How to Apply to take the PA Master's Social Work License Exam

TO BE ELIGIBLE FOR THE MASTER’S LICENSING EXAM, THE APPLICANT MUST BE IN THE FINAL SEMESTER OF A MASTER’S OR DOCTORAL DEGREE PROGRAM, OR HOLD A MASTER’S OR DOCTORAL DEGREE.

1) First time applicants for PA social work licensure must apply for the Master’s exam.

2) **APPLY ONLINE** to take the PA social work license exam. Application information may be found at https://www.mylicense.state.pa.us/

3) On this page, under the heading “Initial License”, select the “Apply for Initial License” link.

4) Click “register” to proceed.

5) Complete all information requested and submit. PLEASE NOTE that, to finalize the registration process, you will be asked to submit your $25 application fee via credit card.

6) Once registered, you will have access to **two printable forms that must be completed and mailed**. Copies of those forms are attached for your convenience.

   - **Recommendation Form**: Write your name at top of page and ask two licensed social workers to sign the form. Examples of licensed social workers here at GSSWSR are: Donna Harris; Janet Garrabrant; Beth Lewis; and Marcia Martin. Mail the recommendation form to the address at the top of the page.

   - **Verification of Social Work Education**: Complete the top of the form and send to the Registrar’s Office in Guild Hall via campus mail or to the address below. The Registrar will mail the form directly to the licensing board.

     Bryn Mawr College
     **REGISTRAR’S OFFICE – Guild Hall**
     101 N. Merion Ave.
     Bryn Mawr, PA 19010

7) **NOTE**: Exam applicants who have completed a Master’s or Doctoral degree program may skip the verification form requirement, but must request that their official College transcript be sent to the Board.

8) Once the state has approved your application, you will be notified that you are eligible to register for the exam.

9) **PLEASE NOTE** – It is your responsibility to request that the College Registrar submit an official Bryn Mawr College transcript to the state once you complete your degree. Your license will not be finalized until the official transcript is received by the Board. The Board will mail your license to you once all requirements are met.

Questions:

- **Genny Dunne** – Career Specialist – gdunne@brynmawr.edu – Room G-9
- **Elaine Robertson** – Director, Center for Professional Development– erobertson@brynmawr.edu – Room 110B
APPLICATION FOR A LICENSE TO PRACTICE SOCIAL WORK AND TO TAKE THE ASWB MASTER’S EXAMINATION

Application fee is **$25.00** and is **non-refundable**. Make check payable to **Commonwealth of Pennsylvania**. A processing fee of **$20.00** will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

Please indicate if you need to take the ASWB Master’s Examination  )Yes ) No ) Extension

NAME:

LAST          FIRST          MIDDLE          MAIDEN

ADDRESS:

STREET

CITY          STATE          ZIP

SOCIAL SECURITY NUMBER          DATE OF BIRTH

DAYTIME PHONE NUMBER          EMAIL ADDRESS

EDUCATION – NAME AND ADDRESS OF EDUCATIONAL INSTITUTION          Date MSW Degree Conferred/or will be conferred

Have you passed the Master's examination of the Association of Social Work Boards (ASWB)?  Yes [ ]  No [ ]

Have you passed the Clinical examination of the Association of Social Work Boards (ASWB)?  Yes [ ]  No [ ]

If yes, please indicate the date and state the exam was taken ____________________________

Please note-if you have taken the exam in another state, you must have your scores sent directly to this office by calling ASWB at 1-888-579-3926.
<table>
<thead>
<tr>
<th>The following questions must be answered, please check the appropriate box.</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>1. Do you hold or have you ever held, a license, certificate, permit, registration or authorization to practice a profession or occupation in any state or jurisdiction? If yes, please list all professions and states where you have been licensed and request a letter of good standing be sent from each state board to the Pennsylvania Board.</td>
<td></td>
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<tr>
<td>2. Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?</td>
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<tr>
<td>4. Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?</td>
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<tr>
<td>5. Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.</td>
<td></td>
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<tr>
<td>6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?</td>
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<td>7. Do you have any mental or physical condition that would prevent you from practicing social work with reasonable skill?</td>
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<td>8. Have you ever been found guilty of immoral or unprofessional conduct?</td>
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<tr>
<td>9. Have you ever violated standards of professional practice or conduct?</td>
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<tr>
<td>10. Do you currently engage in or have you ever engaged in the intertemperate or habitual use or abuse of alcohol or narcotics, hallucinogens or other drugs or substances that may impair judgment or coordination?</td>
<td></td>
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<tr>
<td>11. Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?</td>
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<tr>
<td>12. Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?</td>
<td></td>
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</tr>
<tr>
<td>13. Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?</td>
<td></td>
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</tbody>
</table>

**IF YOU HAVE ANSWERED YES TO ANY QUESTIONS FROM 2 THROUGH 13, PLEASE ATTACH AN 8½ X 11 SHEET OF PAPER EXPLAINING THE SITUATION IN DETAIL. INCLUDE COURTHOUSE CERTIFIED COPIES OF ANY DOCUMENTS EXPLAINING THE SITUATION, IF APPLICABLE.**

**VERIFICATION**

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 49.11. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

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**APPLICANT'S SIGNATURE**

**DATE**

**NOTICE:** Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa.C.S. § 4304.1(a). At the request of the Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.
STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS

TO BE COMPLETED BY TWO LICENSED SOCIAL WORKERS, OR OTHER LICENSED HEALTH CARE PROFESSIONALS.
(THE SOCIAL WORKERS OR OTHER HEALTH CARE PROFESSIONALS CAN BE LICENSED IN ANY STATE)

APPLICANT NAME ________________________________
LAST       FIRST       MIDDLE       MAIDEN

I hereby certify that to the best of my knowledge, the applicant is of good moral character and he/she is not currently under the addicting influence of alcohol, a narcotic or other habit-forming drug. I recommend the applicant for a license to practice social work in the Commonwealth of Pennsylvania.

SIGNATURE OF RECOMMENDING PROFESSIONAL ___________________________ DATE ___________ STATE WHERE LICENSED

PRINT OR TYPE NAME ___________________ PROFESSION ___________________ LICENSE NUMBER _______________________

ADDRESS ________________________________________________ DAYTIME TELEPHONE _______________________

I hereby certify that to the best of my knowledge, the applicant is of good moral character and he/she is not currently under the addicting influence of alcohol, a narcotic or other habit-forming drug. I recommend the applicant for a license to practice social work in the Commonwealth of Pennsylvania.

SIGNATURE OF RECOMMENDING PROFESSIONAL ___________________________ DATE ___________ STATE WHERE LICENSED

PRINT OR TYPE NAME ___________________ PROFESSION ___________________ LICENSE NUMBER _______________________

ADDRESS ________________________________________________ DAYTIME TELEPHONE _______________________

RETURN FORM TO APPLICANT. Form must be submitted with current, original signatures.
VERIFICATION OF SOCIAL WORK EDUCATION
FOR APPLICANTS ENROLLED IN THEIR FINAL SEMESTER
Applicant for EXAMINATION

Applicant: Complete (by printing in blue ink) top section and send form to school. DO NOT COMPLETE IF YOU HAVE ALREADY GRADUATED.

NAME:
Last First M.I. Maiden

ADDRESS:
Street
City State Zip Code

SOCIAL SECURITY # DATE OF BIRTH

This section to be completed by the Dean, Registrar or Chairperson of the CSWE accredited School of Social Work or Social Welfare in which the applicant is enrolled in the final semester of their MSW program.

I certify that ___________________________ is currently enrolled in the final semester of the
(name of applicant)
Master's program in Social Work or Social Welfare at ___________________________ and is
(Name of CSWE accredited institution)
expected to graduate on ___________________________.
(date)

(Signature of Dean/Registrar/Chairperson of MSW Program)

SCHOOL SEAL
(Mandatory)

(Date)

SCHOOL SHALL RETURN AN ORIGINAL COMPLETED FORM DIRECTLY TO BOARD OFFICE IN OFFICIAL ENVELOPE.
(Do not send a copy of this form or use envelope if provided by applicant)
Upon receipt of the MSW degree, an official transcript must be submitted to the Board Office.