



**Guam Board of Social Work**  
Health Professional Licensing Office  
194 Hernan Cortez Avenue, Terlaje Professional Bldg, Suite 213, Hagåtña, Guam

## **Social Work Licensure Exception Application**

***Application Period:*** Public Law 34-156 (December 28, 2018), codified at 10 GCA § 122318(d), provides, “All persons qualified for exceptions do not need to take the appropriate licensure examination, but must conform to all other requirements consistent with the appropriate level of licensure as prescribed in the law. Exceptions may only be granted by the Board up until six (6) months of the promulgation of the rules and regulations.”

***Term of License if Approved:*** Renewed Every Two (2) Years

### **General Information**

Completion of this application form is necessary to be considered for licensure under the Social Work Practice Act, 10 Guam Code Annotated (GCA) Art. 23. Failure to provide all requested information may result in a delay of this application being processed or may result in denial of this application. Please be advised that certain information provided on this application form may be subject to the public information laws of Guam.

1. Type or print legibly with black or blue ink only.
2. Disclosure of your Social Security number, if you have one, is mandatory. See, 10 GCA § 34109.2 (“Each licensing board, commission, or other entity which issues professional, occupational, motor vehicle, recreational, or marriage licenses or certificates shall record the Social Security number of an applicant for such license or certificate on the application and shall enter this information in its database in order to aid the Attorney General in locating parents or their assets, or in enforcing child support orders.”).
3. If the name shown on your supporting documents is different from that shown on your application, you must submit proof of legal name change, e.g. notarized or certified copy of your marriage license, divorce decree, or other court order.
4. Answer all questions. If not applicable, indicate N/A.
5. Attach a signed *Authorization for Release of Employment Records*. Ensure that you leave the top section blank. The GBSW will complete this section for each employer they contact.
6. Applications for licensure must be notarized.
7. Undergraduate and graduate transcripts and certifications are to be sent directly from the educational institution and licensing agency to the Board.
8. Applicants and Licensees are responsible for updating any change in the information provided in their application, in writing, to the Board.
9. It is the responsibility of the applicant to submit all required items and follow-up on the status of the application.
10. If required items are not submitted, then the application will be considered incomplete.
11. Only completed application packets will be reviewed by the GBSW.
12. The Board reserves the right to contact employers and/or references as needed.

**An exception is granted to any person meeting the following conditions:**

- (a) A person who is employed or has retired with the job title "social worker" or any derivative thereof and possesses a Bachelor's, Master's, or Ph.D. degree in the field of social work from an accredited or unaccredited social work degree program as of the date of the passage of the law. Those granted exceptions must obtain a social work license within six (6) months of promulgation of the rules and regulations;
- (b) A person who self identifies as a social worker and possesses a Bachelor's, Master's, or Ph.D. degree in the field of social work from an accredited or unaccredited social work degree program upon the enactment of this Act. Those granted exceptions must obtain a social work license within six (6) months of promulgation of the rules and regulations; and
- (c) A person who possesses a non-social work degree, but possesses a degree in a related social science, to include degrees such as psychology, sociology, counseling, human relations and human services, political science, criminal justice, and any other degrees as approved by the Board; and who self identifies as a social worker may apply for an exception to obtain social work licensure meeting the following requirements:
- (1) Provide a written request for the exception from the licensure requirements to the Board;
  - (2) Provide a written declaration that they are individuals good standing based on satisfactory employment performance evaluations and with no ethical complaints in the course of their employment with the job title, "social worker";
  - (3) Sign a declaration statement that they will abide by the National Association of Social Workers Code of Ethics;
  - (4) Submit three (3) letters of verification; one (1) from their current employer acknowledging that he/she is an individual in good standing, and is highly recommended for employment with the job title, "social worker"; and
  - (5) Obtain fifty (50) continuing education units (CEU) or certified training contact hours approved by the Social Work Board in the field of social work to include the following:
    - The application of social work theory, knowledge, methods, ethics, and the professional use of self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families, groups, organizations, and communities; and
    - Training in the social work Generalist Practice Model that includes assessment, planning, interventions, evaluation, case management, information and referral, counseling, supervision, consultation, education, advocacy, community organization, and the development, implementation, and administration of policies programs, and activities.
- The fifty (50) CEUs or certified training contact hours shall have no time or date limitations.
- (d) All persons qualified for exceptions do not need to take the appropriate licensure examination, but must conform to all other requirements consistent with the appropriate level of licensure as prescribed in the law. Exceptions may only be granted by the Board up until six (6) months of the promulgation of the rules and regulations.

**SOURCE:** P.L. 34-156 (December 28, 2018)

<b>Checklist of Documents Required (Exception)</b>	
Complete and notarized GBSW Exception Application	
Completed GBSW Authorization for Release of Employment Records	
2"x2" passport-size photograph obtained within the past six (6) months, signed and dated on the back of the photo	
Three (3) Professional References/Letters of Verification acknowledging that applicant is an individual in good standing and is highly recommended for employment with the job title, "Social Worker" 1. One from current employer 2. One from current or former professional colleague 3. One from an individual other than a family member 4. One from field instructor (for applicants who have graduated within the last six months)	
Copy of valid government-issued photo identification	
Copy of proof of citizenship/immigrant status (birth certificate or non-expired passport)	
If name on supporting documents differs from that shown on application, Proof of Legal Name Change (e.g. copy of marriage license, divorce decree, or other court order)	
Official college transcripts sent directly from the institution(s) to: Guam Board of Social Work Health Professional Licensing Office 194 Hernan Cortez Ave., Terlaje Professional Building, Suite 213 Hagåtña, GU 96910	
Resume to include all places of professional employment since you were 18 years old or during the last 15 years, whichever is longest.	
Copies of other related Licenses or Certifications held	
Current Police Clearance(s) to cover all jurisdictions in which you live or are licensed	
Current Court Clearance(s) (state/local) to cover all jurisdictions in which you live or are licensed	
<i>For LCSW applicants only:</i> GBSW Verification of Clinical Supervision for all supervised clinical hours	
<i>For all non-social work degree holders only:</i> Proof of 50 Continuing Education Units (CEU) or certified training contact hours approved by the GBSW in the field of social work to include the following: <ul style="list-style-type: none"> <li>● The application of social work theory, knowledge, methods, ethics, and the professional use of self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families, groups, organizations, and communities; and</li> <li>● Training in the social work Generalist Practice Model that includes assessment, planning, interventions, evaluation, case management, information and referral, counseling, supervision, consultation, education, advocacy, community organization, and the development, implementation, and administration of policies programs, and activities.</li> </ul> The fifty (50) CEUs or certified training contact hours shall have no time or date limitations. Absent proof of the number CEU hours or certified training contact hours from the sponsor organization or entity, the Board will only grant 1 CEU or certified training contact hour per training or event.	

# Social Work Licensure Exception Application

<b>Licensure Level applying for:</b> <input type="checkbox"/> Licensed Bachelor of Social Work (L.B.S.W.) <input type="checkbox"/> Licensed Master of Social Work (L.M.S.W.) <input type="checkbox"/> Licensed Clinical Social Worker (L.C.S.W.)	<b>Specify Degree:</b> <input type="checkbox"/> BSW <input type="checkbox"/> MSW <input type="checkbox"/> DSW <input type="checkbox"/> Non-Social Work Degree
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------

## Section 1. Applicant Identification & Contact Information

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>
Maiden Name or Other names or aliases you have been known by or used:		Specify reason for name change:
<b>Social Security Number:</b>	<b>Date of Birth:</b> ____/____/____	<b>Place of Birth:</b>
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Gender Nonconforming		
<b>Residential Address:</b>  _____ _____ <b>Number of years residing at this address?</b> _____	<b>Mailing Address (if different)</b>  _____ _____ <input type="checkbox"/> Same as residential address	
<b>Email address (print clearly):</b>		
<b>Home phone:</b> (    )	<b>Business Phone:</b> (    )	<b>Cellular phone:</b> (    )

## Section 2. Citizenship Status

**Are you a United States Citizen?**     Yes     No

If your answer is "No," you must provide proof that you will lawfully be in the United States or a jurisdiction thereof for the purpose of practicing the profession of social work.

### Section 3. Educational History

List all of the schools, colleges, and universities attended, whether completed or not. Attach additional sheets if necessary. ***A certified transcript is required for the highest degree obtained and must be sent directly from the educational institution.***

	Name and Address of Institution	Date Graduated / Dates Attended	Degree / Certificate / Major
High School			
Undergraduate School			
Undergraduate School			
Graduate School			
Post Graduate School			

### Section 4. Professional Information

**Professional Licenses:** List all licenses from any state(s), territory or foreign countries. Provide date, place, type, and license number of license issued. Indicate the present status of license (active, inactive, suspended, revoked, or lapsed). Attach additional sheets if necessary.

Dates (From – To)	State, Territory, Country	Type of License / License # / Status	Reason for Leaving Practice

**Professional / Work History:** List all places of professional employment since you were 18 years old or during the last 15 years, whichever is longest. Attach additional sheets if necessary. Applicants are required to provide a signed and notarized (otherwise blank) AUTHORIZATION FOR RELEASE OF EMPLOYMENT RECORDS.

Dates (From – To)	Job Title	Employer and Immediate Supervisor	Employer Address / Email / Contact Number(s)	Reason for Leaving

**Professional Memberships:** List current membership in any professional association. Attach additional sheets if necessary.

Dates (From – To)	Membership / Association	Location (If Not National)

**Section 5. Additional Personal Information**

**Detailed Chronological History:** Please provide the addresses and dates of residence since you were 18 years old. Attach additional sheets if necessary.

Dates (From – To)	Physical Address	Mailing Address

## Section 6. Application Attestations

- If you answer “Yes” to any of the following attestations, explain in detail separately and attach.
- When applicable, include copies of the complaint or other charging instrument and the final disposition of the matter.

1. Have you ever had a criminal conviction, whether by nolo contendere or otherwise, of a crime directly related to the qualifications, functions or duties of the social work profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been charged, arrested or convicted of a felony or misdemeanor involving moral turpitude?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has any state, territory, or foreign country ever rejected or denied your application for licensure or certification in any profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever had a professional license or certificate placed on probationary status, put on restriction, suspended, refused to renew, or revoked by any licensing authority of Guam or in another state, territory, or foreign country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been reprimanded, disciplined, required to or asked to voluntarily surrender by a licensing authority of Guam, another state, territory, or foreign country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever voluntarily surrendered your license or certificate in any profession in order to avoid disciplinary action by any licensing or regulatory agency in any state, territory, or foreign country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever been sanctioned or otherwise disciplined by a professional association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever been sued for malpractice or had any other professional liability claim made against you? a. Has there been any adverse judgment against you, or settlement by you or made on your behalf as a result of litigation or threatened litigation arising from a professional liability claim against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No a <input type="checkbox"/> Yes <input type="checkbox"/> No
9. In the last 15 years, inclusive of the date of this application: a. Have you ever been fired, suspended from any job or otherwise disciplined by your employer for any reason? b. Did you quit after being told that you would be fired, suspended or otherwise disciplined? c. Did you leave any job by mutual agreement because of specific problems?	a <input type="checkbox"/> Yes <input type="checkbox"/> No b <input type="checkbox"/> Yes <input type="checkbox"/> No c <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do you have any medical/physical, mental, or substance-related disorders that may interfere with your ability to competently, independently, and safely perform as a social work practitioner? If yes, attach a statement by your primary physician summarizing your limitations and any reasonable accommodations needed. a. Are you receiving any ongoing treatment (with or without medication)? b. Are you participating in any monitoring program for any of the above?	<input type="checkbox"/> Yes <input type="checkbox"/> No a <input type="checkbox"/> Yes <input type="checkbox"/> No b <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do you have any outstanding child support, spousal support, or alimony in Guam or in any state, territory, or foreign country? (Guam 5 GCA § 34214)? a. I am more than _____ days delinquent in complying with corresponding court orders; b. I am not delinquent in complying with corresponding court orders; c. I am currently under order for child support, spousal support, or alimony.	<input type="checkbox"/> Yes <input type="checkbox"/> No a <input type="checkbox"/> Yes <input type="checkbox"/> No b <input type="checkbox"/> Yes <input type="checkbox"/> No c <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Have you ever been judged incompetent by a court of law?	<input type="checkbox"/> Yes <input type="checkbox"/> No

GBSW Exception Application

Form GBSW-001

Adopted: 12/3/2020

**Applicant Authentication Statement**

I declare under penalty of perjury that the foregoing information is true to the best of my knowledge and belief.

I acknowledge that I am responsible for familiarizing myself with Guam law, including but not limited to the Social Work Practice Act, 10 Guam Code Annotated Article 23.

I am responsible for notifying the GBSW within thirty (30) days if any information provided in herein should change. I understand that the failure to provide accurate information may be grounds to deny my license, or to suspend or revoke a license issued to me in accordance with Guam Law.

PHOTOGRAPH:  
Attach a recent 2" x 2" photograph here.

I do solemnly swear or affirm that I am of good moral character, with no unresolved ethical complaints in the course of my employment within my role as a "social worker."

I solemnly swear that I understand and will abide by the National Association of Social Workers Code of Ethics.

I have personally completed this form, and the photograph attached hereto is a true likeness of myself.

I hereby authorize the Guam Board of Social Work to verify any and all information contained in this application, including requesting that information maintained in applicable data banks be transmitted to the Guam Board of Social Work.

I further authorize the Guam Board of Social Work to review files relating to my fitness to practice including employment records, law enforcement records, motor vehicle records, and court documents to confirm the accuracy and completeness of the information provided herein.

This application and signature shall act as authorization of entities in possession of applicable information to release such information to the Guam Board of Social Workers.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***\*\* Application must be received within 90 days of the date notarized \*\****

**Subscribed and sworn to before me on this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20**\_\_\_\_\_, **by** \_\_\_\_\_ **proved to me to be the person referred to in the foregoing application.**

\_\_\_\_\_  
**SIGNATURE OF NOTARY PUBLIC**

**COMMISSION EXPIRES:** \_\_\_\_\_

**(NOTARY SEAL)**





**Guam Board of Social Work**  
Health Professional Licensing Office  
194 Hernan Cortez Avenue, Terlaje Professional Bldg, Suite 213  
Hagåtña, Guam

**AUTHORIZATION FOR RELEASE OF EMPLOYMENT RECORDS**

TO: \_\_\_\_\_ (Leave blank for completion by GBSW)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The employee identified below has identified your organization as a present or former employer. Please provide all records regarding this individual’s employment with your organization to the Health Professional Licensing Office (HPLO) as soon as possible.

This Authorization for Release of Employment Records authorizes you to disclose, make available upon request, and furnish to the Guam Board of Social Work as well as its agents, representatives, and attorneys, all records, including confidential personnel files, regarding this individual’s employment with your organization. A facsimile, photocopy, or scanned image of this authorization shall also authorize you to release the employment records.

Should you have any questions, you may contact HPLO at (671) 735-7404-12.

**\*\*\*\*\* TO BE COMPLETED BY APPLICANT \*\*\*\*\***

I declare under penalty of perjury that the foregoing is true and correct. I release the specified organization and its staff from any legal liability for disclosing the information which I have authorized by signing this form. **This authorization shall remain in effect for two years after the effective date of my license.**

PRINT or TYPE Name of Employee: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_