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Evaluation results:

Board/Commission: Social Work

License Type: Associate Professional Counselor **Obtained By:** Application

CheckList Name	Instructions
Application	If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee.
Application Fee	An application fee of \$75.00 is required. Please note that all fees are non-refundable.
Child Abuse CE	All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the <u>Department of State Website</u> .
Criminal History Check	List all of the states you have lived or worked in during the last 10 years. Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency for every state in which you have lived, worked, or completed professional training/studies for the past ten (10) years. The report(s) must be dated within 180 days of the date the application is submitted. To obtain a Pennsylvania record check, please visit https://epatch.pa.gov . A volunteer record check will not be accepted. For a list of other state identification agency websites, please visit State List.pdf (pa.gov). For individuals living, working, or completing training/studies outside of Pennsylvania during the past ten (10) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks . Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.
Databank Report	Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query", you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.

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CheckList Name	Instructions
Educational Transcripts	Request the school to submit an official transcript of your educational degree and other graduate level coursework directly to the Board. (If transfer credits were accepted into your degree, an official transcript will be required from the school in which the transfer credits were accepted from.) Official transcripts should be mailed to the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors, PO Box 2649, Harrisburg, PA 17105-2649 or you may request electronic transcripts be sent directly from your school to st-socialwork@pa.gov.
Letter of Good Standing (LOGS)	Provide a Letter of Good Standing (LOGS), also called a Verification of Licensure, from each state and jurisdiction where you hold or have ever held a license, certificate, permit, registration or other authorization to practice any health-related profession or occupation whether active or inactive, current or expired. A LOGS/Verification of Licensure is an attestation from a licensing body that includes the name of the licensee, the dates of licensure, the profession/occupation and type(s) of license(s), the current status of the license, and whether any discipline has ever been imposed. If discipline exists, all relevant orders/documents surrounding the disciplinary action(s) are also required. You will be notified at the time your application is reviewed if additional details are required.
Resume of Supervisor(s)	Please upload a curriculum vitae/resume for each qualified supervisor who will be providing you with direct supervision throughout your supervised clinical experience. Their curriculum vitae/resume should list all periods of employment or unemployment from graduation from their highest level of education to present (the education completed which qualifies them as a supervisor). The list must be in chronological order, including the name, city and state of the employer, dates of employment or advanced education/training (include the month and year), and description of the practice activity. Standards for supervisors may be found in the Regulations in Section 49.3(1) and 49.3(2).
Supervision Plan	Please upload a supervision plan which includes the name of each employer and location where client contact and supervision will occur. Please include a detailed job description for your duties at each location.

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