



**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 as 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 GCA Article 23. Failure to submit all required documents may result in a delay in processing your application. Please allow approximately 30 days from the submission date before inquiring about the status of your application. Please be advised that certain information provided on this application may be subject to the public information laws of Guam.

### **SUMMARY OF CHECKLIST**

- Item 1 Social Work Licensure Exception Application (GBSW-001)**
- Item 2 Authorization for Release of Employment Records (GBSW-006)**
- Item 3 2x2 Photo**
- Item 4 Letters of Recommendation**
- Item 5 Identification & Citizenship**
- Item 6 Education**
- Item 7 Professional Experience**
- Item 8 Background Check**
- Item 9 Clinical Supervision (LCSW Applicants Only)**
- Item 10 Continuing Education Units (Non-Social Work Degree Applicants Only)**

### **Application Submission Address:**

**Guam Board of Social Work  
194 Hernan Cortez Avenue  
Terlaje Professional Bldg., Suite 213  
Hagatna, GU 96910**

**GBSW Exception Application Instructions**

Form GBSW-001

Revised: 10/30/2024



## **CHECKLIST FOR FILING A SOCIAL WORK EXCEPTION APPLICATION**

- Item 1      Social Work Licensure Exception Application (GBSW-001)**
- A. Complete the entire application and submit with original signatures. If an item or question is not applicable, indicate N/A.
  - B. 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, occupation, motor vehicle, recreational, or marriage licenses or certificate 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 assess, or in enforcing child support orders.”)
  - C. Application must be notarized.
  - D. If required items are not submitted, then the application will be considered incomplete.
  - E. Only completed application packets will be reviewed by the GBSW.
- Item 2      Authorization for Release of Employment Records (GBSW-006)**
- A. Ensure that you leave the top section blank. The GBSW will complete this section for each employer they contact.
  - B. The Board reserves the right to contact employers and/or references as needed.
  - C. This authorization shall remain in effect for two years after the effective date of licensure.
- Item 3      2x2 Photo**
- A. Attach a **NEW** 2x2 passport-style photo to your application taken within six (6) months of submitting the application, signed and dated on the back.
  - B. **DO NOT** provide scanned images, Polaroids, or black-and-white photos.
- Item 4      Letters of Recommendation**
- A. Three (3) Professional References/Letters of Verification acknowledging the applicant is an individual in good standing and is highly recommended for employment with the job title, “Social Worker”.
  - B. One (1) from current employer
  - C. One (1) from current or former professional colleague
  - D. One (1) from an individual other than a family member
  - E. One (1) from field instructor (for applicants who graduated in the last six (6) months)
- Item 5      Identification & Citizenship**
- A. Copy of a valid government-issued photo identification.
  - B. Copy of proof of citizenship/immigrant status (birth certificate or non-expired passport).



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- C. If name shown on your supporting documents is different from that shown on your application, you must submit proof of legal name change, (e.g. marriage license, divorce decree, or other court order).

**Item 6 Education**

- A. Request that your official college transcripts be sent directly from your institution to the Board at the address specified in the application.

**Item 7 Professional Experience**

- A. Copies of other related Licenses or Certifications held.
- B. Resume to include all places of professional employment since you were 18 years old or during the last 15 years, whichever is longest.

**Item 8 Background Check**

- A. Current Police Clearance(s) to cover all jurisdictions in which you live or are licensed.
- B. Current Court Clearance(s) (state/local) to cover all jurisdictions in which you live or are licensed.
- C. Non-Resident Applicants may submit an online background check through CastleBranch. Visit [www.castlebranch.com/personal-background-check](http://www.castlebranch.com/personal-background-check) and select 'Comprehensive Background Check Package (no drug test)'.

**Item 9 Clinical Supervision (LCSW Applicants Only)**

- A. Complete the Verification of Clinical Supervision Form (GBSW-002).
- B. Licensure via reciprocity/endorsement is unavailable pending the promulgation of Rules and Regulations. Non-resident applicants must include Form GBSW-002 with their licensure application.

**Item 10 Continuing Education Units (Non-Social Work Degree Applicants Only)**

- A. 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:
  - i. 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
  - ii. Training in the social work Generalist Practice Model that includes assessment, planning, interventions, evaluations, case management, information and referral, counseling, supervision, consultation, education, advocacy, community organization, and the development, implementation, and administration of policies, programs, and activities.



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- B. The 50 CEUs or certified training contact hours shall have no time or date limitations
- C. Absent proof of the number of CEUs 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.

**Application Guide:**

<b>Checklist of Documents Required for Exception Application</b>	
Complete and notarized GBSW Exception Application (Form GBSW-001).	
Completed Authorization for Release of Employment Records (Form GBSW-006).	
2x2 Passport-style photo taken within six (6) months of submitting the application, signed and dated on the back.	
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". *The Board reserves the right to contact references as needed.	
One from current employer	
One from current or former professional colleague	
One from an individual other than a family member	
One from field instructor (for applicants who have graduated within the last six (6) months)	
Copy of a 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 the application, submit proof of legal name change (e.g. marriage license, divorce decree, or other court order).	
Official college transcripts sent directly from the institution(s) to the GBSW.	
Copies of other related Licenses or Certification held.	
Resume to include all places of professional employment since you were 18 years old or during the last 15 years, whichever is longest.	
Current Background Check (Police Clearance & Court Clearance) (Non-Resident Applicants: CastleBranch)	
<b>LCSW Only:</b> Verification of Clinical Supervision Hours (Form GBSW-002)	
<b>Non-Social Work Degree Holder Only:</b> Proof of 50 Continuing Education Units (CEU) or certified training contact hours. The 50 CEUs or certified training contact hours shall have no time or date limitations.	



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## Social Work Licensure Exception Application

**Licensure Level Applying For:**

- Licensed Bachelor of Social Work (LBSW)  
 Licensed Master of Social Work (LMSW)  
 Licensed Clinical Social Worker (LCSW)

**Highest Degree Obtained by Applicant:**

- BSW  MSW  DSW  
 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>			Female    Male    Transgender			Gender Non-Conforming		
<b>Residential Address:</b>					<b>Mailing Address (if different)</b>			
_____					_____			
_____					_____			
<b>Number of years residing at this address?</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.***

	<b>Name and Address of Institution</b>	<b>Date Graduated / Dates Attended</b>	<b>Degree / Certificate / Major</b>
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.

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

**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.

		YES	NO
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?		
2.	Have you ever been charged, arrested or convicted of a felony or misdemeanor involving moral turpitude?		
3.	Has any state, territory, or foreign country ever rejected or denied your application for licensure or certification in any profession?		
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?		
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?		
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?		
7.	Have you ever been sanctioned or otherwise disciplined by a professional association?		
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?		
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?		
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?		
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.		
12.	Have you ever been judged incompetent by a court of law?		

**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.

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:** \_\_\_\_\_

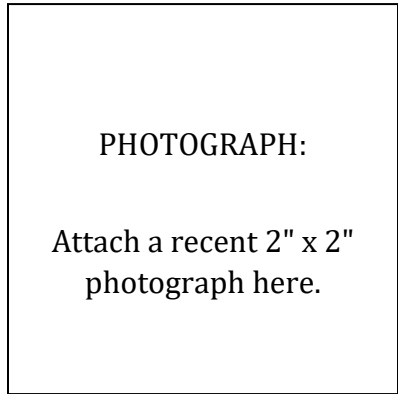
**\*\*Application must be received within 90 days of the date notarized\*\***

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

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

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

**(NOTARY SEAL)**





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**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:** \_\_\_\_\_