

**Information Booklet with
Application and Reference
Evaluation Forms**

NASW Clinical Social Work Credentials

**Qualified Clinical
Social Worker
(QCSW)**

AND

**Certified Diplomate
in Clinical Social Work
(DCSW)**

Applications accepted continuously



NASW Credentials

P.O. Box 98272, Washington, DC 20077-7343 • 202-408-8600, x 447

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NASW Clinical Social Work Credentials

The National Association of Social Workers (NASW) offers two credentials for clinical social workers who meet nationally established standards:

1. Qualified Clinical Social Worker (QCSW)
2. Diplomate in Clinical Social Work (DCSW)

These credentials recognize social workers who have met national standards of knowledge, skills, and experience in the field of clinical social work. These social workers have agreed to abide by the *NASW Code of Ethics*, the *NASW Standards for the Practice of Clinical Social Work*, and the *NASW Standards for Continuing Professional Education*.

DEFINITION OF CLINICAL SOCIAL WORK

In 1984, the NASW Board of Directors accepted the following definition of *clinical social work*:

Clinical social work shares with all social work practice the goal of enhancement and maintenance of psychosocial functioning of individuals, families, and small groups. Clinical social work practice is the professional application of social work theory and methods to the treatment and prevention of psychosocial dysfunction, disability, or impairment, including emotional and mental disorders. It is based on knowledge of one or more theories of human development within a psychosocial context.

The perspective of person-in-environment is central to clinical social work practice. Clinical social work includes interventions directed to interpersonal interactions, intrapsychic dynamics, and life support and management issues.

Clinical social work services consist of assessment; diagnosis; treatment, including psychotherapy and counseling; client-centered advocacy; consultation; and evaluation. The process of clinical social work is undertaken within the objectives of social work and the principles and values contained in the *NASW Code of Ethics*.

QCSW CREDENTIAL

Eligibility Criteria

Applicants for the QCSW Credential **must**

- Be a current member of NASW;
- Have a master's degree in social work from a school accredited by the Council on Social Work Education

(CSWE);

- Document 3,000 hours and two years of supervised postgraduate clinical experience in an agency or organizational setting under the supervision of a social worker with at least two years of postmaster's clinical social work experience (**private practice is not accepted for fulfilling this two-year requirement**); and
- Hold a current MSW level state social work license or certification or membership in the Academy of Certified Social Workers (ACSW).

Application Procedures

Step 1: Complete the Listing Form, front and back.

Step 2: Sign the Affirmation for Professional Standards and Statement of Understanding.

Step 3: Request an **Official Transcript** for your MSW degree to be sent directly to NASW (if admission to the ACSW was after 1989, a transcript does not have to be submitted). This transcript must show the degree, date earned, and the raised seal of the school. **Student copies will not be accepted.**

Official Transcripts only should be mailed to:

NASW Credentialing Center
750 First Street NE, Suite 700
Washington, DC 20002-4241

Step 4: Complete the Supervised Clinical Experience Form(s). This form must be in a sealed envelope with the supervisor's signature over the flap.

Step 5: Enclose a copy of current state license(s) or certification with a valid expiration date(s).

Step 6: Enclose the appropriate fee, payable to NASW Credentialing Center.

Step 7: Enclose a copy of the contract for supervision (if applicable).

Certificates

Applicants who meet the eligibility criteria will receive a certificate suitable for wall display. Certificates will be mailed with the eligibility notification.

Renewal

The QCSW is renewed every 2 years.

DCSW CREDENTIAL

Eligibility Criteria

Applicants for the DCSW must

- Be a current member of NASW;
- Have a master's degree in social work from a school accredited by the Council on Social Work Education (CSWE);
- Document 3,000 hours and two years of supervised postgraduate clinical experience in an agency or organizational setting, under the supervision of a social worker with at least two years of postmaster's clinical social work experience (**private practice is not accepted for fulfilling this two-year requirement**);
- Document an additional 4,500 hours and three years of clinical social work experience with at least two years of practice occurring within the past 10 years (private practice may be used to fulfill this requirement);
- Submit college transcripts reflecting successful completion of 20 credit hours of formal clinical coursework (MSW-level).
- Hold the highest level of state licensure or an ACSW;
- Have a satisfactorily completed supervisory evaluation form;
- Have a satisfactorily completed colleague evaluation form.

Application Procedures

- Step 1: Complete the Listing Form, front and back.
- Step 2: Sign the Affirmation for Professional Standards and Statement of Understanding.
- Step 3: Request an **Official Transcript** for your MSW degree to be sent directly to NASW (if you were admitted to the ACSW after 1989, you do not have to submit a transcript). This transcript must show the degree, date earned, and the raised seal of the school. **Student copies will not be accepted.**

Official Transcripts only should be mailed to:

NASW Credentialing Center
750 First Street NE, Suite 700
Washington, DC 20002-4241

- Step 4: Enclose a copy of current state license(s) or certification(s) with a valid expiration date(s).
- Step 5: Complete the Supervised Clinical Experience Form(s). This form must be in a sealed envelope with the supervisor's signature over the flap.

Step 6: Complete the DCSW Supervisory Reference Evaluation Form. This form must be in a sealed envelope with the supervisor's signature over the flap.

Step 7: Complete the Advanced Clinical Experience and Currency Form.

Step 8: Complete the DCSW Colleague Reference Evaluation Form. This form must be in a sealed envelope with the supervisor's signature over the flap.

Step 9: Enclose the appropriate fee, payable to NASW *Clinical Register*.

Step 10: Enclose a copy of the supervision contract (if applicable).

Certificates

Applicants who meet the criteria will receive a certificate suitable for wall display. Certificates will be mailed with the eligibility notification.

Audit of Applications

The Committee on Clinical Social Work has determined at least 10 percent of new applications will be audited randomly.

EDUCATION

A master's degree in social work from a graduate school accredited by the Council on Social Work Education (CSWE) is required for the QCSW and DCSW credentials. A transcript must be sent to the following address:

NASW Credentialing Center
750 First Street NE, Suite 700
Washington, DC 20002-4241

DCSW applicants are required to have 20 hours of clinical coursework reflected in the transcript that is submitted and a minimum of 20 CEUs with clinical content.

Graduates from Foreign Universities

Degrees from foreign universities must be evaluated by CSWE for equivalence to a degree received in the United States. For information about this process, including applicable fees, please contact

Council on Social Work Education
1725 Duke Street, Suite 500
Alexandria, Virginia 22314
703-683-8080
Fax: 703-683-8099
www.cswe.org

CSWE generally completes equivalency evaluations within four weeks after receiving a request and supporting documents. It is recommended that applicants start the evaluation process at least two months before the clinical credential deadline. An acceptance letter from CSWE must be included with the credential application.

POSTGRADUATE SUPERVISED CLINICAL EXPERIENCE

All applicants for NASW clinical credentials are required to have two years and 3,000 hours of supervised postgraduate clinical social work experience under the supervision of a clinical social worker with at least two years of postmaster's clinical social work experience. This supervised experience may have been acquired at any time in your professional career, through either full-time or part-time employment. Experience must be gained over a period of no less than two years.

Supervision involves regular accountability to a supervisor who has responsibility for the supervisee's caseload. Supervision must meet the following criteria:

- It must occur within an organizational setting.
- It must be provided by a social worker with at least an MSW and two years of clinical social work experience.
- It must be one-to-one or one-to-group (**peer supervision is not acceptable**).
- It must occur for one hour, at least two times per month (weekly supervision is preferred).

Supervision of an independent private practice is not acceptable for fulfilling this two-year requirement. However, supervised clinical social work as an employee of a private practice is acceptable.

SUPERVISORY REFERENCE EVALUATION

A confidential evaluation from an MSW social work supervisor is required.

CONTRACTED SUPERVISION

Because clinical social work supervision is not available to all social workers, agencies, or individuals, you may contract for supervision from a clinical social worker who is not an agency employee. The written contract should specify the following information:

- Frequency of supervision
- Duration and format of supervisory sessions
- Method of compensation and terms of payment

- Circumstance under which that contract can be terminated.
- Signatures and phone numbers of contract supervisor, person supervised, and agency administrator or director

If the qualifying two years of supervised experience occurred before July 1, 1977, supervision by one of the following mental health professionals will be accepted:

- MA or PhD clinical or counseling psychologist
- Master's degree psychiatric nurse
- Board-certified psychiatrist

COLLEAGUE REFERENCE EVALUATION

A confidential evaluation from an MSW social work colleague is required. The same person who completed the supervisory reference evaluation cannot complete the colleague reference evaluation.

ALTERNATE COLLEAGUES

Although it is preferred that the colleague evaluation comes from an MSW, for a limited time period (through 12/05) alternate colleague evaluations will be accepted from other mental health professionals.

QUALIFYING LICENSES

Applicants for the QCSW Credential

You must hold either a current MSW-level state license or certification or a current membership in the Academy of Certified Social Workers (ACSW).

Applicants from Puerto Rico **must** hold current membership in the ACSW.

Applicants for the DCSW Credential

You must hold a current state social work license or certification at the clinical or advanced level. If you practice in a setting that is exempt from state licensure or certification, you must obtain the appropriate license or certification in order to qualify for the DCSW credential.

DCSW applicants from Hawaii who hold the LSW license **plus** current membership in the ACSW will be accepted until June 30, 2005.

Active-duty military personnel and social workers residing in foreign countries may use ACSW membership and a current clinical or advanced state license.

NASW REGISTER OF CLINICAL SOCIAL WORKERS

If approved for the QCSW credential, you will be provided with information to register for a free listing on the *National Social Work Finder*. The *National Social Work Finder* and NASW's *Register of Clinical Social Workers* have become one integrated database with multiple listing and search features. Holders of the QCSW receive priority listing.

FEES AND REFUND POLICY

QCSW Application only	\$165
DCSW Application only	\$285
QCSW renewal applying for DCSW*	\$380
New Joint Application DCSW/QCSW	\$450

*This only applies to QCSW holders during the renewal cycle (every two years).

Make checks or money orders payable to NASW Credentialing Center.

A processing fee equal to the total application fee will be retained. Letters of explanation will be mailed to all ineligible candidates.

Frequently Asked Questions

I have the DCSW credential. Is it true that I also have the QCSW credential?

Yes. When you receive your DCSW, you automatically meet the qualifications for the QCSW.

Can I apply for the QCSW credential only?

Yes. You have the option of applying for the DCSW at a later time.

Will I have to renew the QCSW credential? Why?

Yes, every two years renewal is required. Renewal forms will automatically be sent to you.

I have copies of my transcripts that say “issued to student.” May I use these?

No. Only official transcripts stamped by the Office of the Registrar and mailed directly to NASW will be accepted. Transcripts issued to students, or copies of transcripts, will not be accepted. Mail transcripts to:

NASW Credentialing Center
750 First Street, NE, Suite 700
Washington, DC 20002-4241

I have been supervised by a psychiatrist. Will this count toward the supervision requirements?

Only supervision by a clinical social worker with two or more years of experience is accepted.

I received supervision from a social worker outside of my agency. Will this count toward the supervision requirements?

Contract supervision from a clinical social worker who is not an employee of the agency is acceptable. A written contract should specify the frequency, duration, and format (individual or group) of supervisory sessions; compensation and terms of payment; and circumstances

under which the contract can be terminated. The agency/organization supervisor or administrator should acknowledge the contract. The contract must be included in your application.

Does my supervisor need to have a QCSW or DCSW?

No. A supervisor must have a master's degree in social work, hold a current clinical license, and a minimum of two years of clinical social work experience.

I hold the ACSW and C-SSWS credentials. May I use that supervision to qualify?

Supervision requirements for the ACSW and C-SSWS are different from the QCSW and DCSW. ACSW members may have received supervision in a non-clinical setting. C-SSWS credential holders may not have received supervision from a social worker. Applicants must submit documentation of clinical supervision from a clinical social worker. (See Supervised Clinical Experience Form included in this application packet).

I am currently licensed in two states. Do I need to send a copy of each license?

Yes. A copy of each current state license with expiration date must accompany applications. NASW will not publish any licenses or certifications that have not been documented by a valid copy with expiration date.

PLEASE PRINT CLEARLY.

I. NASW ID No. _____

II. Qualifying License (see Table I) _____ — MUST ATTACH COPY.

III. ACSW Yes No

IV. Name (This name will be printed on your certificate.)

Last Name	First Name and Initial	Maiden Name	Suffix
-----------	------------------------	-------------	--------

V. Preferred Address _____ Preferred Telephone Number to Be Listed _____

Street Address	Area Code	Telephone Number
City	State	Zip Code
E-mail _____	Non-USA	Telephone Number
Web Site _____		
Name of Agency, Employer, or Private Practice _____		

VI. Second Language _____

VII. Education: List only social work master's or doctoral degrees. (see Table III)

Degree	Year	School Code	Degree	Year	School Code
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VIII. Description of Practice (see Table II)

Unit of Intervention (up to 4)	Client Group and Modalities (up to 5)
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IX. Social Work State License or Certification Awarded by States (up to 3)

Initials	State	Initials	State	Initials	State
----------	-------	----------	-------	----------	-------

X. List up to 3 Postmaster's Positions: List dates, titles, places of employment, and/or private practice in chronological order. Enter most recent position first. Print clearly.

____/____	____/____	_____
____/____	____/____	_____
____/____	____/____	_____
Fr./Yr.	To./Yr.	

XI. Fees (see page 4)

Check or Money Order

Visa MasterCard American Express NASW Visa/MasterCard

Card No. _____ Expiration Date _____ Amount \$ _____

Signature _____ Date _____

XII If approved for this credential, would you like us to notify your employer? Yes No

Company Name _____

Address _____

Person to Notify _____

XIII. Application Agreement

I certify that the information contained in this application is true and accurate. I understand that NASW reserves the right to verify all statements bearing on my eligibility. I further understand NASW reserves the right to terminate the credential of any person who is found to be in violation of the *NASW Code of Ethics*, the *NASW Standards for the Practice of Clinical Social Work*, or the *NASW Standards for Continuing Professional Education*, or whose state license to practice has been terminated or suspended by a duly authorized state regulatory agency.

I hereby release, discharge, and exonerate NASW, its directors, officers, members, examiners, representatives, and agents, including the Competence Certification Commission, from any actions, suits, obligations, damages, claims, or demands arising out of, or in connection with, any aspect of the application or examination process, including the result or failure of the NASW and/or its agents to issue me a credential.

Signature _____ Date _____

Telephone Numbers Office _____ Home _____

Fax Number _____ E-mail Address _____

For assistance, call the NASW Credentialing Center
1-800-638-8799, ext. 447
www.socialworkers.org

Supervised Clinical Experience Form

*This form is two sided; both sides must be completed and returned.
This form may be reproduced if additional copies are needed.*

COMPLETE A FORM FOR EACH SUPERVISED EXPERIENCE.

Your supervisor or agency representative must sign the reverse side of this form.

NAME OF APPLICANT _____
(Same as given on the Listing Form)

DEGREE _____

MO/YR COLLEGE/UNIV CITY/STATE

LIST TWO YEARS (3,000 hours) OF SUPERVISED CLINICAL SOCIAL WORK EXPERIENCE.

REMEMBER

- Only experience provided by a social worker should be listed (unless prior to 7/1/77).
- List only postgraduate experience. Do not list field placements.
- No more than 1,500 hours per year is credited.
- More than one form may be submitted if needed.
- Private practice experience should be listed on the **ADVANCED CLINICAL EXPERIENCE AND CURRENCY FORM**, not on this form, even if you received supervision.

Place of Employment _____

Address _____

City/State/Zip _____

Name of supervising social worker _____

Dates of employment under this supervisor from _____ to _____
month/year month/year

Average number of clinical hours worked per week under this supervisor _____
(Count direct client contact and related clinical duties; do not count administrative duties; must be at least 30 hours per week to be credited as full-time.)

Describe the nature of clinical social work provided under this supervisor. (See "Definition of Clinical Social Work," page 1.)

REVERSE SIDE OF THIS FORM MUST BE COMPLETED.

Supervisor's Verification Form

Information About the Supervisor

Name _____

Current Address (if known) _____

Telephone Number (if known) (_____) _____

Social Work Degree _____ Date Awarded _____ University _____
(Supervision after 7/1/77 must have been provided by a social worker.)

Years of postgraduate clinical experience at the time the supervision was provided _____
(At least two years of postgraduate experience prior to providing supervision is required.)

Information about this Applicant's Supervision

Frequency of Supervision

- Once per week
- At least twice per month
- Other _____

This credential requires that supervision be provided at least twice a month.

- I hereby affirm that I directly supervised the applicant listed on the reverse side of this form and that the information is correct to the best of my knowledge and belief.
- I hereby affirm that, according to personnel or other agency files, the applicant listed on the reverse side of this form was supervised as stated, and that the information is correct to the best of my knowledge and belief.

Signature _____ Date _____

Information on person completing this form, if other than immediate supervisor

Name/Title/Agency/Telephone _____

**PLEASE RETURN COMPLETED FORM TO THE APPLICANT
IN A SEALED ENVELOPE WITH YOUR SIGNATURE OVER THE FLAP.**

DCSW Supervisory Reference Evaluation Form

Dear Supervisor:

You have been selected to complete this reference evaluation form by a social worker applying for NASW's Diplomate in Clinical Social Work credential. The information you provide on this form will help establish the applicant's eligibility for the Diplomate in Clinical Social Work credential. Only 1 of the questions can be marked "Not at All". Please review the form before completing. If you are unable to complete the form as required, please notify the applicant. Please return the completed form in an envelope with your signature over the sealed flap to the applicant. Thank you for your contribution to maintaining high professional standards for the social work profession.

1. To the best of your knowledge, does the applicant's clinical social work practice conform to the NASW *Code of Ethics*, the *NASW Standards for the Practice of Clinical Social Work*, and the *NASW Standards for Continuing Professional Education*?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

2. To the best of your knowledge, is the applicant's ability to perform her/his clinical social work responsibilities impaired by the use of alcohol, prescription drugs or other controlled substances? Yes No

If "Yes," explain below including corrective action taken and current status of the matter.

3. To the best of your knowledge, does the applicant demonstrate the ability to establish rapport with her/his clients and client system?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

4. To the best of your knowledge, does the applicant understand issues related to cultural diversity, age, gender, sexual orientation and disabilities in assessing, planning and intervening with clients and client systems?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

5. To the best of your knowledge, does the applicant demonstrate a sound bio-psychosocial theoretical understanding of clients and client systems?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

6. To the best of your knowledge, does the applicant demonstrate the ability to utilize a range of treatment approaches as is indicated by the uniqueness of the client and client systems?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

7. To the best of your knowledge, does the applicant understand the limits of her/his expertise and seek consultation and/or refer to others as is needed?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

8. To the best of your knowledge, does the applicant demonstrate sufficient self-awareness to examine the impact of her/his personal beliefs as potential barriers in working with clients and client systems?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

Advanced Clinical Experience and Currency Form

(DIPLOMATE APPLICANTS ONLY)

This form must be completed and returned with your application.

This form may be reproduced if additional copies are needed.

NAME OF APPLICANT _____
(Same as given on the Listing Form)

LIST THREE YEARS (4,500 hours) OF ADVANCED POSTGRADUATE CLINICAL SOCIAL WORK EXPERIENCE, BEYOND YOUR TWO YEARS OF SUPERVISED EXPERIENCE.

- Dates of employment must not overlap with dates of supervised experience.
- No more than 1,500 hours per year is credited.
- Two years of this experience must have occurred within the past 10 years.
- Your colleague may be a social worker or other professional who is familiar with your work in this setting.

Place of Employment _____

Address _____

City/State/Zip _____

Dates of employment from _____ to _____ Full-time Part-time
month/year month/year

Average number of clinical hours per week _____

(Count direct client contact, related clinical duties, supervision of clinical social work, teaching clinical social work; do not count administrative duties; must be at least 30 hours per week to be credited as full-time.)

Describe the nature of clinical social work you provided. (See "Definition of Clinical Social Work," page 1.)

A COLLEAGUE MUST COMPLETE THE REVERSE SIDE OF THIS FORM.

DCSW Colleague Reference Evaluation

The NASW Diplomate in Clinical Social Work requires verification of five years of postgraduate clinical social work experience. You are being asked to verify the experience the applicant has listed on the reverse side of this form. In addition, you are asked to affirm the applicant's compliance with professional standards.

Colleague's Name _____

Address _____

Daytime Telephone Number (_____) _____

Social Work Degree _____ Date Awarded _____ University _____

Other Degree _____ Date Awarded _____ University _____

Discuss in detail the capacity or professional relationship under which you worked with the applicant.

Dear Colleague:

DCSW Colleague Reference Evaluation Form

You have been selected to complete this reference evaluation form by a social worker applying for NASW's Diplomate in Clinical Social Work credential. The information that you provide on this form will help establish the applicant's eligibility for the Diplomate in Clinical Social Work credential. Only 1 of the questions can be marked "Not at All." Please review the form before completing. If you are unable to complete the form as required, please notify the applicant. Please return the completed form in an envelope with your signature over the sealed flap to the applicant. Thank you for your contribution to maintaining high professional standards for the social work profession.

1. To the best of your knowledge, does the applicant's clinical social work practice conform to the NASW *Code of Ethics*, the NASW *Standards for the Practice of Clinical Social Work*, and the NASW *Standards for Continuing Professional Education*?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

2. To the best of your knowledge, is the applicant's ability to perform her/his clinical social work responsibilities impaired by the use of alcohol, prescription drugs or other controlled substances? Yes No

If "Yes," explain below including corrective action taken and current status of the matter.

3. To the best of your knowledge, does the applicant demonstrate the ability to establish rapport with her/his clients and client system?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

4. To the best of your knowledge, does the applicant understand issues related to cultural diversity, age, gender, sexual orientation and disabilities in assessing, planning and intervening with clients and client systems?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

5. To the best of your knowledge, does the applicant demonstrate a sound bio-psycho-social theoretical understanding of clients and client systems?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

6. To the best of your knowledge, does the applicant demonstrate the ability to utilize a range of treatment approaches as is indicated by the uniqueness of the client and client systems?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

7. To the best of your knowledge, does the applicant understand the limits of her/his expertise and seek consultation and/or refer to others as is needed?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

Name of applicant: _____

8. To the best of your knowledge, does the applicant demonstrate sufficient self-awareness to examine the impact of her/his personal beliefs as potential barriers in working with clients and client systems?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

9. To the best of your knowledge, does the applicant demonstrate an understanding of her/his legal, ethical and professional obligations in working with clients and client systems?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

10. To the best of your knowledge, does the applicant demonstrate the ability to formulate hypotheses for the purpose of making accurate diagnoses?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

11. To the best of your knowledge, does the applicant demonstrate the ability to use self in the therapeutic relationship with clients and client systems?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

12. To the best of your knowledge, does the applicant demonstrate the ability to protect the client, the public, colleagues and self from any risk factors involved?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

AFFIRMATION

I hereby affirm to the applicant's competence as a clinical social worker and that the applicant has completed the employment described. To the best of my knowledge and belief, the applicant's clinical social work practice conforms to the *NASW Code of Ethics*, the *NASW Standards for the Practice of Clinical Social Work*, and the *NASW Standards for Continuing Professional Education*.*

Signature _____ Date _____

*The applicant can make these standards available to you for review.

**PLEASE RETURN COMPLETED FORM TO THE APPLICANT
IN A SEALED ENVELOPE WITH YOUR SIGNATURE OVER THE FLAP.**

AFFIRMATION FOR PROFESSIONAL STANDARDS **Qualified Clinical Social Worker/Diplomate in Clinical Social Work**

This form must be completed and returned with your application.

Have you ever been found in violation of a state social work licensing law or regulation or the *NASW Code of Ethics*, or are there any cases pending against you?

- NO
- YES. I understand that NASW clinical credentials will not be awarded until violations are satisfactorily resolved. Attach an explanation of the corrective action taken and the current status of this matter.

I certify that my clinical social work practice conforms to the *NASW Code of Ethics*, the *NASW Standards for the Practice of Clinical Social Work*, and the *NASW Standards for Continuing Professional Education*. I further agree to adhere to the *NASW Code of Ethics*, the *NASW Standards for the Practice of Clinical Social Work*, and the *NASW Standards for Continuing Professional Education*, and to voluntarily participate, if requested to do so, in any NASW adjudication proceedings involving alleged violations of the *NASW Code of Ethics*, and to be subject to any verification process established by NASW concerning practice and continuing education standards.

I understand that refusal or failure to participate in an adjudication proceeding or verification process may be grounds for revocation of this credential(s). I further understand that the National Association of Social Workers reserves the right to revoke NASW clinical social work credentials of any person found to have violated the *NASW Code of Ethics*, or found to be noncompliant with the *NASW Standards for the Practice of Clinical Social Work* or the *NASW Standards for Continuing Professional Education*, or whose state license to practice has been terminated or suspended by a duly authorized state regulatory agency. The *Code of Ethics* and all NASW Standards are available online at www.socialworkers.org.

Signature _____ Date _____

STATEMENT OF UNDERSTANDING

I hereby apply for the credential(s):

- Diplomate in Clinical Social Work
- Qualified Clinical Social Worker

I understand that my credential(s) depends on successful completion of the credential procedure and my ability to meet all requirements and qualifications. I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and is made in good faith. I further understand that if any information is later determined to be false, NASW reserves the right to revoke any credential that has been granted on the basis thereof. I further understand that NASW reserves the right to terminate the credential of any person who is found to be in violation of the *NASW Code of Ethics*, or state social work laws or regulations.

I understand that continued use of the QUALIFIED CLINICAL SOCIAL WORKER and/or DIPLOMATE IN CLINICAL SOCIAL WORK designation depends on continued NASW membership and such other requirements as NASW may stipulate, and if at any time, both my NASW and my QUALIFIED CLINICAL SOCIAL WORKER and/or DIPLOMATE IN CLINICAL SOCIAL WORK status are not active, I may not designate myself as a QUALIFIED CLINICAL SOCIAL WORKER and/or DIPLOMATE IN CLINICAL SOCIAL WORK.

I hereby release, discharge, and exonerate NASW, its directors, officers, members, examiners, representatives, and agents, including the Competence Certification Commission, from any actions, suits, obligations, damages, claims or demands arising out of, or in connection with any aspect of the application process including the results, or decisions on the part of NASW and/or its agents which may include a decision to not issue me a credential.

Signature _____ Date _____

Checklist for Applicant

QCSW Applicant

- Application Form
- Supervised Clinical Experience Form and Supervisor's Verification Form—*in sealed envelope with supervisor's signature over flap*
- Affirmation for Professional Standards and Statement of Understanding
- Official Transcript for MSW degree (not applicable if admitted to the ACSW after 1989)—**to be sent directly to NASW**
- Copy of current license(s) with expiration date(s)
- Copy of the supervision contract (if applicable)—see page 3.
- Fee

QCSW and DCSW Applicant

- Application Form
- Supervised Clinical Experience Form and Supervisor's Verification Form—*in sealed envelope with supervisor's signature over flap*
- DCSW Supervisory Reference Evaluation Form—*in sealed envelope with supervisor's signature over flap*
- Advanced Clinical Experience and Currency Form
- DCSW Colleague Reference Evaluation Form—*in sealed envelope with colleague's signature over flap*
- Affirmation for Professional Standards and Statement of Understanding
- Official Transcript for MSW degree (not applicable if admitted to the ACSW after 1989)—**to be sent directly to NASW**
- Copy of current license(s) with expiration date(s)
- Copy of the supervision contract (if applicable)—see page 3.
- Fee

IMPORTANT
PLEASE READ THE APPLICATION PROCEDURES
ON PP. 1–2 BEFORE COMPLETING THE APPLICATION.

Table I. Qualifying Licenses for NASW Clinical Credentials

Code	State	Licenses	Code	State	Licenses
AL01	Alabama	PIP*	MT38	Montana	LCSW*
AL02		LCSW*	NE64	Nebraska	CMSW*
AL03		LGSW	NE81		LMHP*
AK49	Alaska	LCSW*	NV65	Nevada	LCSW *
AK48		LMSW	NV66		LISW*
AZ50	Arizona	LCSW*	NH39	New Hampshire	LICSW*
AZ51		LMSW			
AR32	Arkansas	LCSW*	NJ95	New Jersey	LCSW*
AR33		LMSW	NJ96		LSW
CA04	California	LCSW*	NM67	New Mexico	LISW*
CO05	Colorado	LCSW*	NM68		LMSW
CO06		LISW*	NY24	New York	LMSW
CO11		LSW	NY103		LCSW*
CT52	Connecticut	LCSW*	NC69	North Carolina	CSWM*
DE07	Delaware	LCSW*	NC70		LCSW*
DC55	District of Columbia	LCSW*	NC71		CMSW
DC56		LICSW*	ND40	North Dakota	LICSW*
DC57		LISW*	ND41		LCSW
FL34	Florida	LCSW*	OH42	Ohio	LISW*
FL85		CMSW	OK82	Oklahoma	LSW*
GA53	Georgia	LCSW*	OK25		LSW-Adm*
GA54		LMSW	OK100		LMSW
HI94	Hawaii	LSW	OK101	LCSW*	
HI102		LCSW*	OR84	Oregon	LCSW*
ID08	Idaho	LCSW*	PA80	Pennsylvania	LCSW*
ID09		LMSW	PA72		LSW
IL10	Illinois	LCSW*	RI43	Rhode Island	LICSW*
IL61		LSW	RI44		LCSW
IN89	Indiana	LCSW*	SC73	South Carolina	LISW-AP*
IN13		LSW	SC74		LMSW
IA37	Iowa	LISW*	SC31		LISW-CP*
IA19		LMSW	SD26	South Dakota	CSW-PIP*
KS12	Kansas	LCSW*	SD27		CSW
KS35		LMSW	TN75	Tennessee	LCSW*
KY14	Kentucky	LCSW*	TX36	Texas	LCSW*
KY15		CSW	TX76		LMSW/AP*
LA16	Louisiana	LCSW*	TX45	LMSW	
LA87		GSW	UT28	Utah	LCSW*
ME17	Maine	LCSW*	UT29		CSW
ME18		LMSW	VT77	Vermont	LICSW*
ME86		LMSW-CC	VA30	Virginia	LCSW*
MD90	Maryland	LCSW-C*	VI91	Virgin Islands	CISW*
MD20		LCSW*	VI92		CSW
MD21		LGSW	WA78	Washington	LICSW*
MA22	Massachusetts	LICSW*	WA88		LASW*
MA23		LCSW	WV46	West Virginia	LICSW*
MN58	Minnesota	LICSW*	WV47		LCSW*
MN59		LISW*	WV93		LGSW
MN60		LGSW	WI97	Wisconsin	LCSW*
MS62	Mississippi	LCSW*	WI98		CISW*
MS63		LMSW	WI99		CAPSW
MO83	Missouri	LCSW*	WY79	Wyoming	LCSW*

Asterisks (*) indicate state licenses and/or certifications that qualify for the Diplomate credential.

Table II. Descriptions of Practice

UNIT OF INTERVENTION

Couples CP	Groups GR
Families FAM	Individuals I

CHOOSE UP TO FIVE FROM CLIENT GROUPS AND/OR MODALITIES

Adolescent Client Group..... A	Adult Client Group..... AD
African American Client Group..... AFA	Alaska Natives Client Group AN
Asian Client Group ASI	Child Client Group..... C
Gay / Lesbian Client Group..... G/L	Geriatric Client Group..... GER
Hispanic Client Goup..... HIS	Native American Client Group NA
Native Hawaiian Client Group..... NH	

MODALITIES

ADOPTION.....	100
ANXIETY DISORDERS	200
BEHAVIORAL DISORDERS	725
CHEMICAL DEPENDENCY.....	125
CHILD ABUSE/SEXUAL ABUSE.....	275
CRISIS INTERVENTION	675
DEVELOPMENTALLY DISABLED.....	525
EAP.....	150
EARLY CHILDHOOD DEVELOPMENT.....	325
EATING DISORDERS.....	250
END OF LIFE ISSUES.....	550
FAMILY VIOLENCE.....	300
FORENSIC	700
GENERAL PRACTICE	350
GRIEF/BEREAVEMENT	375
HIV.....	175
MARITAL/DIVORCE.....	400
MEDIATION	575
MEDICAL CONDITIONS	450
MEN'S ISSUES.....	750
MENTAL ILLNESS/DISORDERS.....	425
PARENTING ISSUES.....	650
PHYSICALLY CHALLENGED.....	475
SEXUAL DYSFUNCTIONS	500
SEXUAL TRAUMA.....	625
WOMEN'S ISSUES	225

Table III. School Codes

Code	School/Name	City	Code	School/Name	City
ALABAMA			IL0081	S IL UNIV	CARBONDALE
AL0280	UNIV OF AL	TUSCALOOSA	IL0012	UNIV OF CHICAGO	CHICAGO
AL0070	AL A&M UNIV	NORMAL	IL0042	UNIV OF IL	CHICAGO
ARIZONA			IL0033	UNIV OF IL	URBANA
AZ0013	AZ ST UNIV	TEMPE	IL0690	UNIV OF IL	CHAMPAIGN
ARKANSAS			INDIANA		
AR0012	UNIV OF AR	LITTLE ROCK	IN0013	IN UNIV/PURDUE	INDIANAPOLIS
CALIFORNIA			IN0660	IN ST UNIV	INDIANAPOLIS
CA0023	CA ST UNIV	FRESNO	IN0400	PURDUE UNIV	LAFAYETTE
CA0101	CA ST UNIV	LONG BEACH	IN0510	PURDUE UNIV	HAMMOND
CA0073	USC	LOS ANGELES	IN0650	UNIV OF SOUTHERN IN	EVANSVILLE
CA0490	CA ST UNIV	SAN BERNADINO	IOWA		
CA0032	CA ST UNIV	SACRAMENTO	IA0013	UNIV OF IA	IOWA CITY
CA0082	UCLA	LOS ANGELES	IA0280	ST AMBROSE UNIV	DAVENPORT
CA0012	UNIV OF CA	BERKELEY	KANSAS		
CA0043	SAN DIEGO ST UNIV	SAN DIEGO	KS0013	UNIV OF KS	LAWRENCE
CA0053	SAN FRAN ST UNIV	SAN FRANCISCO	KS0031	WASHBURN UNIV	TOPEKA
CA0062	SAN JOSE ST UNIV	SAN JOSE	KENTUCKY		
CA1080	CA ST UNIV	TURLOCK	KY0210	S BAPT TH SEM	LOUISVILLE
CA0270	LOMA LINDA UNIV	LOMA LINDA	KY0013	UNIV OF KY	LEXINGTON
COLORADO			KY0062	UNIV OF LOUISVILLE	LOUISVILLE
CO0021	CO ST UNIV	FT COLLINS	KY0041	SPALDING UNIV	LOUISVILLE
CO0012	UNIV OF DENVER	DENVER	LOUISIANA		
CONNECTICUT			LA0090	GRAMBLING ST UNIV	GRAMBLING
CT0031	SOUTHERN CT ST UNIV	NEW HAVEN	LA0012	LOUISIANA ST UNIV	BATON ROUGE
CT0012	UNIV OF CT	WEST HARTFORD	LA0061	SOUTHERN UNIV	NEW ORLEANS
DELAWARE			LA0022	TULANE UNIV	NEW ORLEANS
DE0010	DE ST COL	DOVER	MAINE		
DISTRICT OF COLUMBIA			ME0150	UNIV OF NEW ENGLAND	BIDDEFORD
DC0013	CATHOLIC UNIV	WASHINGTON	ME0100	UNIV OF ME	ORONO
DC0022	HOWARD UNIV	WASHINGTON	MARYLAND		
DC0050	GALLAUDET UNIV	WASHINGTON	MD0013	UNIV OF MD	BALTIMORE
FLORIDA			MASSACHUSETTS		
FL0013	BARRY COL	MIAMI SHORES	MA0012	BOSTON COL	CHESTNUT HILL
FL0251	FL INTL UNIV	NORTH MIAMI	MA0022	BOSTON UNIV	BOSTON
FL0023	FL ST UNIV	TALLAHASSEE	MA0400	SALEM ST COL	SALEM
FL0160	UNIV OF SOUTHERN FL	TAMPA	MA0042	SIMMONS COL	BOSTON
GEORGIA			MA0052	SMITH COL	NORTHAMPTON
GA0510	CLARK/ATLANTA UNIV	ATLANTA	MA0410	SPRINGFIELD COL	SPRINGFIELD
GA0023	UNIV OF GA	ATHENS	MICHIGAN		
GA0012	ATLANTA UNIV	ATLANTA	MI0460	GRAND VALLEY ST	GRAND RAPIDS
GA0031	CLARK UNIV	ATLANTA	MI0013	MI ST UNIV	E LANSING
GA0240	SAVANNAH ST UNIV	SAVANNAH	MI0022	UNIV OF MI	ANN ARBOR
GA0280	VALDOSTA ST UNIV	VALDOSTA	MI0033	WAYNE ST UNIV	DETROIT
HAWAII			MI0043	W MI ST UNIV	KALAMAZOO
HI0012	UNIV OF HI	HONOLULU	MI0051	ANDREWS UNIV	BERRIEN SPRINGS
IDAHO			MI0061	EASTERN MI UNIV	YPSILANTI
ID0011	BOISE ST UNIV	BOISE	MINNESOTA		
ILLINOIS			MN0012	UNIV OF MN	MINNEAPOLIS
IL0130	AURORA COL	AURORA			
IL0052	LOYOLA COL	CHICAGO			

Code	School/Name	City	Code	School/Name	City
MN0063	UNIV OF MN	DULUTH	OKLAHOMA		
MN0070	AUGSBURG COL	MINNEAPOLIS	OK0013	UNIV OF OK	NORMAN
MN0360	COL St CATHERINE/ St THOMAS	St PAUL	OREGON		
MISSISSIPPI			OR0013	PORTLAND ST UNIV	PORTLAND
MS0102	UNIV OF SOUTHERN MS	HATTIESBURG	PENNSYLVANIA		
MS0011	JACKSON ST UNIV	JACKSON	PA0012	BRYN MAWR COL	BRYN MAWR
MISSOURI			PA0022	MARYWOOD COL	SCRANTON
MO0052	ST LOUIS UNIV	ST LOUIS	PA0173	TEMPLE UNIV	PHILADELPHIA
MO0023	UNIV OF MO	COLUMBIA	PA0032	UNIV OF PA	PHILADELPHIA
MO0012	WASHINGTON UNIV	ST LOUIS	PA0043	UNIV OF PITTSBURGH	PITTSBURGH
MO0280	SW MO ST UNIV	SPRINGFIELD	PA1080	WIDENER UNIV	CHESTER
NEBRASKA			PUERTO RICO		
NE0021	UNIV OF NE	OMAHA	PR0012	UNIV OF PUERTO RICO	RIO PIEDRAS
NEVADA			RHODE ISLAND		
NV0011	UNIV OF NV	LAS VEGAS	RI0090	RHODE ISLAND COL	PROVIDENCE
NV0021	UNIV OF NV	RENO	SOUTH CAROLINA		
NEW HAMPSHIRE			SC0012	UNIV OF SC	COLUMBIA
NH0011	UNIV OF NH	DURHAM	TENNESSEE		
NEW JERSEY			TN0022	UNIV OF TN	KNOXVILLE
NJ0013	RUTGERS	NEW BRUNSWICK	TN0013	UNIV OF TN	NASHVILLE
NJ0290	RUTGERS	CAMDEN	TN0032	UNIV OF TN	MEMPHIS
NJ0330	RUTGERS	NEWARK	TEXAS		
NJ0031	KEAN UNIV	UNION	TX0043	OUR LADY LK COL	SAN ANTONIO
NJ0130	MONMOUTH UNIV	W LONG BRANCH	TX0012	UNIV OF HOUSTON	HOUSTON
NEW MEXICO			TX0022	UNIV OF TX	ARLINGTON
NM0111	NM HIGHLANDS	LAS VEGAS	TX0033	UNIV OF TX	AUSTIN
NM0021	NM ST UNIV	LAS CRUCES	TX0051	BAYLOR UNIV	WACO
NEW YORK			TX0351	SW TX ST UNIV	SAN MARCOS
NY0013	ADELPHI	GARDEN CITY	TX0631	STEPHEN F. AUSTIN ST UNIV	NACOGDOCHES
NY0042	COLUMBIA UNIV	NEW YORK	UTAH		
NY0052	FORDHAM UNIV	NEW YORK	UT0021	BRIGHAM YOUNG UNIV	PROVO
NY0072	HUNTER COL	NEW YORK	UT0013	UNIV OF UT	SALT LAKE CITY
NY0083	NYU	NEW YORK	VERMONT		
NY0023	ST UNIV NY	ALBANY	VT0120	UNIV OF VT	BURLINGTON
NY0033	ST UNIV NY	BUFFALO	VIRGINIA		
NY0092	ST UNIV NY	STONY BROOK	VA0073	NORFOLK ST UNIV	NORFOLK
NY0103	SYRACUSE UNIV	SYRACUSE	VA0013	VA COMMON UNIV	RICHMOND
NY0112	YESHIVA UNIV	NEW YORK	VA0210	RADFORD UNIV	RADFORD
NY0670	ROBERTS WESLEYAN COL	ROCHESTER	WASHINGTON		
NORTH CAROLINA			WA0021	EAST WA ST COL	CHENEY
NC0021	E CAROLINA UNIV	GREENVILLE	WA0013	UNIV OF WA	SEATTLE
NC0013	UNIV OF NC	CHAPEL HILL	WA0130	WALLA WALLA	COLLEGE PLACE
NC0051	NC A&T ST UNIV	GREENSBORO	WEST VIRGINIA		
NC0061	UNIV OF NC	GREENSBORO	WV0013	WV UNIV	MORGANTOWN
NORTH DAKOTA			WISCONSIN		
ND0011	UNIV OF ND	GRAND FORKS	WI0013	UNIV OF WI	MADISON
OHIO			WI0023	UNIV OF WI	MILWAUKEE
OH0012	CASE WESTERN RESERVE	CLEVELAND	WYOMING		
OH0023	OHIO ST UNIV	COLUMBUS	WY0011	UNIV OF WY	LARAMIE
OH0103	UNIV OF CINCINNATI	CINCINNATI			
OH0051	CLEVELAND ST UNIV	AKRON			
OH0091	UNIV OF AKRON	AKRON			