

Attach a clear, full-face passport-style photograph (2"x 2") of your head and shoulders, taken within the past six months.

A photo is required with each application.

Do not use a paper clip to attach the photo.



New Jersey Office of the Attorney General
Division of Consumer Affairs
State Board of Social Work Examiners
124 Halsey Street, 6th Floor, P.O. Box 45033
Newark, New Jersey 07101
(973) 504-6495
www.njconsumeraffairs.gov/sw

For Office Use Only

Application for Association of Social Work Boards (ASWB)
"Masters" Level Examination Pre-approval

Date: _____

A nonrefundable application filing fee of \$75, in the form of a check or money order made out to the State of New Jersey, must be submitted with this application.

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application. The application must be completed, notarized and accompanied by an official transcript which confirms that you are currently enrolled in your last semester of a CSWE-accredited MSW program or, which verifies that your MSW degree has been awarded by a CSWE-accredited school of social work.

If you are currently enrolled in an Advanced Standing MSW program, please submit a letter from your college or university indicating so in addition to the official transcript.

- I have enclosed an official MSW transcript.
An official MSW transcript will be sent directly from the school.
This is a re-application for pre-approval

Personal Information

Date of birth: _____
Month Day Year

1. Name
Mr. Mrs. Ms.
Last name First name Middle initial Maiden name

2. Address

Home:
Street or P.O. Box City State ZIP code County

Telephone number (include area code) E-mail address

Business:
Name of company Telephone number (include area code) and extension

Street City State ZIP code County

Mailing:
Street or P.O. Box City State ZIP code County

3. Social Security Number

You **must** provide your Social Security number to the Board or Committee. Failure to do so will result in denial/nonrenewal of licensure or certification.

*Social Security Number: _____ - _____ - _____

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;
- b. the Probation Division or any other agency responsible for child support enforcement, upon request; and
- c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

Education

1. Name and address of the college or university attended

College or University	Street address	City	State	ZIP code

2. Master's Degree type: _____

3. Date granted (leave blank if degree is pending): _____
Month
Day
Year

4. Number of credits completed as of date of application: _____

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____

County of: _____

} ss.

I, _____, in making this application to the State Board of Social Work Examiners for ASWB "Masters" Level Examination Pre-approval, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief.

Applicant's signature

Sworn and subscribed to before me this _____ Year
day of _____, _____

Name of Notary Public (please print)

Signature of Notary Public



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This signed and sealed notice confirms the applicant's "Masters" Level Examination Pre-approval by the New Jersey State Board of Social Work Examiners. Please wait 7 days before contacting the Association of Social Work Boards (ASWB) at 1-888-579-3926 to register for the examination. Please take this document with you when you appear on your scheduled exam day.

New Jersey State Board of Social Work Examiners

Official State Seal

Date: _____

Additional Information

You must enter your name on this exam pre-approval application exactly the way it appears on your Official Identification. If there is a discrepancy, the ASWB will not permit you to register nor sit for the exam without clarification, which will then delay your process.

Please note that the official MSW pre-degree graduate transcript which was submitted to the Board office for the examination pre-approval process is returned to you herein. When you have obtained a passing "masters" examination score and are prepared to apply for the LSW license, you may submit the completed enclosed application for licensure as a licensed social worker (LSW). The application may also be found in our website www.njconsumeraffairs.gov/sw. When submitting the completed application you must include an official transcript (original) which confirms that **your MSW degree has been awarded**.

A passing exam score is only one component of New Jersey's license application process. You are not considered licensed by the State of New Jersey as an LSW until you complete the application process, receive notice of your license approval from the Board and the Board office receives your licensure fee payment.

Currently, New Jersey does not limit the times a candidate may retake this examination.

According to **N.J.S.A. 45:15BB-4.c**; anyone other than a licensed clinical social worker is prohibited from engaging in the "independent practice of clinical social work for a fee".