

WEST VIRGINIA BOARD OF SOCIAL WORK

P.O. Box 5459 Charleston, WV 25361 Phone: (304) 558-8816 Fax: (304) 558-4189
www.wvsocialworkboard.org



PROVISIONAL LICENSE ELIGIBILITY APPLICATION

In response to your inquiry regarding the alternative license process in West Virginia, we enclose the eligibility application.

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This material is only for one with a social work RELATED degree major who will seek employment in areas where critical shortages exist especially with children and family needs.

As the applicant you must allow up to TWENTY (20) Business Days for processing. If full Board review is required, this time will be extended. If this should occur you will be notified in writing by a senior staff member.

On behalf of the members of Board and agency staff, we do thank you for your interest in entering the social work profession.

Welcome!

PROVISIONAL LICENSE ELIGIBILITY APPLICATION

**MUST BE A FIRST-TIME APPLICANT WITHOUT ANY PREVIOUS
TEMPORARY/PROVISIONAL LICENSE HISTORY-WV CODE §30-30 OF
MARCH 2011**

Name: _____

Home Mailing Address: _____

(Street or P.O. Box) (Apt. #)

(City)

(State)

(Zip Code)

Home Phone: _____ Cell: _____

Email: _____

Social Security #: _____ Date of Birth: _____

Complete all appropriate sections of this request and provide documents as specified.
Incomplete or unsigned materials will be returned to the applicant and will cause further
delay in processing.

*****For BOARD USE ONLY*****

Eligible candidates will have a date stamp approval in this section
ALLOW UP TO TWENTY (20) WORKING DAYS (Customary Business Days of Monday through
Friday) **FOR PROCESSING**

BACKGROUND INFORMATION-PROVISIONAL ELIGIBILITY

All questions must be answered and additional documentation submitted as indicated.

1. Is your Bachelor's or Master's degree from a fully accredited college or university? YES ____ NO ____ Transcript must include Accreditation information.
2. Are you currently, or have you ever been licensed as a social worker in any other state? YES ____ NO ____ (if Yes-explain on attachment)
3. Have you ever filed a provisional eligibility application with the WV Board of Social Work in the past? YES ____ NO ____ MONTH/YEAR FILED: _____

Have you ever held a provisional temporary license in WV before?

YES ____ NO ____ (If you respond YES, you are not eligible to reapply pursuant to the amended and repealed WV Code §30-30 effective March 2011).

4. Have you ever held a professional LICENSE or Certification in any OTHER discipline in **any** state that was disciplined? YES ____ NO ____ N/A ____
5. **Have you ever been convicted of a felony or misdemeanor involving moral turpitude in any County/State?**
YES ____ NO ____ (If you answer YES attach a detailed response and copies of all public court records relating to the arrest, conviction, plea agreement and sentencing, etc.). The Board retains the right to seek additional information as necessary.
6. Do you have a *physical or psychological impairment that could interfere with your ability to perform social work including:* (1) Physical disease or condition that would **not** allow you to fulfill job description; or (2) Mental or emotional disorder or condition not currently controlled by treatment; or (3) Alcohol or other substance abuse/addiction not currently under control by treatment?
7. YES ____ NO ____ (If you mark YES, submit a detailed response; and statement from physician or treatment professional regarding your ability to perform social work and status of condition).

Sworn Statement: "Under penalty of perjury, I declare that the foregoing statements and those in any required accompanying documents are true. I understand that falsifying information is grounds for denial or revocation of license credentials. I hereby certify that I have personally completed this entire document submitted to the WV Board of Social Work."

Signature: _____ Date Signed: _____

RELATED BACHELOR OR MASTER DEGREE MAJORS ACCEPTED
PROVISIONAL LICENSE-MARCH 2011 LAW EDITION

The legally recognized bachelor or master degree MAJOR **must appear** on the official transcript as set forth by Legislative Rules as follows:

- Psychology
- Counseling
- Sociology
- Human Services
- Special, Secondary, or Elementary Education (Pending Rule Revision)

“Other **related** degrees accepted by the Board” include Criminal Justice (with sociology/psychology course content) and Behavioral Sciences (with major concentration in psychology, and/or sociology).

EDUCATION VERIFICATION

My Degree Major IS: _____ (As specified on official transcript).

Degree is: Bachelor _____ Masters _____ Graduation Date: _____

I graduated from (Name of College/University) _____

Please Mark the Appropriate Answer:

My official university transcript is ENCLOSED and is not a copy: _____

My official university transcript will be mailed to the Board of Social Work directly from the school: _____

Related Degree Applicants: Once the Board staff primary source verifies the Official transcript, it will be returned to you and a copy maintained.

PART IV- PROFESSIONAL REFERENCES

Provide three recommendations from *professional* individuals. These three references do not have to be from people you worked for or with unless a professional field. These references are required to confirm the applicant merits the public trust. The “professional” is one who performs in a learned profession that requires long and intensive academic preparation. These reference forms may be copied and distributed (faxed copies will be accepted) and enclosed with the rest of the application request. **NOT ACCEPTED FROM RELATIVES EITHER BLOOD OR MARRIAGE; OR RESIDENTIAL MATE OR SPOUSE.**

TO BE COMPLETED BY THE PROFESSIONAL RECOMMENDING THE APPLICANT:

I am filing a recommendation for : _____
(Name of applicant)

My name & profession: _____
(Name) (Profession)

- I have known the applicant: FROM: _____ TO: _____
- Extent of knowledge of his/her professional/ethical behavior: LIMITED: _____
MODERATE: _____ THOROUGH: _____
- Do you certify that this applicant is of good moral character? YES: _____ NO: _____

Extent of Endorsement:

WITHOUT RESERVATION: _____ WITH RESERVATION: _____ NO RECOMMENDATION: _____

In recommending this applicant, I understand that the information offered here is subject to verification by the WV Board of Social Work.

Signature: _____ Date: _____

Employer: _____ Daytime Phone: _____ I am Retired: _____

THE INDIVIDUAL FILLING OUT THIS REFERENCE MAY NOT BE RELATED TO THE APPLICANT.

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(Name of applicant)

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(Name) (Profession)

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Mail the application and required attachments to:

**WV BOARD OF SOCIAL WORK
P.O. BOX 5459
CHARLESTON, WV 25361**

www.wvsocialworkboard.org

304-558-8816

Fax: 304-558-4189

Questions: Contact **Amy Polen**: amypolen@wvsocialworkboard.org