



Board of Behavioral Sciences
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834
 Telephone: (916) 574-7830
www.bbs.ca.gov



Instructions and Important Information for Associate Clinical Social Worker (ASW) Subsequent (2nd or 3rd) Registration Applicants

1. **Private Practice Restriction:** ASWs issued a subsequent registration are prohibited from working in a private practice pursuant to Business and Professions Code (BPC) section 4996.28(c). There are no exceptions.
2. **You MUST PASS the LCSW California Law and Ethics Exam (or the former LCSW Standard Written Exam) BEFORE the Board can Issue Your Subsequent Registration:** There are no exceptions to this requirement, which is mandated by BPC section 4992.09. Exam applications are available on the Board's [website](#). If you do not pass, you can retake the exam in 90 days.
3. **Name Changes:** If you have changed your legal name and have not yet notified the Board, submit a [Notification of Name Change](#) form with your application along with the required documentation.
4. **Application Requirements:** Applicants must meet all requirements for ASW registration that are in effect at the time the subsequent registration application is submitted. Use the scenarios below as a guide to determine the steps needed to complete your application. For questions please contact the Board at (916) 574-7830 or BBS.ASW@dca.ca.gov

Scenario A: Applicant's ASW number has been cancelled, and the Board has already approved the applicant's supervised experience. The following are required:

- Subsequent ASW Registration Number Application
- 2x2 passport size photo
- \$75.00 Application Fee

Scenario B: Applicant has a current and valid ASW number that is due to cancel or has been cancelled no longer than 30 days. The following are required:

- Subsequent ASW Registration Number Application
- 2x2 passport size photo
- \$75.00 Application Fee

Scenario C: Applicant's ASW number has been cancelled or expired for over 30 days, and the applicant's supervised experience has not yet been approved by the Board. The following are required:

- Subsequent ASW Registration Number Application
- Official Transcripts
- 2x2 passport size photo
- \$75.00 Application Fee
- Live Scan Fingerprints

5. *Expedited Processing*: The Board is required to expedite the licensure process for the following applicants who meet criteria specified in the Business and Professions Code:

- **Honorably Discharged Veteran** - Download the request form from the Board's [website](#) and include it ON TOP OF your application.
- **Spouse or Partner of Person on Active Military Duty** - Download the request form from the Board's [website](#) and include it ON TOP OF your application.

Frequently Asked Questions ASW Subsequent Registration Applicants

1. If I apply for a second number, will I lose all of my hours because they were gained under my first number?

Not necessarily, but all hours of experience must be gained within the most recent six (6) years from the time the Board receives your *Application for Licensure and Examination*. Hours older than six (6) years at the time you apply will not count. **For example:** The Board receives Susan's *Application for Licensure and Examination* on 4/27/2020. All of the hours she gained (under all ASW numbers) between 4/27/2014 and 4/27/2020 would be acceptable.

2. Can I work in a private practice setting under my second (or third, etc.) ASW registration number?

No. An applicant issued a subsequent ASW number is prohibited from working in a private practice setting. All other work settings are permissible.

3. Do I need to maintain a current Associate registration number once I have submitted my *Application for Licensure and Examination* to the Board?

The Board encourages all individuals to maintain a current Associate registration and to continue recording experience hours until licensed as an LCSW, as a safeguard in the event that some of the hours submitted are unable to be accepted by the Board either now or in the future due to application abandonment and/or the "six-year rule" (see the [FAQs for ASWs](#) for more information).

Whether you are required by law to maintain a registration, however, will depend on the type of setting you are working in. If working in a private practice, you are required to maintain a current Associate registration until your LCSW license has been issued. If you are working in an exempt setting (an institution that is both non-profit and charitable, a school or a governmental entity), or other non-private practice setting, you are not required to maintain a registration once you have submitted your experience hours. However, your employer may require it as a condition of employment.

4. Where can I get more information about the California Law and Ethics exam?

See the [Exams](#) tab on the Board's website for information about the LCSW California Law and Ethics exam and how to apply.

APPLICATION FOR
**SUBSEQUENT
ASSOCIATE CLINICAL
SOCIAL WORKER
REGISTRATION**



Office Use Only:

Carefully read the Application Instructions FIRST

Attach a \$75 Fee

SSN or ITIN*		Birth Date: mm/dd/yyyy		E-Mail Address	
Legal Name** Last			First		Middle
If you have ever been known by another name, list the full name(s) and dates of use below (attach any additional names and dates):					
Full Name				Dates of Use (from/to)	
Full Name				Dates of Use (from/to)	
Public Address of Record*** Number and Street					
City		State	Zip Code	Phone	

* Disclosure of your tax identification number is mandatory. You may provide either your Social Security Number, your Federal Employer Identification Number, or Individual Taxpayer Identification Number, as applicable. This number must match the number you provide on your fingerprint forms. See Important Information for Applicants for more information about how your tax identification number is used.

** You must use your legal name. Your "legal name" is the name established legally by your birth certificate, marriage or domestic partnership certificate, or divorce decree (for example).

*** The address you enter on this application is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. All correspondence from the Board will be mailed to this address. If you do not want your home or work address available to the public, use an alternate mailing address such as a post office box.

Applicant Name: Last	First	Middle
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1. Have you ever served in the United States Armed Forces or the California National Guard? **(OPTIONAL)** Yes, Currently No
Yes, Previously

2. Have you passed the LCSW California Law and Ethics Exam? Yes No

Applicants must pass this exam (or the former LCSW Standard Written Exam) before a subsequent number can be issued.

3. Have you ever applied for or been issued a license, registration or certificate to practice clinical social work or any other health care profession in California or any other state? Yes No

If YES, provide the information requested below (continue on an additional sheet if needed):

State	Type of License, Registration or Certificate	License, Registration or Certificate Number	Date Issued	Status

4. Within the 7 years preceding your submission of this application, were you denied a professional health care license ("license" includes registrations, certificates, or other means to engage in practice) OR had a professional health care license privilege suspended, revoked, or otherwise disciplined, OR voluntarily surrendered any such license in California or any other state or territory of the United States, or by any other governmental agency or a foreign country?

Yes No

If YES, we recommend that you complete Part C of the [Background Statement](#) form, available on the Board's website, to facilitate processing of your application.

We recommend that you answer "Yes" even if you have previously reported it to the Board, and indicate the type of professional license that was denied, suspended, disciplined, or surrendered, including the date(s) of the denial, suspension, disciplinary action, You do not need to resubmit documentation previously on file.

Applicant Name: Last	First	Middle
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5. If you hold or have held a license or registration to practice clinical social work outside of California, have you attached an [Out-of-State Verification of License or Registration](#) form for each license or registration held? Yes No
N/A

6. Applicants with an Out-of-State Degree: Yes No
Have you completed a 12-hour course in California Law and Professional Ethics for Clinical Social Workers that covered ALL of the topics required by Business and Professions Code section 4996.17.2? N/A

If YES, enclose a certificate of completion.

Note: Applicants with a degree earned in California have already met this requirement and no documentation is necessary.

BACKGROUND QUESTIONS

Providing an answer to the following questions is voluntary. Providing responses now, instead of waiting for the Board to receive your fingerprint results, will facilitate processing of your application. Your decision not to disclose information will not be a factor in the Board's decision to grant or deny an application.

A. Have you been convicted of, pled guilty to, or pled nolo contendere to any misdemeanor or felony in the United States, its territories, or a foreign country?

Yes No

If YES, we recommend that you complete Part A of the [Background Statement](#) form, available on the Board's website, to facilitate processing of your application.

If the conviction(s) have been previously reported to the Board, we recommend that you include a written statement listing each conviction, including the date(s) of the conviction(s). You do not need to resubmit documentation previously on file.

B. Is any criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict?

Yes No

If YES we recommend that you complete Part B of the [Background Statement](#) form, available on the Board's website, to facilitate processing of your application.

NOTE: Knowingly making a false statement of fact that is required to be revealed in this application may be grounds for denial of this application.

Signature of Applicant: _____ **Date:** _____