



New Jersey Office of the Attorney General

Division of Consumer Affairs

State Board of Social Work Examiners

124 Halsey Street, 6th Floor, P.O. Box 45033

Newark, New Jersey 07101

(973) 504-6495

www.njconsumeraffairs.gov/social/

Attention: All Clinical level, LCSW, applicants -

Please be aware that the New Jersey State Board of Social Work Examiners now must issue to you an exam authorization in order for you to schedule a date with the ASWB (Association of Social Work Boards) to take the “Clinical” level exam.

You are required to complete and return the enclosed “Pre-authorization” form to the Board office. Please refer to specific instructions on the authorization form regarding New Jersey LSWs and out-of-state applicants.

Attach a clear, full-face passport-style photograph (2"x 2") of your head and shoulders, taken within the past six months.

A photo is required with each application.

Do not use a paper clip to attach the photo.



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For Office Use Only

**Application for Association of Social Work Boards (ASWB)
 "Clinical" Level Examination Pre-approval**

Date: _____

A nonrefundable application filing fee of \$75, in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fee is paid.) This fee will be deposited and applied toward your Application for Licensure as a Licensed Clinical Social Worker. Please contact the Board upon obtaining a passing score on the ASWB "Clinical" Level Examination to request an LCSW license application.

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application. The application must be completed, notarized and accompanied by an official license verification if you have previously held an out-of-state social work credential.

- I am currently a New Jersey LSW.
- I have enclosed an official license verification from an out-of-state social work licensing Board.

Personal Information

Date of birth: _____
 Month Day Year

1. Name Mr. Mrs. _____ (_____)
 Ms. Last name First name Middle initial Maiden name

2. Address

Home: _____
 Street or P.O. Box City State ZIP code County
 Telephone number (include area code) E-mail address

Business: _____
 Name of company Telephone number (include area code) and extension
 Street City State ZIP code County

Mailing: _____
 Street or P.O. Box City State ZIP code County

3. Social Security Number

You **must** provide your Social Security number to the Board or Committee. Failure to do so will result in denial/nonrenewal of licensure or certification.

*Social Security Number: _____ - _____ - _____

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;
- b. the Probation Division or any other agency responsible for child support enforcement, upon request; and
- c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____

County of: _____

} *ss.*

I, _____, in making this application to the State Board of Social Work Examiners for ASWB “Clinical” Level Examination Pre-approval, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief.

Applicant's signature

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public



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This signed and sealed notice confirms the applicant's "Clinical" Level Examination Pre-approval by the New Jersey State Board of Social Work Examiners. Please wait 7 days before contacting the Association of Social Work Boards (ASWB) at 1-888-579-3926 to register for the examination. Please take this document with you when you appear on your scheduled exam day. Please note the enclosed ASWB Candidate Handbook which will guide you through the examination process.

New Jersey State Board of Social Work Examiners

Official State Seal

Date: _____

Additional Information

You must enter your name on this exam pre-approval application exactly the way it appears on your Official Identification. If there is a discrepancy, the ASWB will not permit you to register nor sit for the exam without clarification, which will then delay your process.

Please note that the official social work license verification which was provided to this Board office for your examination pre-approval process will be retained in the Board office. Should it take you more than 2 months to complete the license application process, you will need to provide a **current** out-of-state license verification with your completed clinical license application.

When you have obtained a passing "clinical" examination score and are prepared to apply for the LCSW license, **you must contact the Board office at (973) 504-6495** to request a clinical license application.

Currently, New Jersey does not limit the times a candidate may retake this examination.

A passing exam score is only one component of New Jersey's license application process. You are not considered licensed by the State of New Jersey as an LCSW until you complete the application process, receive notice of your license approval from the Board and the Board office receives your licensure fee payment.
