

IDAHO STATE BOARD OF SOCIAL WORK EXAMINERS
Idaho Division of Occupational and Professional Licenses
11341 W. Chinden Blvd., Bldg. #4, Boise ID 83714 or
PO Box 83720, Boise Idaho 83720-0063
Phone: (208)-334-3233 Website: <https://dopl.idaho.gov>
E-mail: swo@dopl.idaho.gov

Please review the applicable laws and rules for the complete licensure requirements. Please read all application questions carefully. Several questions, if answered Yes, require additional documentation. You are required to contact the source of the required documentation and request that said documentation be submitted directly to the Board office at the address above. **Incomplete applications that do not include all the items required (excluding those items that must be sent directly to our office from an issuing authority) will delay licensure.**

Checklist for Application by Examination: This method is for those who are new licensees. Those who are licensed in another state with requirements substantially similar to Idaho should use the endorsement checklist.

- Completed and notarized application.
- \$70.00 application fee. FEES ARE NOT REFUNDABLE. Please make checks and money orders payable to DOPL. All returned checks are subject to a \$20.00 fee and the application will be invalid.
- Copy of driver's license or birth certificate.
- Official transcript (after degree is posted) in a sealed envelope sent directly from college or university or proof of education sent from the Association of Social Work Boards (ASWB) *or* addendum 1 (attached on Page 4) completed by school registrar if applying prior to graduation.
- Proof of identification – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver's license is acceptable.
- If you ever been convicted of a crime that impacts your ability, capacity, or fitness to discharge the responsibilities of the profession of social work you must submit the Criminal Conviction Disclosure Form, official court documents, and probation and parole documents.
- Please keep a copy of this application for your records.

Checklist for Endorsement Applicants: This method is for those who have a current license in another state with requirements substantially similar to Idaho's.

- Completed and notarized application.
- \$90.00 application fee. FEES ARE NOT REFUNDABLE. Please make checks and money orders payable to DOPL. All returned checks are subject to a \$20.00 fee and the application will be invalid.
- Copy of driver's license or birth certificate.
- Official transcript in a sealed envelope sent directly from college or university or proof of education sent from ASWB.
- Proof of identification – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver's license is acceptable.
- Official verification of licensure that includes exam information, sent directly from the states in which you are currently licensed and any state in which you have held a license
- Official exam report sent directly from ASWB
 - Or** proof that the exam was not required when you were originally licensed, and proof of having actively practiced social work for five of the last seven years preceding application, if you were not required to take an exam when originally licensed.
- If you ever been convicted of a crime that impacts your ability, capacity, or fitness to discharge the responsibilities of the profession of social work you must submit the Criminal Conviction Disclosure Form, official court documents, and probation and parole documents.
- Please keep a copy of this application for your records.

If the name on your application does not match the proof of age document or the transcripts, please provide proof of the name change in the form of a marriage certificate, divorce decree or court order.

ATTENTION MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you are entitled to certain benefits because of your service. Those benefits may include expedited processing of your application and credit for military training that is relevant to the occupational license/registration for which you are applying. For a full explanation of eligibility and a comprehensive description of benefits available, see [Idaho Code §§ 67-9401-9407](#). Additionally, active members of the military may be eligible for a waiver of renewal fees and other renewal requirements, see [Idaho Code § 67-2602A](#).

- To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.

APPLICATION FOR SOCIAL WORK LICENSE

(continued)

AFFIDAVIT

Upon oath I _____ certify each of the following:
(print name)

- (1) the responses and information provided in this application and in the attached addendum(s) and documentation submitted with this application are true and correct to the best of my knowledge;
- (2) I am the applicant named in and who has signed this application;
- (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States;
- (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice;
- (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me;
- (6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete;
- (7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and
- (8) I authorize the Division of Occupational and Professional Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

Signature of Applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public Official Signature

My Commission Expires _____

Note: The applicant’s signature must be notarized. The applicants must declare the answers provided are true in front of a notary (jurat). The language “subscribed and sworn” must appear before the applicant’s signature. An “acknowledgement” where the notary only verifies the identity of the applicant is not acceptable.

ADDENDUM 1
(complete only if you have not yet graduated)

APPLICANT NAME _____

I hereby certify that, pending compliance with all requirements of the _____,
Name of Institution
the applicant named above is on schedule to graduate either at the end of the current semester or within the next two quarters ending
_____ with a degree in _____ which shall be granted on _____.
Date Date

(Official Institution seal)

Signature of Registrar

Printed Name of Registrar