

INSTRUCTIONS FOR THE APPLICATION FOR INDEPENDENT PRACTICE

November 2019

Dear Licensee:

Attached is the **APPLICATION FOR INDEPENDENT PRACTICE** which may be submitted by a Licensed Bachelor Social Worker (LBSW) and a Licensed Master Social Worker (LMSW) in order to be approved by the Board for INDEPENDENT PRACTICE.

COMAR 10.42.02 Social Work Practice

.02 Definitions.

A. In this chapter, the following terms have the meaning indicated.

B. Terms Defined.

(9) "Independent practice" means the practice of licensed social work without the requirement of social work supervision.

.06 Independent Practice.

A. An LCSW-C may engage in the independent practice of social work.

B. An LCSW may engage in the independent practice of social work, except when formulating a diagnostic impression, a diagnosis or providing psychotherapy.

C. An LBSW or LMSW may not engage in the independent practice of social work until the licensee is approved by the Board for independent status in accordance with this regulation.

D. An LBSW or LMSW shall practice in accordance with the restrictions set forth in Health Occupations Article, §19-307, Annotated Code of Maryland.

E. An LBSW or LMSW licensed on or before January 1, 2008 shall:

(1) Have actively practiced bachelor or master social work under social work supervision;

(2) Have completed at least 10 years of social work experience under social work supervision;

(3) Submit an application in the form prescribed by the Board as set forth in Health Occupations Article §19-302, Annotated Code of Maryland; and

(4) Provide documentation in the form prescribed by the Board as set forth in Health Occupations Article §19-302, Annotated Code of Maryland.

F. An LBSW or LMSW licensed on or after January 1, 2008 shall:

(1) Have actively practiced bachelor or master social work under social work supervision;

(2) Have completed at least 3 years as an active licensee with at least 4,500 hours and a minimum of 150 hours of periodic face-to-face supervision;

(3) Submit an application in the form prescribed by the Board as set forth in Health Occupations Article §19-302, Annotated Code of Maryland; and

(4) Provide documentation in the form prescribed by the Board as set forth in Health Occupations Article §19-302, Annotated Code of Maryland.

G. An LBSW or LMSW licensed on or after July 1, 2021 shall:

(1) Have actively practiced bachelor or master social work under the supervision of **Board approved** social work supervision;

(2) Have completed at least 3 years as an active licensee with at least 4,500 hours and a minimum of 150 hours of periodic face-to-face supervision;

(3) Submit an application in the form prescribed by the Board as set forth in Health Occupations Article §19-302, Annotated Code of Maryland; and

(4) Provide documentation in the form prescribed by the Board as set forth in Health Occupations Article §19-302, Annotated Code of Maryland.

H. The Board shall approve an application to engage in independent practice provided:

(1) The application is complete; and

(2) The applicant practiced social work in accordance with the statute and regulations in effect at the time the bachelor or master social worker practiced in Maryland.

I. The Board may not approve the licensee to engage in independent practice if the licensee fails to demonstrate sufficient supervised experience.

(1) The Board may require the applicant to complete up to 1,500 additional supervised social work experience; and

(2) Reapply for independent practice.

► DO NOT SUBMIT THIS APPLICATION IF YOU WERE NOT SUPERVISED BY AN LCSW OR LCSW-C WHILE PRACTICING SOCIAL WORK

▶ PRACTICING SOCIAL WORK WITHOUT THE REQUIRED SW SUPERVISION IS A VIOLATION OF THE BOARD'S REGULATIONS AND SUBJECT TO DISCIPLINARY ACTION.

Please be sure to review the ENTIRE regulation COMAR 10.42.02 Social Work Practice which can be found on the Board's website under the tab "Statute and Regulations."

▶▶ PLEASE ALLOW 8 WEEKS FOR THE BOARD OFFICE TO PROCESS YOUR APPLICATION ◀◀

EXCEPT FOR SIGNATURES PLEASE PRINT ALL INFORMATION

FEE: There is no fee to apply for independent practice.

NAME CHANGE PLEASE NOTE: If your name is different from what is on file with the Board it will NOT be changed. Please include a copy of the legal documentation of a change in name. You can check your name on the Board's website by selecting the "License Verification" tab.

POSTAL ADDRESS – PHONE NUMBERS – EMAIL ADDRESS PLEASE NOTE: If different from what is on file with the Board, your postal address, phone number(s), and email address will be changed to what is on the application.

Failure to notify the Board of a change in address within 60 days per COMAR 10.01.16.H may result in a \$50 fine per COMAR 10.05.02A(10)

RACE / ETHNIC IDENTIFICATION: Check all that apply.

American Indian or Alaska Native (A person having origins in any of the original peoples of North or South American, including Central America and who maintain tribal affiliations or community attachments)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asian, or the Indian subcontinent including, for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)

Black or African American (A person having origins in any of the black racial groups of Africa.)

Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

Answer the question with a yes or a no.

Are you of Hispanic or Latino origin? (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

Disclosure of race ethnicity or gender is not a requirement of licensure, but the information provided will be used for identity purposes and criminal background checks only.

EDUCATION: The year the BSW or MSW degree was conferred, name of the College / University, City & State.

LICENSES HELD: List the Maryland social work license first and list all other licenses held (active, inactive or non-renewed) in ANY state.

LICENSEE'S AFFIDAVIT: Signatures and initials should be original.



MARYLAND BOARD OF SOCIAL WORK EXAMINERS
4201 Patterson Avenue, Baltimore MD 21215-2299
Phone #: 410-764-4788 Toll Free #: 1-800-526-2541 www.health.maryland.gov/bswe/

APPLICATION FOR INDEPENDENT PRACTICE

FOR BOARD USE ONLY

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 / Middle Name / Initial

Maiden Name

PLEASE NOTE: YOUR ADDRESS; PHONE NUMBERS; & EMAIL ADDRESS WILL BE RECORDED AS LISTED BELOW

Address Line One

Address Line Two (Apt #)

City

State

Zip Code

Home Phone

Work Phone

 Extensions

Cell Phone

Email Address

(E-mail address is used by the Board to send notices & newsletter)

Social Security Number

Date of Birth - -
Month Day Year

Race Are you of Hispanic or Latin origin? Yes No

Gender Male Female

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

Date Application Rec'd: _____

Date Reviewed _____

GJH TDW NNC BJL DAE LCB

PENDING WF: _____

Date Approved _____

GJH TDW NNC BJL DAE LCB

Date Disapproved _____

GJH TDW NNC BJL DAE LCB

Date Added to DB _____

GJH TDW NNC BJL DAE LCB

EDUCATION

MSW Graduation Year _____ College / University _____

Highest Degree Earned City _____

BSW MSW State _____

LICENSES HELD

List all Social Work Licenses (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					YES NO	
					YES NO	
					YES NO	
					YES NO	
					YES NO	



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SUPERVISION VERIFICATION FORM
FOR INDEPENDENT PRACTICE

Name of Supervisee

Name of Board Approved Supervisor

All Information Shall Be Provided By The Social Work Supervisor.

Name and address of the **supervisee's/applicant's** social work **practice site** where supervisee worked:

Name of Agency (1) Address Line 1

Address Line 2 City State Zip Code

Dates of supervision: From (2) to (3) = Total number of weeks (4)

(For hours obtained in MD, the date supervision began cannot pre-date the issuance date of the applicant's license)

Supervisee number of hours worked per week (5) X weeks worked = Total Hours (6)

Supervision hours provided: Individual + Group = Total Hours (7)

SUPERVISOR INFORMATION

MD Social Work Lic # Date of Lic Issued:

Out of State SW Lic # State Issued On Lic Title

AFFIDAVIT

I do solemnly declare and affirm, under the penalties of perjury, that the information contained on this Supervision Verification Form is true and correct.

Signature _____ Date

PLEASE SIGN IN BLUE INK

If you have had more than one supervision, please copy this form and submit one form for each supervision.

BASED ON THE ISSUANCE DATE OF YOUR LICENSE PLEASE INITIAL E, F, or G.

Initial _____ **E. An LBSW or LMSW licensed on or before January 1, 2008 shall:**

- (1) Have actively practiced bachelor or master social work under social work supervision;
 - (2) Have completed at least 10 years of social work experience under social work supervision;
 - (3) Submit an application in the form prescribed by the Board as set forth in Health Occupations Article §19-302, Annotated Code of Maryland;
- and
- (4) Provide documentation in the form prescribed by the Board as set forth in Health Occupations Article §19-302, Annotated Code of Maryland.

Initial _____ **F. An LBSW or LMSW licensed on or after January 1, 2008 shall:**

- (1) Have actively practiced bachelor or master social work under social work supervision;
 - (2) Have completed at least 3 years as an active licensee with at least 4,500 hours and a minimum of 150 hours of periodic face-to-face supervision;
 - (3) Submit an application in the form prescribed by the Board as set forth in Health Occupations Article §19-302, Annotated Code of Maryland;
- and
- (4) Provide documentation in the form prescribed by the Board as set forth in Health Occupations Article §19-302, Annotated Code of Maryland.

Initial _____ **G. An LBSW or LMSW licensed on or after July 1, 2021 shall:**

- (1) Have actively practiced bachelor or master social work under the supervision of **Board approved** social work supervision;
 - (2) Have completed at least 3 years as an active licensee with at least 4,500 hours and a minimum of 150 hours of periodic face-to-face supervision;
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- and
- (4) Provide documentation in the form prescribed by the Board as set forth in Health Occupations Article §19-302, Annotated Code of Maryland.

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- (1) The application is complete; and
- (2) The applicant practiced social work in accordance with the statute and regulations in effect at the time the bachelor or master social worker practiced in Maryland.

I. The Board may not approve the licensee to engage in independent practice if the licensee fails to demonstrate sufficient supervised experience.

- (1) The Board may require the applicant to complete up to 1,500 additional supervised social work experience; and
- (2) Reapply for independent practice.

Initial _____ I have read and understand that regulations above taken s from **COMAR 10.42.08.07** which has been in effect since July 1, 2004.

Responsibilities of a Supervisor. A. A supervisee shall: (1) Participate in a minimum of 3 hours of face-to-face supervision per month with the supervisee's supervisor; (2) Prepare for supervision using case materials related to the supervisee's social work practice; and (3) Maintain documentation, for at least 5 years, of supervisory sessions including dates, duration, and focus of supervision, to be available for verification to the Board, on request by the Board or its authorized agent.

Initial _____ I do hereby affirm that my SW practice as an LSWA/LBSW or LGSW/LMSW was supervised as required by **COMAR 10.42.08.**

Initial _____

- 1) In initialing **E**: I am not required to enclose any additional forms
- 2) In initialing **F**: I have enclosed the required Supervision Verification Form for Independent Practice
- 3) In initialing **G**: I have enclosed the required Supervision Verification Form for Independent Practice and I have enclosed a signed contract(s) for supervision.

Initial _____ 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 Independent Practice.

Licensee's Signature _____ **Date:** _____