



Guam Board of Social Work
Health Professional Licensing Office
194 Hernan Cortez Avenue, Terlaje Professional Bldg, Suite 213,
Hagåtña, GU 96910

CHECKLIST
INTERIM APPLICATION FOR RENEWAL OF EXCEPTION LICENSES

____ LBSWE

____ LMSWE

____ LCSWE

Name of Licensee: _____

Date Received: _____

License Number: _____ License Issue Date: _____ License Expiration Date: _____

Renewal Requirements:

1. ____ Completed GBSW Interim Renewal Application for Renewal of Exception License.
2. ____ 2" X 2" passport-size photograph obtained within the past six (6) months, signed and dated.
3. ____ Completed GBSW Authorization for Release of Employment Records.
4. ____ Current Police Clearance not older than ninety (90) days, from the time of submission.
5. ____ Current Court Clearance not older than ninety (90) days, from the time of submission.
6. ____ Proof of at least thirty (30) hours of approved programs of continuing education units in the two (2) year period that should be completed at the time of license renewal as specified in 10 GCA § 122325.

Requirements

____ Six (6) education hours addressing social work ethics, and must be completed through courses offered by NASW;

____ Four (4) education hours addressing cultural competency, specific to the diverse population of Guam; and

____ Two (2) education hours in the area working with persons with disabilities.

****This application is valid for renewal until the promulgation of the rules and regulations.***

Term of License if Approved: Renewed Every Two Years (Source: 10 GCA§ 122324)

Completion of this application form is necessary for licensure under the Social Work Practice Act, 10 GCA, Art. 23. Failure to provide all requested information may result in 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.

10 GCA § 122325. Requirements

A licensee must complete at least thirty (30) hours of approved programs of continuing education units in the two (2) year period that should be completed at the time of license renewal.

(a) A Program of Continuing Education must contain at least one (1) of the following content areas related to social work practice:

- (1) Theories and concepts of human behavior in the social environment;
- (2) Social work practice, knowledge and skills;
- (3) Social work research, programs, or practice evaluations;
- (4) Social work management, administration or social policy;
- (5) Social work ethics; and
- (6) Other areas approved by the Board deemed important and relevant to current social work practice.

(b) The following amount of continuing education hours must be earned in the following program areas:

- (1) six (6) education hours addressing social work ethics, and must be completed through courses offered by NASW;
- (2) four (4) education hours addressing cultural competency, specific to the diverse population of Guam; and
- (3) two (2) education hours in the area of working with persons with disabilities.

(c) Continuing education hours must be earned in at least two (2) of the following academic course work:

- (1) Courses and seminars given by an Accredited Program of Social Work;
- (2) Postgraduate courses from a university, college, or other institution of higher education, in a field other than social work, upon proof that the course is relevant to social work practice and with the approval of the Board;
- (3) Undergraduate courses from a university, college or other institution of higher education, upon satisfaction of the Board that such course updates or enhances the licensee's social work competence;
- (4) Correspondence work, televised courses, audio/visual, videotapes, on-line, and other forms of self-study upon approval of the Board, shown to update or enhance social work competence. Under no circumstances shall more than five (5) hours from this category be acceptable as continuing education for each renewal cycle;
- (5) Continuing education presentations of national, international, regional, or sub-regional conferences or association meetings relevant to social work practice;
- (6) Workshops or institutes, including approved workshops at conventions relevant to social work practice from approved providers;
- (7) Public or private agency staff development programs from approved providers that contribute to the enhancement of social work practice or knowledge that are not primarily procedural or administrative.

(d) The Board shall have the final approval of the content areas for designating a program as a Program of Continuing Education. The Board may determine an Approved Provider of Continuing Education, after receipt of an application as set forth by the Board, accompanied by an applicable fee, which demonstrates the following:

- (1) Programs to be provided will meet guidelines as determined by the Board, and will be presented by competent individuals as documented by appropriate academic training, professional licensure or certification, or professionally recognized experience;
- (2) An identified licensed social worker will be involved in program planning and review;
- (3) Appropriate documents will be maintained and provided to the Board upon request, including presenter qualifications, learning objectives, content outlines, attendance records, and completed evaluation forms;
- (4) Compliance with all other applicable laws, including the Americans with Disabilities Act.
- (5) Attendees will be provided a certificate of completion, which includes the provider number.

(e) Upon enactment of this Act, the Board shall convene an adhoc committee, with no more than five (5) members as appointed by the Chair, which may include non-members of the Board to compile a list of any additional continuing education units and/or hours not identified in this Chapter with the final approval by the Board.

SOURCE: Added by P.L. 31-250:1 (Dec. 26, 2012).

2012 NOTE: The last paragraph was designated as subsection (e) by the Compiler pursuant to authority granted by 1 GCA § 1606.

Social Work Licensure

Interim Application for Renewal of Exception Licenses

Level of Licensure:

Licensed Bachelor of Social Work (L.B.S.W.)

Licensed Master of Social Work (L.M.S.W.)

Licensed Clinical Social Worker (L.C.S.W.)

Section 1. Applicant Identification & Contact Information

Last Name:	First Name:	Middle Name:
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Maiden Name or Other names or aliases you have been known by or used:	Specify reason for name change:
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Social Security Number:	Date of Birth: ____/____/____	Place of Birth:
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Gender: Female Male Transgender Gender Nonconforming

Residential Address: _____	Mailing Address (if different) _____
Number of years residing at this address? _____	<input type="checkbox"/> Same as residential address

Email address (print clearly): _____

Home phone: ())	Business Phone: ())	Cellular phone: ())
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Section 2. 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 in the time period since your license was issued. 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 3. 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

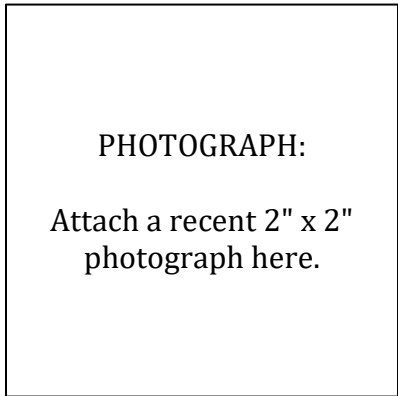
<p>6. Have you ever voluntarily surrendered your license or certificate in any profession in order to avoid disciplinary action by any licensing or regulatory agency in any state, territory, or foreign country?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>7. Have you ever been sanctioned or otherwise disciplined by a professional association?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No a <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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?</p>	<p>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</p>
<p>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?</p>	<p><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</p>
<p>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.</p>	<p><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</p>
<p>12. Have you ever been judged incompetent by a court of law?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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.

I declare under penalty of perjury that the foregoing is true and correct..

Applicant Signature: _____ **Date:** _____



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Authorization for Release of Employment Records

TO: _____ *(Leave blank for completion by GBSW)*

The employee identified below has filed an application for licensure with the Guam Board of Social Work Examiners and 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 expire one year from the date signed.**

PRINT or TYPE Name of Employee: _____

Date of Birth: _____ Social Security Number: _____

Mailing Address: _____

Email Address: _____ Phone Number: _____

Signature: _____ **Date:** _____

