



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

Social Work Licensure

Interim Application for Renewal of Exception Licenses

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 Interim Application for Renewal of Exception Licenses (GBSW-007)**
- Item 2 2x2 Photo**
- Item 3 Authorization for Release of Employment Records (GBSW-006)**
- Item 4 Background Check**
- Item 5 Continuing Education Reporting Form (GBSW-008)**

Application Submission Address:

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



CHECKLIST FOR FILING A SOCIAL WORK EXCEPTION APPLICATION

- Item 1 Social Work Licensure Interim Application for Renewal of Exception Licenses (GBSW-007)**
- 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. If required items are not submitted, then the application will be considered incomplete.
 - D. Only completed application packets will be reviewed by the GBSW.
- Item 2 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 3 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 4 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 and select ‘Comprehensive Background Check Package (no drug test)’.
- Item 5 Continuing Education Reporting Form (GBSW-008)**
- A. Complete the Continuing Education Report Form (GBSW-008).
 - B. Non-Resident Applicants may request a license verification to be sent directly to the Guam Board from another U.S. jurisdiction where they hold an active license as a Clinical Social Worker.



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

Application Guide:

Checklist of Documents Required for Exception Application	
Complete and notarized GBSW Exception Application (Form GBSW-001).	
2x2 Passport-style photo taken within six (6) months of submitting the application, signed and dated on the back.	
Completed Authorization for Release of Employment Records (Form GBSW-006).	
Current Background Check (Police Clearance & Court Clearance) (Non-Resident Applicants: CastleBranch)	
**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).	
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.	
Six (6) education hours addressing social work ethics, and must be completed through courses offered by NASW; and	
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.	



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

CHECKLIST
INTERIM APPLICATION FOR RENEWAL OF EXCEPTION LICENSES

Name of Licensee: _____ Date Received: _____

License Number: _____ 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 sixty (60) days, from the time of submission.
5. _____ Current Court Clearance not older than sixty (60) 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.

Social Work Licensure

Interim Application for Renewal of Exception Licenses

Level of Licensure: ___ LBSWE ___ LMSWE ___ LCSWE

Section 1. Applicant Identification & Contact Information		
Last Name:	First Name:	Middle Name:
Maiden Name or Other names or aliases you have been known by or used:		Specify reason for name change:
Social Security Number:	Date of Birth:	Place of Birth:
Residential Address: _____ _____	Mailing Address: (if different from residential) _____ _____	
Number of years residing at this address? _____		_____ Same as residential address
Email Address:		
Home Phone:	Business Phone:	Cellular Phone:

Section 2. Professional Information			
Professional Licenses: Please list all professional licenses issued to you, including those from any U.S. state(s), territory, or foreign country. For each license, include the date of issuance, the jurisdiction (state, territory, or country), the type of license, the license number, and its current status (active, inactive, suspended, revoked, or lapsed). If additional space is needed, please attach extra sheets.			
Dates (From – To)	State / Territory / Country	Type of License & License #	Status of License

Professional Work History: Please provide a comprehensive list of all professional employment positions held since the issuance of your license. If necessary, attach additional sheets for complete information. Applicants are also required to submit a signed and notarized *Authorization for Release of Employment Records* form.

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.

		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?		

		YES	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?		
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 ground 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.

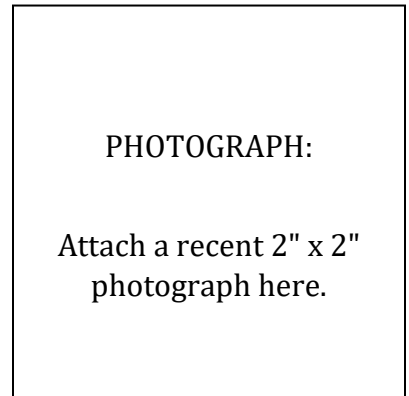
I have personally completed this form, and the photograph attached hereto is a true likeness to myself.

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:** _____



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:** _____

