) day grace period to submit a renewal application without a late fee. However, the social worker's license shall be considered expired and the social worker will refrain from practicing during that period.
 - A. True
 - B. False
8. After the initial license period each license expires on July 1 every other year.
 - A. True
 - B. False
9. All licensed social workers are required to take six hours in the subject area of cultural awareness as part of the continuing education requirement.
 - A. True
 - B. False
10. A social worker whose license is inactive may still continue to practice.
 - A. True
 - B. False

- 11. A person who does the following is guilty of a misdemeanor:**
- A. Practices social work without the required current, valid license.
 - B. Advertises as a social worker without a current, valid license or registration.
 - C. Violates any provision of the Social Work Practice Act
 - D. All of the above
- 12. Any person, including board members, can file a complaint against a licensee or an unlicensed person.**
- A. True
 - B. False
- 13. Social Workers should keep records of continuing education courses submitted for renewal:**
- A. For at least one (1) year
 - B. For at least four (4) years
 - C. Do not need to be keep renewal certificate
 - D. For at least seven (7) years
- 14. Failure to submit a completed renewal application by September 29 of the renewal year will result in:**
- A. Written reprimand
 - B. Summons to appear before the Committee
 - C. License revocation
 - D. Committee censure
- 15. According to the Rules (NMAC), to avoid a penalty, a renewal application must be submitted to the Board office no later than:**
- A. September 29
 - B. July 1
 - C. July 30
 - D. August 1
- 16. If the Board has cause to believe a social worker is addicted to drugs or alcohol, or is mentally or physically incapable of practicing social work with reasonable skill and safety, the Board may:**
- A. Require the social worker to be examined by an examining committee to determine fitness to practice social work
 - B. Without a hearing, summarily revoke the license
 - C. Issue a formal reprimand
 - D. All of the above
- 17. A Social Worker who wishes to go inactive must request inactive status in writing to the Board office on or before:**
- A. July 1
 - B. June 30
 - C. September 29
 - D. July 30
- 18. A person with a social work degree can practice social work.**
- A. True
 - B. False

19. The following records in a licensee's or applicant's file are considered confidential and are NOT subject to public inspection:

1. *Letters of reference*
2. *Medical reports or records of chemical dependency,*
3. *Matters of opinion*
4. *Examination scores*

Choose one:

- A. 1, 2 and 3
- B. 2, 3, and 4
- C. All of the above
- D. None of the above

20. A Social Worker who wishes to retire a license must request retirement status in writing to the Board office prior to expiration of the current license (07/01).

- A. True
- B. False

21. A three credit hour college course in social work or in the realm of social work earns thirty (30) hours of continuing education credits (CEUs) acceptable for renewal requirements.

- A. True
- B. False

22. Social Workers may choose up to ten (10) hours of self directed continuing education per renewal period.

- A. True
- B. False

23. The Board may refuse to issue, suspend or revoke a license for any of the following reasons:

- A. Licensee is convicted of a felony.
- B. Licensee is grossly negligent or incompetent in the practice of social work.
- C. Licensee has repeatedly and persistently violated any provisions of the Social Work Practice Act or regulations.
- D. All of the above
- E. None of the above

24. An actively licensed social worker who attends continuing education programs that exceed the minimum hourly requirements in a given renewal period may apply the excess to the next renewal period requirement.

- A. True
- B. False

25. An applicant is issued a license to practice social work after:

- A. Passing the required exam.
- B. Paying licensing fees to a Board office.
- C. Living in New Mexico one year.
- D. Meeting all the application, examination, and licensure requirements and paying the required fees.

26. All continuing education hours must be completed on or before June 30 of the renewal period or the social workers license will be revoked for non-renewal.

- A. True
- B. False

- 27. If a social work license is revoked for non-renewal, the licensee will be required to:**
- A. Submit a renewal application, proof of continuing education, and pay renewal and late fee.
 - B. Submit an application and application fee.
 - C. Pay previous penalties, complete a new application, pay another application fee, and take an exam prescribed by the board.
 - D. None of the above.
- 28. A social worker can practice during the grace period of July 2 thru July 30 of the renewal period.**
- A. True
 - B. False
- 29. For licensed master social workers aspiring to achieve licensure at an independent level (LISW) supervision shall be provided by a:**
- A. Psychologist
 - B. Licensed Professional Clinical Mental Health Counselor (LPCC)
 - C. Licensed Independent Social Workers (LISW)
 - D. All of the above
- 30. If a licensed social worker voluntarily surrenders his/her license or allows his/her license to expire in anticipation of or during the course of an investigation, the complaint committee:**
- A. Will complete its investigation.
 - B. Report findings to the national database.
 - C. Close the case.
 - D. Both A and B
 - E. None of the above

Signature: _____ Date: _____