

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

NASW Invites You to Apply for the

**Social Worker In Gerontology**

**(SW-G)**

(BSW Level)



**NASW Credentials**

[www.socialworkers.org](http://www.socialworkers.org) • [credentialing@naswdc.org](mailto:credentialing@naswdc.org)

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# Social Worker In Gerontology (SW-G)

## DEFINITION OF SOCIAL WORKER IN GERONTOLOGY (BSW LEVEL)

This credential specifies the following requisite competencies for the BSW level social worker:

- Assessment
- Documentation, Report, Record Keeping
- Care and Case Management
- Service Planning
- Client Advocacy and Supportive Counseling

Throughout history, the phase of life commonly known as “old age” has been continually re-defined. As medical science pushes the limits of human longevity, the period of time from birth to death has gradually increased in industrialized nations. As this has occurred, our profession has refined our understanding of the stages of human development – from infancy, through childhood, adolescence, and young adulthood. But the continuum from “middle age” to “old age” has not been well defined, and only recently has those who study human development acknowledged that older adults have distinct characteristics that can be differentiated from earlier stages of adulthood.

Social work practice with older adults encompasses a broad range of functions. Whether working in a micro or macro setting, the primary goal of the social worker is to address the specific challenges of the aging process. Promoting independence, autonomy and dignity in later life is a key function. Social workers interact with older adults in a variety of settings, including hospitals, nursing homes, hospices, adult day care centers, independent and assisted living communities, public agencies, and increasingly, in homes. We must be: knowledgeable about the aging process and the issues faced by older adults and their caregivers; adept at accessing resources for our clients; and strong advocates who champion the rights of older adults. Specific areas of knowledge and skill include assessment of older adults’ needs and functional capacity, expertise regarding physical and mental health issues, case and care management, long term care, elder abuse, quality of life issues, and advance care planning.

A generalist or holistic approach is required to manage the bio-psychosocial changes that are occurring in this population. A specific body of knowledge, a diverse skill set, and an understanding of the ethical issues particular to this age group are required to help older adults navigate the numerous transitions of this life stage.

## REQUIREMENT ATTESTATIONS

I Attest To Having Met The Following Requirements Before Submitting My Application:

- NASW Membership in good standing
- BSW degree from an accredited U.S. college or university (you will be asked to submit a copy of an official transcript if and when an audit of this application is initiated)
- I have no less than two years (equivalent of 3,000 hours) of paid or \*volunteer experience working with older adults under social work supervision or supervision from the following mental health professionals: licensed psychologist, licensed psychiatrist, licensed registered nurse or higher, or geriatric nurse practitioner. Individual or group supervision can be used.
- 20 hours of continuing education relevant to work with older adults (taken within the two years immediately preceding your submission of this application). Please submit copies of your continuing education certificates or
- BSW programs completed within 5 years of this application with an aging/gerontology concentration that gives a designation or indicates a specialization can be used in lieu of the CE requirement for the initial application.

One of the following: (please attach a current copy of your license or exam score report)

- NASW’S ACBSW (Academy of Certified Baccalaureate Social Workers) offered by NASW 1991-1995;
- Current exam-based state bachelor’s-level social work license or certification (current copy with expiration date required);
- Passing score on the ASWB (Association of Social Work Boards) basic level exam. This option is intended for applicants who recently took the exam and are in the process of applying for licensure. A copy of the passing score document received at the exam site will be accepted. A copy of the license must be submitted at the time of renewal of this credential or
- 1 additional year of experience and 10 additional CEUs if no Bachelors level license is available in your state

Application fee of \$140

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Please call the NASW Credentialing Center at 202-408-8600 x447 for further details.

## FREQUENTLY ASKED QUESTIONS ABOUT SUPERVISION

### ***My supervisor is deceased or unable to be reached, how do I document my supervision?***

Submit a letter specifically explaining why you are unable to contact your supervisor. Provide documentation from the organization's human resource office attesting to this supervision or include a copy of your state social work board application. A colleague familiar with your work may then complete the supervisory form.

### ***What if the employer I worked for no longer exists?***

Submit a letter specifically explaining why you are unable to contact your supervisor, along with a copy of the supervisory form you submitted to your state social work board. A colleague familiar with your work may then complete the supervisory form.

### ***Who is considered a qualified social worker?***

Please refer to page 11.

## GENERAL INFORMATION

### ***Graduates of Foreign Schools***

If your social work degree was received in a country other than the United States, NASW will accept an evaluation by the Council on Social Work Education that your degree is equivalent to one from an accredited U.S. school. CSWE charges a fee for this evaluation, which takes approximately four weeks. The acceptance letter from CSWE must be included with your application materials. To obtain an application for the evaluation and instructions for submitting your education documents, contact: Council on Social Work Education, 1600 Duke Street, Suite 300, Alexandria, VA 22314, Telephone: (703) 683-8080.

### ***Approved Applications***

Applicants who successfully meet all criteria will be sent an approval letter and certificate suitable for framing. If renewed successfully, certificate holders will be sent a seal updating the credential for each renewal period. (Replacement certificates will be issued at a cost of \$20.)

### ***Omissions or Incorrect Submissions***

Applicants omitting required items or sending incorrect items will be notified and will be given a reasonable amount of time to complete or correct their application. Any application for which the required materials are not received by the established deadline will be deemed ineligible.

### ***Applications Deemed Ineligible***

Any application that does not meet all of the criteria outlined in this application will be deemed ineligible.

### ***Refund Policy***

There is no refund for the processing of the application.

### ***Processing of Applications***

You will receive a notification letter at the time we receive your application. Subsequent notification for missing documentation will be sent to the applicant. Please allow up to 4 weeks for processing once all requested missing documentation is received or 4 weeks from the date we receive a complete application.

### ***Renewal***

Renewal occurs every two years. The current renewal fee is \$80.00. 20 contact hours of appropriate continuing education are required (refer to the experience report for relevant continuing education topics). The certification holder must comply with NASW's *Standards of Continuing Professional Education*. The Continuing Professional Education Standards are available online at <http://www.socialworkers.org>

## MAILING ADDRESS

Mail completed application, fee, and references to:

**National Association of Social Workers  
P.O. Box 98272  
Washington, DC 20077-7343**

**Your transcript must be sent directly to NASW:**

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

# Application Agreement

## Social Worker In Gerontology

*(Read and fill in the bubble for each section before signing and dating.)*

- I am a member in good standing
- In making this application, I fully understand that it is an application only and does not guarantee credentialing.
- I understand that the NASW Credentialing Center reserves the right to audit supporting documentation for the items attested to above at any time.
- I further understand that it is my responsibility to provide the NASW Credentialing Center with any requested documentation in connection with this application. Failure to do so will result in the revocation of the credential.

---

Signature

Date







## Social Worker In Gerontology

*(to be completed by the supervisor)*

Dear Supervisor:

You have been selected to complete this reference form by a social worker applying for NASW's Social Worker in Gerontology. The information that you provide on this form will help establish the applicant's eligibility for the Social Worker in Gerontology.

Supervisors must be able to evaluate the applicant's social work with older adults across core knowledge and skills areas. **Supervisors must be able to answer at least 19 of the 21 questions. (Only two of the questions can be marked "not applicable", "unable to rate", or "not acceptable"). Additional comments can be written at the bottom of the evaluation.** NASW staff will contact you for clarification of items as necessary.

Please review the form before completing. If you are unable to complete the form as required, please notify the applicant. Otherwise, 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.

### Key:

- 0 - Not Applicable: Not part of services in your setting or not part of applicant's role/responsibilities
- 1 - Unable to Rate: Have not had the opportunity to directly observe applicant or discuss in supervision
- 2 - Not Acceptable: Below minimum Ability/Skills/Knowledge—needs improvement
- 3 - Acceptable: Acceptable/Skills/Knowledge—adequate for position
- 4 - Excellent: High level Ability/Skills/Knowledge

1. Ability to establish and maintain appropriate boundaries with clients/families

0                      1                      2                      3                      4

2. Demonstrates knowledge and skills related to diversity to engage in ethnic/gender/age/faith/sexual orientation-sensitive practice

0                      1                      2                      3                      4

3. Maintains confidentiality in all aspects of client care

0                      1                      2                      3                      4

4. Ability to use social work colleagues for peer consultation when appropriate

0                      1                      2                      3                      4

5. Ability to treat colleagues professionally

0                      1                      2                      3                      4

6. Ability to advocate for clients and families

0                      1                      2                      3                      4

7. Ability to promote and support client/family self-sufficiency and self-determination

0                      1                      2                      3                      4

8. Demonstrate an understanding of bio-psychosocial aspects and theories of aging (e.g. normal aging process, ageism, and care giving)

0                      1                      2                      3                      4

9. Demonstrates ability to communicate with older adults	0	1	2	3	4
10. Ability to respond effectively in crisis situations	0	1	2	3	4
11. Demonstrates knowledge of service systems.	0	1	2	3	4
12. Understands federal, state, and local laws as they relate to social work practice in the aging field (e.g. protective services, Medicare/Medicaid, etc.)	0	1	2	3	4
13. Ability to work as part of an multidisciplinary team	0	1	2	3	4
14. Demonstrates ability to recognize the signs and symptoms of abuse, neglect, and exploitation of the older adult	0	1	2	3	4
15. Demonstrates ability to develop, coordinate, and maintain knowledge of community resources	0	1	2	3	4
16. Demonstrates skill in maximizing use of both formal and informal resources (such as family, friends, etc.)	0	1	2	3	4
17. Ability to comply with the work environment's policy and procedures	0	1	2	3	4
18. Ability to seek and use supervision appropriately	0	1	2	3	4
19. Ability to incorporate understanding of the <i>NASW Code of Ethics</i> in practice [create hyperlink]	0	1	2	3	4
20. Ability to understand standards for cultural competence, long-term care facilities, and palliative and end of life care practice standards [create hyperlink]	0	1	2	3	4
21. Ability to critically evaluate one's own practice	0	1	2	3	4

## Social Worker In Gerontology (to be completed by the supervisor)

### Supervisor Information

Name and credentials: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime phone number (including area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

### Supervisor's Qualifications and History of Supervision with the Applicant

Do you hold a social work degree?

Yes  No

If Yes:

BSW  MSW  PhD/DSW

School(s) awarding degree(s): \_\_\_\_\_

Years of post-degree social work experience: \_\_\_\_\_

If No: degree/discipline/license

Licensed psychiatrist

Licensed clinical psychologist (PhD)

Licensed psychologist (PhD)

Certified Nurse Specialist or Nurse Practitioner

Licensed Health Care Administrator (specific license)

Other

Date awarded: \_\_\_\_\_

School awarding degree: \_\_\_\_\_

Have you worked with the aging population?

Yes  No

Number of years \_\_\_\_\_

Your current position/title \_\_\_\_\_

Name and address of agency/organization where supervision took place: \_\_\_\_\_

Dates of supervision (start) \_\_\_\_\_ to (end) \_\_\_\_\_

Type and length of supervision: *(must total 100 hours in a two-year period)*

Group  Individual \_\_\_\_\_  
(hrs. per week)

Number of weeks: \_\_\_\_\_

Total number of hours \_\_\_\_\_  
(hrs/week x no. of weeks)

I hereby affirm that I supervised the applicant and that the information I have provided on this form is correct to the best of my knowledge and belief. I hereby recommend that the applicant be certified as a Social Worker in Gerontology.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return the completed form along with pages 14 through 17 to the applicant in a sealed envelope with your signature over the flap.

## Social Worker In Gerontology

(to be completed by the colleague)

Dear Colleague:

You have been selected to complete this reference form by a social worker applying for NASW's Social Worker in Gerontology. The information that you provide on this form will help establish the applicant's eligibility for the Social Worker in Gerontology.

Colleagues must be able to evaluate the applicant's social work with older adults across core knowledge and skills areas. **Colleagues must be able to answer at least 19 of the 21 questions. (Only two of the questions can be marked "not applicable", "unable to rate", or "not acceptable"). Additional comments can be written at the bottom of the evaluation.** NASW staff will contact you for clarification of items as necessary.

Please review the form before completing. If you are unable to complete the form as required, please notify the applicant. Otherwise, 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.

### Key:

- 0 - Not Applicable: Not part of services in your setting or not part of applicant's role/responsibilities
- 1 - Unable to Rate: Have not had the opportunity to directly observe applicant or discuss in supervision
- 2 - Not Acceptable: Below minimum Ability/Skills/Knowledge—needs improvement
- 3 - Acceptable: Acceptable/Skills/Knowledge—adequate for position
- 4 - Excellent: High level Ability/Skills/Knowledge

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. Ability to incorporate understanding of the <i>NASW Code of Ethics</i> in practice | 0 | 1 | 2 | 3 | 4 |
| 2. Ability to use social work colleagues for peer consultation when appropriate       | 0 | 1 | 2 | 3 | 4 |
| 3. Ability to treat colleagues with courtesy and respect                              | 0 | 1 | 2 | 3 | 4 |
| 4. Ability to critically evaluate own practice as a social worker with older adults   | 0 | 1 | 2 | 3 | 4 |
| 5. Demonstrates commitment to continuing professional development                     | 0 | 1 | 2 | 3 | 4 |
| 6. Ability to work as part of a multidisciplinary team                                | 0 | 1 | 2 | 3 | 4 |
| 7. Ability to promote client self-sufficiency and support client self-determination   | 0 | 1 | 2 | 3 | 4 |
| 8. Maintains confidentiality in all aspects of client care                            | 0 | 1 | 2 | 3 | 4 |

9. Demonstrate knowledge and understanding of bio-psychosocial aspects and theories of aging  
(e.g. normal aging process, ageism, and care giving)
- |   |   |   |   |   |
|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
10. Demonstrates ability to communicate with older adults
- |   |   |   |   |   |
|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
11. Demonstrates ability to recognize the signs and symptoms of abuse, neglect, and exploitation of the older adult
- |   |   |   |   |   |
|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
12. Demonstrates knowledge of service systems.
- |   |   |   |   |   |
|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
13. Understands federal, state, and local laws as they relate to social work practice in the aging field  
(e.g. protective services, Medicare/Medicaid, etc.)
- |   |   |   |   |   |
|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
14. Ability to advocate for clients and families
- |   |   |   |   |   |
|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
15. Demonstrates commitment to engage in ethnic/gender/age/faith/sexual orientation- sensitive practice
- |   |   |   |   |   |
|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
16. Ability to establish and maintain appropriate boundaries with practice
- |   |   |   |   |   |
|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 |
|---|---|---|---|---|

## Social Worker In Gerontology

(to be completed by the colleague)

### Social Work Colleague Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime phone number (including area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

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### Colleague's Qualifications and Nature of the Colleague Relationship

Degree:       BSW       MSW       PhD       DSW

School(s) awarding degree(s): \_\_\_\_\_

Years of post-degree social work experience: \_\_\_\_\_

Your current position/title: \_\_\_\_\_

Type of license if applicable: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ year(s) \_\_\_\_\_ months

Do you/did you (check one) work in the same setting as the applicant?    yes    no

If "no" in what capacity or professional relationship do you know the applicant? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I hereby affirm to the applicant's ability as a social worker in the field of gerontology and that the applicant has completed the employment described. To the best of my knowledge and belief, the applicant's social work practice conforms to the *NASW Code of Ethics* and the *NASW Standards for Continuing Professional Education*. The applicant also demonstrates an ability to incorporate, understand, and adhere to standards for cultural competence, long-term care facilities, and palliative and end-of-life care practice standards.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return the completed form along with pages 14 through 17 to the applicant in a sealed envelope with your signature over the flap.

## AFFIRMATION OF PROFESSIONAL STANDARDS

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 credentials will not be awarded until violations are satisfactorily reviewed.  
(Attach an explanation of the corrective action taken and the current status of this matter.)

I certify that my social work practice conforms to the *NASW Code of Ethics* the *NASW Standards for Social Work Services in Long-Term Care Facilities* and the *NASW Standards for Continuing Professional Education*. I further agree to adhere to the *NASW Code of Ethics*, the *NASW Standards for Social Work Services in Long-Term Care Facilities*, 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. I further understand that NASW reserves the right to revoke NASW social work credentials of any person found to have violated the *NASW Code of Ethics* or found to be non-compliant with the *NASW Standards for Social Work Services in Long-Term Care Facilities* 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.

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Signature

Date

## STATEMENT OF UNDERSTANDING

I understand that my credential depends on successful completion of the credentialing 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 Social Worker in Gerontology, Advanced Social Worker in Gerontology, or Clinical Social Worker in Gerontology designation depends on continued NASW membership, payment of the certification renewal fee, and such other requirements as NASW may stipulate. If at any time, both my NASW and my Social Worker in Gerontology, Advanced Social Worker in Gerontology, or Clinical Social Worker in Gerontology status are not active, I may not designate myself as a Social Worker in Gerontology, Advanced Social Worker in Gerontology, or Clinical Social Worker in Gerontology.

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 results, or decisions on the part of NASW and/or its agents which may include a decision to not issue me a certificate.

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Signature

Date

