

**BEHAVIORAL HEALTH AND HUMAN SERVICE LICENSING BOARD  
LICENSED BACHELOR SOCIAL WORKER (LBSW)  
APPLICATION FOR LICENSURE  
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](http://www.pla.in.gov):

1. Application for Licensure As A Licensed Social Worker (LSW)
2. Information and Instruction Sheet
3. Criminal Background Check Information
4. Verification of Licensure
5. Statutes and Administrative Rules which pertain to the Behavioral Health and Human Service Licensing Board

**IPLA ADDRESS/TELEPHONE NUMBER/FAX/EMAIL/WEBSITE**

Indiana Professional Licensing Agency  
402 West Washington Street, Room 072  
Indianapolis, Indiana 46204  
Staff Phone: (317) 234-2054  
FAX # (317) 233-4236  
Staff Email: [pla8@pla.IN.gov](mailto:pla8@pla.IN.gov)  
Website: [www.pla.IN.gov](http://www.pla.IN.gov)

**BASIS FOR LICENSURE**

Applicants for a bachelor social worker license may apply based on one of the following:

**1. Applying for approval to take the ASWB Bachelor's Level Examination.**

Applicants who applying for approval to take the Association of Social Workers Board Bachelor's level examination are required to submit all documentation as listed within the instructions for approval to take the examination.

**2. Applying based upon having a license in another state and has taken and passed an examination.**

Applicants will be required to submit all documentation as listed within the instructions except for proof of education. Ind. Code 25-23.6-5-10.5 requires the applicant to meet the following requirements:

- (a) Have a valid license or certificate to practice from another state or jurisdiction.
- (b) Passed an examination substantially equivalent to the level for which licensure is being requested. (The Board requires that you pass the ASWB Bachelors Level Examination.)
- (c) Does not have a pending disciplinary proceeding in another state.
- (d) Pays a fee. (\$50.00 application fee)

**3. Exemption from the Examination.**

Applicants are required to submit all documents as listed within the instructions except for examination scores. Ind. Code 25-23.6-5-1.5(b) requires the applicant to meet the following requirements:

- (a) Received a bachelor's degree in social work that is accredited by the Council on Social Work Education.
- (b) Does not have a conviction of a crime that has a direct bearing on the individual's ability to practice competently.
- (c) Has not been the subject of a disciplinary action by a licensing or certification agency of another state or jurisdiction on the grounds that the individual was not able to practice as a social worker without endangering the public.
- (d) Has at least two (2) years of documented experience in behavioral health and human services.
- (e) Files an initial application before July 1, 2018.
- (f) Pays a fee. (\$50.00)

**INDIVIDUALS WITH MASTER'S DEGREE**

Per Ind. Code 25-23.6-5-1.5(c) an individual with a master's degree in social work is not eligible to apply for a license as a bachelor's degree social worker.

## **TRANSCRIPTS AND EXAMINATION SCORE REPORTS MUST BE SENT DIRECTLY FROM EACH ENTITY**

The Board will not be able to accept any transcripts and examination score reports directly from the applicant. All transcripts and examination score reports must be sent directly from those entities.

## **EXAMINATION REQUIREMENT**

The Board has adopted the Association of Social Work Board's (ASWB) Bachelors Level examination to obtain a bachelor of social work license. The examination is only offered in a computer format through the Association of Social Work Boards (ASWB) and its contracted examination service. The examination is offered six (6) days a week at various locations and times.

All questions and requests for information about the ASWB Bachelors Level examination shall be directed to:

Association of Social Work Board (ASWB)  
400 Southridge Parkway, Suite B  
Culpeper, Virginia 22701  
Candidate Services: (888) 579.3926  
General Information: (800) 225.6880  
Website: <https://www.aswb.org/>

## **CRIMINAL BACKGROUND CHECK**

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

***Criminal background checks must be obtained after you apply for your bachelor of social work license with the Board and prior to the issuance of a license.***

## **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(a). 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.

## **LICENSE EXPIRATION, ISSUANCE AND LICENSE CARDS**

Bachelor Social Workers licenses will expire on April 1<sup>st</sup> of even numbered years.

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 blue 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](http://www.in.gov/pla/license.htm).

**LICENSED BACHELOR SOCIAL WORKER (LBSW)  
APPLICATION FOR LICENSURE  
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 072  
Indianapolis, Indiana 46204

**COMPLETION OF APPLICATION**

Complete pages 1 thru 3 of the application for Licensure as a Social Worker (LSW).

**ADDITIONAL INFORMATION FORM**

In order to process your application efficiently, please print and complete the form located on Page 9 of the instructions and send it with your application for LBSW licensure.

**AFFIDAVIT**

If you answer "yes" to any of the seven (7) questions on the application, you 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 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, include with your notarized statement, copies of any and all court documentation regarding each offense listed.**

**CRIMINAL BACKGROUND CHECK REQUIRED**

All applicants applying for a bachelor of social worker license shall submit to a national criminal history background check at the cost of the individual. Please see 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.**

**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.

## OFFICIAL TRANSCRIPT/EDUCATION REQUIREMENTS

Applicants must have a Bachelor's degree in Social Work (BSW) from an institution of higher education that has been accredited or approved for candidacy by the Council on Social Work Education (CSWE) or approved by the board or a foreign school that has a program of study that is approved by the Foreign Equivalency Determination Service of the Council on Social Work Education. Applicants must submit an official transcript, **sent directly to the Board from the college or university**, from which you obtained the degree, showing that all requirements for graduation have been met and the date the degree was conferred.

**NOTE:** Transcripts must be official transcripts sent directly to the Board from the college or university. Copies of transcripts, transcripts issued to applicants, or incomplete (not yet showing your degree has been granted) transcripts are not acceptable. Degrees in related fields are not accepted.

## VERIFICATION OF EMPLOYMENT/EXPERIENCE (Exemption of the Examination only)

Applicants applying for an exemption of the examination as a licensed bachelor social worker (LBSW) must provide documentation of two or more years of experience in behavioral health and human services. This form is to be completed by your employer to document your experience is located at the end of this document. Please print as many forms as needed to send to your employers in order to verify your two (2) years or more of experience. This form is located at the end of instructions.

*The exemption from the examination based upon experience will expire on July 1, 2018.*

## VERIFICATION OF EXAMINATION

Applicants who have taken and passed the examination must contact the ASWB and request that an official score report of their bachelors level examination be sent to the Indiana Professional Licensing Agency.

Association of Social Work Board (ASWB)  
400 Southridge Parkway, Suite B  
Culpeper, Virginia 22701  
Candidate Services: (888) 579.3926  
General Information: (800) 225.6880  
Website: <https://www.aswb.org/>

## 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.

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.

## 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.

### **EXAMINATION CANDIDATES FOR LBSW**

Indiana requires the "Bachelor's" level examination for obtaining a bachelor of social work license (LBSW). The examination is only offered in a computer format through the Association of Social Work Boards (ASWB) and its contracted examination service. The examination is offered six (6) days a week at various locations and times.

Your application for the licensure examination must be approved by the Behavioral Health and Human Services Licensing Board prior to registration with the examination service. Once approval is granted, information will be emailed to you explaining the registration and scheduling process for the examination. It is your responsibility to register for and schedule your examination. Please register for the correct level of examination.

An applicant who has been approved by the Board to take the examination must take the examination within one (1) year from the date of the initial Board approval. If the applicant does not take the examination within one (1) year from the date of the initial Board approval, the approval will be invalid and the applicant must submit a new application and all required documentation must be resubmitted.

Applicants who are unsuccessful on the examination will be emailed a letter denying their application and provided repeat examination material. You must first re-apply to the Board and again be approved to re-take the examination before you re-register with the ASWB. Additionally there is a mandated ninety (90) day waiting period between examination attempts. An applicant who has failed the examination three (3) times shall personally appear before the Board at the next available meeting prior to retaking the examination.

**For more information on study guides and examination materials, please go to ASWB's website at [www.aswb.org](http://www.aswb.org).**

### **TESTING ACCOMMODATION REQUEST**

If you have a disability, which may require some special accommodations in taking the examination, please request a Testing Accommodation Request Form from the Board by calling (317) 234-2054. If you are hearing or speech impaired, you may utilize the Indiana Relay System by calling 1-800-743-3333. If an accommodation is not requested prior to Board approval to take the examination, the Board cannot guarantee the availability of the accommodation on-site.

**LICENSED BACHELOR SOCIAL WORKER (LBSW)  
APPLY FOR APPROVAL TO TAKE THE BACHELORS LEVEL EXAMINATION  
APPLICATION CHECKLIST**

**If you are applying for approval to take the bachelors level examination as a licensed bachelor social worker (LBSW), you must complete and submit the following forms.**

- Completed application form (Pages 1 thru 3)
- Additional Information Form (Page 9 of the Instructions)
- One (1) passport quality photograph
- \$50 Application/Issuance Fee
- Notarized affidavit explaining any "yes" answer on the application
- Criminal History Background Check
- Official Transcript(s) sent directly from the college or university
- Name Change Documentation (If applicable)
- Out of State License Verification(s) (If applicable)

**LICENSED BACHELOR SOCIAL WORKER (LBSW)  
BASED UPON HAVING A LICENSE IN ANOTHER STATE AND HAS TAKEN AND  
PASSED AN EXAMINATION  
APPLICATION CHECKLIST**

If you are applying for licensure based upon having a license in another state and have taken and passed an examination as a licensed bachelor social worker (LBSW), you must complete and submit the following forms.

- Completed application form (Pages 1 thru 3)
- Additional Information Form (Page 9 of the Instructions)
- One (1) passport quality photograph
- \$50 Application/Issuance Fee
- Notarized affidavit explaining any "yes" answer on the application
- Criminal History Background Check
- Official Score Report from ASWB – Bachelors Level
- State License Verification(s)
- Name Change Documentation (If applicable)

**LICENSED SOCIAL WORKER (LSW)  
EXEMPTION OF THE EXAMINATION AND HAVING TWO OR MORE YEARS  
OF EXPERIENCE (Expires July 1, 2018)  
APPLICATION CHECKLIST**

If you are applying for licensure based upon exemption from the examination and having two or more years of experience in behavioral health and human services as a licensed social worker (LSW) by examination, you must complete and submit the following forms.

- \_\_\_\_\_ Completed application form (Pages 1 thru 3)
- \_\_\_\_\_ Additional Information Form (Page 9 of the Instructions)
- \_\_\_\_\_ One (1) passport quality photograph
- \_\_\_\_\_ \$50 Application/Issuance Fee
- \_\_\_\_\_ Notarized affidavit explaining any "yes" answer on the application
- \_\_\_\_\_ Criminal History Background Check
- \_\_\_\_\_ Official Transcript(s) sent directly from the college or university
- \_\_\_\_\_ Verification of Employment/Experience Form (Attached at the end of the instructions) - Two or More Years of Experience in Behavioral Health and Human Services
- \_\_\_\_\_ State License Verification(s) (If applicable)
- \_\_\_\_\_ Name Change Documentation (If applicable)



**BEHAVIORAL HEALTH AND HUMAN SERVICE LICENSING BOARD  
LICENSED BACHELOR SOCIAL WORKER (LBSW)**

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

**NAME:** \_\_\_\_\_

| <b>APPLYING FOR LICENSURE BY:</b> |   |
|-----------------------------------|---|
| <input type="checkbox"/>          | <b>Applying for approval to take the ASWB Bachelors Level Examination</b>   |
| <input type="checkbox"/>          | <b>Applying based upon having a license in another state and has taken and passed an ASWB Bachelor Level examination</b>                          |
| <input type="checkbox"/>          | <b>Exemption of the examination. Applicant has two or more years of experience in behavioral health and human services (Expires July 1, 2018)</b> |

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

**VERIFICATION OF EMPLOYMENT / EXPERIENCE  
FOR BACHELOR OF SOCIAL WORK LICENSURE APPLICANTS**

**ALL INFORMATION ON THIS FORM MUST BE TYPED OR CLEARLY PRINTED.**

|  |                                     |                                  |
|--|-------------------------------------|----------------------------------|
| <b>APPLICANT: Complete the top section of this form, then forward it to your employer. You are authorized to photocopy this form as necessary.</b>                           |                                     |                                  |
| Name of applicant ( <i>last, first, middle, maiden or previous</i> )   |                                     | Social Security number*          |
| Current Address ( <i>number and street or rural route</i> )  |                                     |                                  |
| City   | State                               | ZIP code                         |
| Date of birth ( <i>month, day, year</i> )  | Telephone number ( <i>daytime</i> ) |                                  |
| Name of business/institution   |                                     |                                  |
| Address ( <i>number and street or rural route</i> )  |                                     |                                  |
| City   | State                               | ZIP code                         |
| I hereby authorize, _____, to furnish to the Professional Licensing Agency with the information below.<br><span style="margin-left: 100px;"><i>(Name of Employer)</i></span> |                                     |                                  |
| Signature of applicant   |                                     | Date ( <i>month, day, year</i> ) |

|   |   |                                  |
|---|---|----------------------------------|
| <b>EMPLOYER: Complete the remainder of this form and return it directly to the Professional Licensing Agency, 402 West Washington Street, Room 072, Indianapolis, Indiana, 46204.</b>   |   |                                  |
| Name of employer  |   |                                  |
| Name of business/institution where employed   |   |                                  |
| Current Address ( <i>number and street or rural route</i> )   |   |                                  |
| City  | State                                     | ZIP code                         |
| Business/Institute telephone number   | Email Address                             |                                  |
| Position held   | Number of hours applicant worked per week |                                  |
| Brief description of the responsibilities that the applicant had while in your employment:  |   |                                  |
| The applicant pursuant to my order, control, and full professional and legal responsibility as an employer has performed the above-indicated experience. I do hereby declare that the information contained herein is true and correct. |   |                                  |
| Signature of employer   | Title and Printed Name                    | Date ( <i>month, day, year</i> ) |