



MARYLAND

Department of Health

MARYLAND BOARD OF SOCIAL WORK EXAMINERS

4201 Patterson Avenue,
Baltimore, Maryland 21215 – 2299
Web Site: www.health.maryland.gov/bswe

Phone Number: 410-764-4788
Toll Free: 1-877-526-2541
Fax: 410-358-2469

REACTIVATION & REINSTATEMENT – ALL LICENSE TYPES

July 2018

Dear Applicant:

An inactive or non-renewed license may be reactivated or reinstated within a **5-year period from the expiration date**. After the 5-year time frame an individual must apply for “re-licensure.” Be certain that you understand the requirements for reactivation or reinstatement as the **application fee is non-refundable**.

► **Your license number, status and expiration date are listed under the “Verification” section on the Maryland Board of Social Work Examiner’s web site, <http://www.health.maryland.gov/bswe/>**

NOTE: License status “I” = Inactive – reactivation application needed.
License status “N” = Non-renewed – reinstatement application needed.

Please read all of the material carefully and thoroughly.

The following must be submitted to the Board:

- 1) The reactivation/reinstatement application;
- 2) The processing fee; (see next page)
- 3) The continuing education report form; and
- 4) Copies of the documentation for the required continuing education units.

APPLICATIONS ARE **GENERALLY PROCESSED IN 10 TO 15 BUSINESS DAYS**

Due to Title protection, an individual may not practice social work or refer to herself/himself as a social worker until the license is reactivated or reinstated.

Sincerely,

Deborah A. Evans, BA, BS
Continuing Education Coordinator
410-764-5962
deborah.evans@maryland.gov

DHMH – MARYLAND BOARD OF SOCIAL WORK EXAMINERS

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REACTIVATION AND REINSTATEMENT INSTRUCTIONS

SIGNATURE LINE

PLEASE BE SURE TO SIGN AND DATE THE FORM IN THE SPACE PROVIDED

PAYMENT AND FEES EFFECTIVE JULY 1, 2015

Please make your check or money order payable to the Maryland Board of Social Work Examiners. Include the license number on your check or money order.

LEVEL'S	REACTIVATION & REINSTATEMENT FEES
LBSW	\$125.00
LMSW	\$225.00
LCSW	\$300.00
LCSW-C	\$300.00

CHANGE IN NAME, STREET OR EMAIL ADDRESS:

It is the responsibility of the applicant/licensee to notify the Board promptly of any change in contact information. For a change in address, postal and / or email, please use the form on the Board's website. For a change in name, please mail or fax a copy of legal documentation to the Board. The Board's newsletter and various notifications are sent to licensees using the email address.

PLEASE DO NOT CLICK THE 'UNSUBSCRIBE' LINK FROM AN EMAIL SENT FROM THE BOARD.

SOCIAL SECURITY NUMBER, RACE, AND DATE OF BIRTH

This information is required and will be used for identification purposes only.

QUESTIONS #1 THROUGH #6

Answer all questions with a yes or no. For each question answered with a yes, please attach a detailed explanation. For question #4 also provide a certified copy of the police/court record and final disposition.

CONTINUING EDUCATION

40 (30 for LBSW's) continuing education units obtained in the 2 years preceding the submission of the application for reactivation or reinstatement.

The section concerning continuing education must be completed. **Check yes** if the required continuing education units have been completed. **STAPLE COPIES OF THE CONTINUING EDUCATION DOCUMENTATION** to the completed Continuing Education Report Form. **Check no** and select the length of time needed to obtain the required continuing education units which have not been obtained.

REQUEST FOR AN EXTENSION OF TIME

A request for an extension of time, in order to obtain the required number of continuing education units, can be requested by checking the appropriate box on the reactivation or reinstatement application. **NOTE: The Board will review the request for an extension and the Board’s approval will be based on the criteria stipulated in COMAR 10.42.06 Continuing Education Regulations.**

When requesting an extension, you are required to submit a written request and include supporting documentation for the reason(s). Please review the following criteria stipulated in:

COMAR 10.42.06 Continuing Education Regulations.

Section .02 Definitions:

B. Terms Defined

(10) "Extension" means a period of time, not to exceed 6 months for renewal or 1 year for reactivation or reinstatement, that the Board authorizes to permit additional time for the social worker to obtain the required continuing education units needed for renewal, reactivation, or reinstatement of a license as set forth in Regulation .08 of this chapter.

.08 Extension of Time:

A.....

B.....

C. The Board may grant an extension or reactivate or reinstate a license with an extension not to exceed 1 year if the Board determines that:

- (1) Failure to fulfill the requirements is a result of:
 - (a) Functional impairment;
 - (b) Prolonged illness;
 - (c) Mandatory military service or deployment;
 - (d) A prolonged absence from the United States;
 - (e) An officially declared disaster; or
 - (f) Financial hardship; and
- (2) The social worker attempted to meet the requirements.

D.....

E.....

F. The Board shall audit a social worker who has been granted an extension of time for the completion of continuing education requirements

**THE FOLLOWING INFORMATION IS NOT INTENDED TO SUBSTITUTE
FOR READING COMAR 10.42.06**

CONTINUING EDUCATION REFERENCE INFORMATION

CATEGORY I

- Programs given by Board-authorized sponsors, with individual sessions of at least 1 hour.
- Real-time transactions between teachers and learners and may include face-to-face transactions and interactive technology (webinar).
- Courses, seminars, workshops, symposiums, conferences, staff development, attendance at programs offered at professional or scientific meetings

- At least 20 (15 for LBSWs) of the required 40 (30 for LBSWs) units must be earned in Category I.
- All 40 (30 for LBSWs) units may be earned in Category I.
- At least 3 Category I units must be earned in ethics and professional conduct, including boundary issues or pertaining to the standards of practice and laws governing the profession of social work in Maryland.

Documentation – for Category I

- An official transcript for academic courses; or
- A certificate of participation, which is signed and dated by the approved sponsor indicating continuing education units earned.

Category II Activities

- Programs which are less structured or are not Board-authorized.
- Workshops, conferences, in-service trainings, structured peer-case conferences among, audio-visual instructional programs, journal clubs, preparation and presentation of a scientific or professional paper at a meeting of a professional or scientific organization; authoring, editing or reviewing a professional publication; preparing and presenting approved face to face programs.
- Home-study programs of instruction, audiovisual and Internet on-line courses provided by a Board-authorized Category I sponsors.

- Twenty (20) (15 for LBSWs) of the required 40 (30 for LBSWs) units may be earned in Category II.

Documentation – for Category II

- A certificate of participation, if available; or
- If a certificate of participation is not available: the dates when the program was presented; the name(s) of the presenter(s); topics presented; and an outline of the presentation (this could be from your notes or agenda). (**This documentation qualifies for Category II only**)
- Post-test passing score for audio-visual and home study programs or a certificate of participation if available. Proof of presentation made, reprints of publications, letters from educational institutions when credit is claimed for the instruction of students;
- Date, time and length, list of participants with sign in sheet, topic and number of continue education units earned for structured peer-case conferences and journal club activities.

ETHICS REQUIREMENT:

3 Category I or Category II continuing education units (every two years) in “ethics and professional conduct, including boundary issues.”

HOME STUDY, AUDIOVISUAL AND INTERNET ON-LINE PROGRAMS:

All of these programs must be offered by a Board Authorized Sponsor and the licensee may obtain a maximum of 20 (15 for LBSW's) Category II units.

DIRECTORIES OF BOARD APPROVED SPONSORS:

Maryland Board of Social Work Examiners: <http://www.health.maryland.gov/bswe/>

The Association of Social Work Boards: www.aswb.org

The National Association of Social Workers: www.socialworkers.org

COMPARISON OR CONVERSION CHART

	<u>*Units</u>
1 Academic Credit.....	5 units
1 Academic <u>Audit</u> Credit.....	3 units
1 Clock Hour.....	1 unit
1 Contact Hour... ..	1 unit
1 60 Minute Class Hour... ..	1 unit

*Continuing Education Unit(s): to determine the number of equivalent hours consider the number of units in the program excluding all breaks (mid-morning, lunch time and mid-afternoon).



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FOR OFFICE USE ONLY

Application For: REACTIVATION or REINSTATEMENT

License No [] Expiration Date []

- REACTIVATION (License Status - "Inactive") REINSTATEMENT (License Status "Non-Renewed")
LBSW-\$125.00 LMSW- \$225.00 LCSW- \$300.00 LCSW-C \$300.00

PERSONAL INFORMATION

Your NAME must be your LEGAL NAME and it will appear on all documents as listed below.

Last Name And Generational Indicator (JR., III etc.) []

First Name And Middle Name / Initial []

Maiden Name []

Address Line One []

Address Line Two (Apt #) []

City []

State [] Zip Code []

Home Phone [] Extension []

Work Phone []

Cell Phone []

Email Address (NOTIFICATIONS RE: STATUS OF APPLICATION WILL BE SENT BY EMAIL) []

[]

Date of Birth mm / dd / yyyy [] Gender [] Male [] Female

Social Security # []

Race / Ethnic Identification - Please check all that apply

Are you of Hispanic or Latin origin? [] Yes [] No

- American Indian/Alaska Native Asian Black/African American Native Hawaiian / Pacific Islander White Other

Date Received []

Amount []

Check / Mo # []

Amount Due []

Refund Due []

Reviewed [] Inl []

WF []

Date Approved []

DAE GJH []

- EXT [] 4 [] 6 [] 8 [] 10 [] 12

Date Ent. Lic. DB []

LCB GJH []

EDUCATION

This side **MUST** be completed for license to be issued.

Degree BSW MSW Graduation Year _____

College / University _____ State _____

CONTINUING EDUCATION

Have you obtained the required 40 (30 LBSW) Continuing Education Units? Yes No

If YES, complete CE Form & submit all certificates

If NO, please indicate the length of time needed to obtain credit units? MONTHS 4 6 8 10 12

When requesting an Extension, you are required to submit a written request and include supporting documentation.

Please review the criteria stipulated in COMAR 10.42.06 Continuing Education Requirements Section .06 Extension of Time.

LICENSES / REGISTRATIONS / / CERTIFICATIONS HELD

License number , issuance and expiration date can be found on the Board's website

List **ALL** (Active, Inactive or Non-Renewed) HELD in ANY state including Maryland.

State	License Number	License Type	Issuance Date	Expiration Date	History of Discipline		FOR BOARD USE ONLY
MD					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	

ANSWER ALL QUESTIONS

*If question #4 is Yes- Please initiate the criminal history records checks as soon as possible.

FOR EACH QUESTION ANSWERED WITH A YES PLEASE ATTACH A DETAILED EXPLANATION.

FOR QUESTIONS # 4 ALSO PROVIDE A CERTIFIED COPY OF THE POLICE/COURT RECORD AND FINAL DISPOSITION.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1) Have you provided social work services while under the influence of alcohol, a narcotic, a controlled dangerous substance, or other drug that is in excess of prescribed amounts or without valid medical indication?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2) Has any State Licensing or Disciplinary Board, or a comparable body in the Armed Services denied your application for licensure, reinstatement, renewal, or taken any action against your license, including but not limited to reprimand, suspension, or revocation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3) Have you ever voluntarily surrendered your license due to a violation of state licensing law(s)?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4) Have you pled guilty to, nolo contendere to, been convicted of, or received probation before judgement for any criminal act excluding misdemeanor traffic violations? (Misdemeanor traffic violations include driving while under the influence of alcohol, while impaired by alcohol, or while impaired by a drug, or a combination drugs and therefore, do not need to be reported to the Board.)?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5) Has a claim for damages been awarded or settled against you resulting from a malpractice suit?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	6) Since your license expired, have you IDENTIFIED YOURSELF as a social worker in Maryland, WORKED IN A POSITION WITH THE TITLE social work(er) in Maryland, or WORKED IN a position which required social work licensure, in Maryland? IF YES , please attach a detailed explanation, the dates of employment, a copy of the job description and qualifications, and the name of your social work supervisor.

If any question is marked YES:

Did you submit the required documentation in a previous application

If yes, in what year _____ and please include, with this application, a copy of the documentation you previously submitted.

APPLICANT'S AFFIDAVIT

ALL FORMS / DOCUMENTATION MUST BE ORIGINALS

I do hereby affirm that all statements made herewith are true and correct to the best of my knowledge and belief. Furthermore, I voluntarily consent to a thorough review of my present and past employment and other activities for the purpose of verifying my qualifications for licensure.

Date _____ Signature _____



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Continuing Education Report Form for **REACTIVATION OR REINSTATEMENT**

NAME LICENSE NO

EMAIL **Application ID**

(1) Attach Certificates, (2) Group certificates by Categories I or II (3) List programs & certificates in chronological order by date (4) Staple copies of the certificates to the report form

ETHICS COURSE - **Ethics Requirement:** 3 of the 40 (30 for LBSWs) credit units in Category I or Category II.

Date (From)	Date (To)	SPONSOR NAME	COURSE TITLE	CEU
			ETHICS TOTAL	

CATEGORY I (*Half* of the credit units **must be** in Category I - **all** of the required credit units **may be** in Category I)

Date (From)	Date (To)	SPONSOR NAME	COURSE TITLE	CEU
			Category I Total	



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CATEGORY II (**May earn** half of the required credit units in Category II)

(20 (15 for LBSWs) credit units may be obtained)
 (Supervision / consultation is NOT accepted as a continuing education activity)

Application ID

Date (From)	Date (To)	SPONSOR NAME	COURSE TITLE	CEU
			CATEGORY II TOTAL	
			GRAND TOTAL	

COMPARISON OR CONVERSION CHART

	* Credit Education Unit(s)
1 Academic Credit	5 credit Units
1 Academic <u>Audit</u> Credit	3 credit Units
1 Clock Hour	1 credit Unit
1 Contact Hour	1 credit Unit
1 60 Minute Class Hour	1 credit Unit

* Continuing Education Units(s): to determine the number of equivalent credit units consider the number of hours in the program excluding all breaks (mid-morning, lunch time and mid-afternoon).

I certify that I have earned the continuing education units required by the Board of Social Work Examiners

Signature _____

Date