



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243
www.Tennessee.gov/health

TENNESSEE BOARD OF SOCIAL WORKER LICENSURE
(615) 532-5735 OR (800) 778-4123

APPLICATION INSTRUCTIONS FOR SPECIAL VOLUNTEER LICENSE

Provided below is a checklist for your convenience containing information on how to receive consideration for issuance of a special volunteer license.

Licensed in Tennessee

Done

1. Complete, have notarized, and mail the application pages 1 through 4. _____
2. Complete and mail attachment 1 to each state, country, or province in which you hold or ever have held a license to practice any profession. _____
3. Request the site of the free health clinic in which you intend to practice submit directly to this office a letter informing us of the clinic's location you will be working and a notarized copy of the IRS ruling that provides proof of the clinic's private, not-for-profit status. _____
4. All applicants must complete the attached Declaration of Citizenship form _____

Non-Tennessee Licensees

1. Complete, have notarized, and mail the application pages 1 through 4. _____
2. Submit a clear and recognizable, recently taken, photograph facing forward from at least the top of the shoulders up. _____
3. Complete and mail attachment 1 to each state, country, or province in which you hold or ever have held a license to practice any profession. _____
5. Request the site of the free health clinic in which you intend to practice submit directly to this office a letter informing us of the clinic's location you will be working and a notarized copy of the IRS ruling that provides proof of the clinic's private, not-for-profit status. _____
6. Complete and mail the Mandatory Practitioner Questionnaire Pages 1 through 6. _____
7. All applicants must complete the Declaration of Citizenship form _____

UNDERSTANDING THE APPLICATION PROCESS

1. All documents required to be submitted by you or the appropriate institution(s) in this application process must be mailed directly to:

**Tennessee Board of Social Worker Licensure
665 Mainstream Drive
Nashville, TN 37243**

2. **ALLOW FOURTEEN (14) WORKING DAYS** for information mailed to our office to be received and placed in your file. Federal Express or special couriers services will not reduce the processing time. If Federal Express or special courier services are used, you will be responsible for charges incurred. The Board asks that you please give the Board office every consideration in this matter.
3. If necessary documentation has not been received when your application is received by the Board office, an initial deficiency letter will be sent to you by certified mail. The supporting documentation requested in the letter must be received in the Board office ninety (90) days from the date of the initial deficiency letter. **(Files not completed within ninety (90) days will be closed.)**
4. The average application processing time is **eight (8) weeks**. Once the application is completed, your file will be reviewed and an initial licensure determination made. You will be promptly notified by letter of the initial determination.
5. **If an address change occurs at any time during the application process, you must notify the Board office, in writing, immediately.**

Thank you for your cooperation. We will make every effort to expedite you application in an efficient manner.



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APPLICATION FOR SPECIAL VOLUNTEER LICENSE

READ INSTRUCTIONS PRIOR TO COMPLETING THE APPLICATION. APPLICANTS MUST COMPLY WITH ALL INSTRUCTIONS.

FILL IN ALL BLANKS: IF NOT APPLICABLE, STATE N/A

PERSONAL INFORMATION

Name as it appears on license: _____
 (First) (Middle) (Last)

Have you been known by any other name? Yes _____ No _____ if yes, list names: _____

Date of Birth: Mo _____ Day _____ Yr _____ Place of Birth: _____
 (City) (State or County)

Social Security Number: _____ - _____ - _____

You must put your social security number on this form for the application to be complete. State and federal law require social security numbers on this application. Tenn. Code. Ann. § 36-5-1301(a), as authorized by 42 U.S.C. § 405(c)(2)(C)(i). The number will be used to verify your identity, to ask questions about your financial responsibility, and for any other purpose allowed by state or federal law. When you provide your social security number on this application and sign the form, you are agreeing that Department of Health may use your social security number in furtherance of federal and state law, for example, to collect delinquent fees.

U.S. Citizen: Yes _____ No _____ Sex: Male _____ Female _____
All applicants must complete the attached Declaration of Citizenship form

Present Mailing Address: _____ Home Phone: (____) _____ - _____

 _____ Work Phone: (____) _____ - _____

E-Mail Address: _____

Do you wish to receive notification, including renewal notification, from the Department of Health via email? ____ Yes ____ No

Type of intended primary specialty practice in Tennessee _____

Names and Address of not-for-profit organization.

COMPETENCY INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS. If any answers to the questions in this part are in the affirmative, attach an explanation on a separate sheet. In support of your explanation the final documents or orders from the issuing states, courts, and/or agencies must be submitted along with this application. For the purpose of these questions, the following phrases or words have the following meanings:

1. **“Ability to practice as a Clinical Social Worker”** is to be construed to include all of the following:
 - a. The cognitive capacity to make appropriate diagnosis or evaluation, and exercise reasoned judgment, to learn, and keep abreast of development in the field of social work.
 - b. The ability to communicate those judgments and information to clients and other health care providers, with or without the use of aids or devices, such as voice amplifiers.
 - c. The physical capability to perform tasks and procedures required or your profession, with or without the use of aids or devices, such as corrective lenses or hearing aids.
2. **“Medical Condition”** includes physiological, mental or psychological disorders, such as, but not limited to: orthopedic, visual, speech and/or hearing impairment, cerebral palsy, epilepsy, muscular dystrophy, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.
3. **“Chemical Substances”** is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.
4. **“Currently”** does not mean on the day of or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that use of drugs or alcohol may have an ongoing impact on one’s functioning as a licensee or within the past two (2) years.
5. **“Illegal Use of Controlled Substances”** means the use of controlled substances obtained illegally (e.g., heroin or cocaine) as well as the use of controlled substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

QUESTIONS	YES	NO
1. Do you currently have a medical condition which in any way impairs or limits your ability to practice as a Social Worker with reasonable skill and safety? a. If yes, are they reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? b. If you have any limitations or impairments caused by an existing medical condition, are they reduced or ameliorated because of the field of practice, the setting, or the manner, in which you have chosen to practice? (If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individual assessment of the nature, the severity, and the duration of the risks associated with an ongoing medical condition so as to determine whether conditions should be imposed, or whether you are not eligible for licensure.)	_____ _____ _____	_____ _____ _____
2. Do you currently use chemical substances? If yes, do they in any way limit your ability to practice as a Social Worker with reasonable skill and safety?	_____ _____	_____ _____
3. Are you currently engaged in the illegal use of controlled substances? If yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaged in illegal use of controlled substances?	_____ _____	_____ _____
4. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?	_____	_____
5. If you have ever held or applied for a license or certificate to practice as a Social Worker or as any other health care professional in any state, county, or province, was or has it ever been denied, reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action?	_____	_____

COMPETENCY INFORMATION, continued

QUESTIONS	YES	NO
6. If you have ever had staff privileges at any hospital or health care facility, have they ever been revoked, suspended, curtailed, restricted, limited, otherwise disciplined, or voluntarily surrendered under threat of restriction or disciplinary action?	_____	_____
7. Have you ever been convicted of a felony or a misdemeanor other than a minor traffic violation?	_____	_____
8. Have you ever been rejected or censured by a Professional Association?	_____	_____
9. In relation to the performance of your professional services in any profession:		
a. Have you ever had a final judgment rendered <u>against you</u> ?	_____	_____
b. Have you ever had settlement of any legal action rendered <u>against you</u> ?	_____	_____
c. Are there any legal actions pending <u>against you</u> or to which you are a party?	_____	_____

AFFIDAVIT, CONSENT, AND RELEASE OF APPLICANT

Under penalties of perjury, I declare and affirm that the statements made in this application, including accompanying statements and transcripts are true, complete, and correct. I understand that any false or misleading information in or in connection with my application may be cause for denial or loss of my license.

I further swear that I have read and understand the statutes and the Rules and Regulations regarding the practice of my profession, which are posted on the board's internet site and/or were provided to me by the board office, and agree to abide by them while licensed by Tennessee.

I also authorize the Board, its staff, and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competency, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications.

CONSENT TO THE RELEASE of such information.

RELEASE FROM LIABILITY the board, its staff, and all their representatives for their acts performed and statements made in good faith and without malice in connection with evaluation of my application, my credentials, and my qualification.

I hereby authorize release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

ACKNOWLEDGE THAT I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, other qualifications, and for resolving any doubt about such qualifications.

Signature of Applicant

Sworn to and subscribed before me this _____ day of _____

Commission Expires: _____

(Notary Public)

(Date)

Notary Seal



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243**

TENNESSEE BOARD OF SOCIAL WORKER LICENSURE

Please complete the top portion and mail this form to the regulatory board in each state where you hold or have held a license or certificate to practice as a Social Worker. (If additional forms are required, this form may be duplicated.) Please disregard this page if you are not licensed or certified or have never been licensed or certified as a social worker in another state.

NOTE: Some states require a fee for providing verification information. In order to expedite your application, you may wish to contact the applicable state or states.

I was granted _____ on _____ by the State of _____
(License #) (Date)

The Tennessee Board of Social Worker Licensure requests that I submit evidence that my license or certificate in your state is in good standing. You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Tennessee Board of Social Worker Licensure.

Date: _____ Signature: _____

SSN#: _____ Printed Name: _____

You must put your social security number on this form for the application to be complete. State and federal law require social security numbers on this application. Tenn. Code. Ann. § 36-5-1301(a), as authorized by 42 U.S.C. § 405(c)(2)(C)(i). The number will be used to verify your identity, to ask questions about your financial responsibility, and for any other purpose allowed by state or federal law. When you provide your social security number on this application and sign the form, you are agreeing that Department of Health may use your social security number in furtherance of federal and state law, for example, to collect delinquent fees.

THIS PORTION IS TO BE COMPLETED BY STATE LICENSING BOARD

License Number: _____ Date Issued: _____

Basis of Issuance: _____ Endorsement/Reciprocity With: _____

Written Examination: ASWB CLINICAL _____ STATE _____ OTHER _____ DATE _____

Raw Score _____ Scale Score _____ Corrected Score _____

Percent Score _____ Standard Deviation _____ National Mean _____

License currently registered: _____ Yes _____ No

Derogatory Information on File: _____ Yes _____ No
If "yes", please attach explanation.

Authorized Signature

Title

Date

State Seal



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243

DECLARATION OF CITIZENSHIP
MUST ACCOMPANY ALL APPLICATIONS FOR INITIAL LICENSURE OR REINSTATEMENT OF LICENSURE

The "SAVE Act" requires Tennessee Department of Health (including all Boards, Commissions, and contractors), along with every local health department in the State, to verify that *every adult* applicant for a professional license is either a U.S. citizen, a "qualified alien," or a nonimmigrant who meets the requirements set out at 8 U.S.C. 1621.

I am a(n) _____
Healthcare Profession (Please Print) License number if applicable

Please Print Legibly

1. Name: _____
Last First Middle Maiden_
2. Mailing Address: _____
3. Phone Number: Home: (____)____-____ Office: (____)____-____ Fax: (____)____-____
4. I am a United States Citizen: ___Yes ___No
5. I am a foreign national not physically present in the United States ___Yes ___No. If you answered yes, to this question please sign this form in the presence of a notary and return it with your application. No further documentation is required.
6. Applicants Claiming United States Citizenship **MUST** provide one of the following:
 - a) Tennessee Driver's License, or photo ID issued by Department of Safety.
 - b) A valid driver license or ID issued by another state, provided its issuance requirements meet Department of Safety criteria.
 - c) An official birth certificate issued by a U.S. state, territory, or other jurisdiction. Puerto Rican birth certificates issued before July 1, 2010 do not count.
 - d) A federally issued birth certificate.
 - e) A valid, unexpired U.S. passport.
 - f) A report of birth abroad of a U.S. citizen.
 - g) A certificate of citizenship.
 - h) A certificate of naturalization.
 - i) A U.S. citizen ID card.
 - j) Any successor document to #'s a-i above.
 - k) SSN that the entity or local health department may verify with the Social Security Administration in accordance with federal law.
7. If you checked "No" in question 4 please indicate from the list below which category applies to you: (circle one)
 - a) Permanent Residents

- b) A nonimmigrant applicant for a professional or commercial license whose visa for entry into the United States is related to such employment, or a nonimmigrant under the Immigration and Nationality Act (8 U.S.C. 1101 *et seq.*).
- c) Asylees who meet the qualifications set out in 8 U.S.C. 1158
- d) Refugees who meet the qualifications set out in 8 U.S.C. 1157
- e) Persons who have been "paroled into the United States," under 8 U.S.C. 1182(d)(5) or whose deportation has been withheld under 8 U.S.C. 1253.
- f) Cuban or Haitian entrants as defined by section 501(e) of the Refugee Education Assistance Act of 1980
- g) Persons granted conditional entry into the U.S. under 8 U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.
- h) An alien who has been "battered" or subjected to "extreme cruelty" by a parent or spouse as defined by 8 U.S.C. 1641(c), and also meets the qualifications set out 8 U.S.C. 1641(c)(1)(B). Under the circumstances set out in 8 U.S.C. 1641(c)(2) and (3), victims' children, or the parents of children who are victims, may also apply for benefits as qualified aliens.

Applicants claiming **qualified alien status** (question 7 above), please submit two of the following forms of "documentation of identity and immigration status" as determined by U.S. Homeland Security to be acceptable for verification through the SAVE program. Common types of documents used to verify immigration status are listed below. (Note: If you can provide only one document, your status will be verified through the U.S. Department of Homeland Security's SAVE program):

I-327 (Reentry Permit)

I-551 (Permanent Resident Card or "Green Card")

I-571 (Refugee Travel Document)

I-766 (Employment Authorization Card)

Machine Readable Immigrant Visa (with Temporary I-551 language)

Temporary I-551 stamp (on passport or I-94)

I-94 (Arrival/Departure record)

Unexpired foreign passport

WT/WB Admission Stamp in unexpired foreign passport

I-20 (Certificate of Eligibility for Nonimmigrant F(1) student status- "student visa")

DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

I affirm under the penalty of perjury that the above is true and correct.

Signed this ____ day of _____, 20__.

Signature

Sworn to before me this ____ day of _____, 20__.

NOTARY PUBLIC

AFFIX SEAL HERE

My Commission Expires: _____

If an applicant is discovered to be an unqualified alien, or otherwise ineligible for benefits under the Act, all recurring benefits provided to that applicant must be immediately terminated. Anyone who purposefully makes a false, fictitious, or fraudulent claim of U.S. citizenship or qualified alien status will be liable under the Tennessee Medicaid False Claims Act, or Tennessee's False Claims Act. Any person who conspires to defraud the state or any local health department by securing a false claim allowed or paid to another person in violation of the Act may be liable under Tennessee's False Claims Act. Upon discovery of an applicant's false, fictitious, or fraudulent claim of U.S. citizenship, state governmental entities and local health departments must also file a criminal complaint with the United States Attorney.