

Information Booklet with Application and Reference Evaluation Forms

Qualified Clinical Social Worker (QCSW)

Applications Accepted Continuously



NASW Credentials

NASW Credentials Accounting • 750 First Street NE • Suite 800 • Washington, DC 20002
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NASW Clinical Social Work Credentials

INTRODUCTION

The National Association of Social Workers (NASW) offers the Qualified Clinical Social Worker (QCSW) credential for those social workers who have met national standards of knowledge, skill, and experience in the field of clinical social work.

These social workers have agreed to abide by the *NASW Code of Ethics*, the *NASW Standards for the Practice of Clinical Social Work*, and the *NASW Standards for Continuing Professional Education*.

DEFINITION OF CLINICAL SOCIAL WORK

In 1984, the NASW Board of Directors accepted the following definition of *clinical social work*:

Clinical social work shares with all social work practice the goal of enhancement and maintenance of psychosocial functioning of individuals, families, and small groups. Clinical social work practice is the professional application of social work theory and methods to the treatment and prevention of psychosocial dysfunction, disability, or impairment, including emotional and mental disorders. It is based on knowledge of one or more theories of human development within a psychosocial context.

The perspective of person-in-environment is central to clinical social work practice. Clinical social work includes interventions directed toward interpersonal interactions, intrapsychic dynamics, and life support and management issues.

Core Functions: assessment; diagnosis; treatment, including psychotherapy and counseling; client-centered advocacy; consultation; and evaluation.

The process of clinical social work is undertaken within the objectives of social work and the principles and values contained in the *NASW Code of Ethics*.

BENEFITS OF NASW CREDENTIALS

As a member of the National Commission for Certifying Agencies, the Professional Development Center at NASW strongly endorses certification (additional credentialing) of professionals. Beyond the educational degree and professional license, credentials, (in the form of professional certifications) are a voluntary pursuit. Professional social workers agree to a critical review process that strives to measure adherence to the *NASW Code of Ethics*, *NASW Standards for Continuing Education*, and national practice standards consistent with the area of specialized social work practice. Common benefits include:

- NASW credentials are viewed as “license plus,” indicate advanced practitioners to the public, and open doors to leadership.
- NASW credentials indicate that you have met national standards of social work practice, and maintained your commitment to social work practice.
- Many employers report that they are more likely to contact candidates who hold credentials in addition to meeting the basic requirements of licensure.
- Some employers provide incentives and/or salary differentials for credentialed social workers.
- Third-Party payer systems have considered reimbursement eligibility and rate differentials for credentialed social workers.
- Social workers who have an interest in Foreign Service often encounter governments that consider a state license “provincial” and not applicable. As a national credentialing body with published standards and the *Code of Ethics*, NASW credentials are actually *preferred* in most cases.

ELIGIBILITY CRITERIA

Candidates for credentialing as a Qualified Clinical Social Worker (QCSW) **must**:

- Hold a master’s degree in social work from an accredited social work graduate program with a minimum of 20 hours of coursework specific to clinical social work.
 - ◊ If you earned a social work degree in a country other than the United States, NASW will accept an evaluation by the Council on Social Work Education (CSWE) that your degree is equivalent to one from an accredited U.S. school. CSWE charges a fee for this evaluation, which takes approximately four weeks. The acceptance letter from CSWE must be included with your application materials. To obtain an application for the evaluation and instructions for submitting your education documents, contact:
Council on Social Work Education,
1600 Duke Street, Suite 300
Alexandria, VA 22314
Telephone: 703.683.8080
- Hold a current exam-based, master’s level, state-issued **Clinical Social Work License**.
 - ◊ If you practice in an international setting not under the jurisdiction of a state licensure board, other active certifications or membership in the Academy of Certified Social Workers may be considered.
- Document the equivalent of three years post-graduate *clinical* experience (approximately 4,500 hours)

- ◇ At least two years (approximately 3,000 hours) of this experience must include clinical supervision in a group practice, or an agency or organizational setting, by an individual who is clinically licensed and has three or more years of post-graduate direct practice clinical social work experience.
- ◇ Private practice may be used to fulfill only the final year of clinical practice experience.
- ◇ Clinical experience must have occurred within the past five years from the date of application as a Qualified Clinical Social Worker.
- ◇ Alternate supervision may be considered *only* in HRSA defined health shortage areas, for clinical experience gained through overseas appointments or assignments, or for applicants whose clinical supervision occurred more than ten years from the date of application.
- Submit three reference evaluation forms from:
 - ◇ The individual who provides (or provided) clinical supervision – may be current or former.
 - ◇ Two MSW-level colleagues – these references may or may not be current or former co-workers, but they must be social workers familiar with your professional practice and commitment to quality service provision.
- Send documentation of 30 hours of continuing education that has occurred within the past two years.
 - ◇ 20 of these hours must be training specific to clinical social work.
 - ◇ Three hours must be specific to ethics and boundary issues.

APPLICATION FEES AND REFUND POLICY

Fees are payable to “NASW Credentialing Center” and must accompany the application. The initial application processing fee is \$165 for NASW Members and \$450 for Non-members. Payment may be made by check, money order, American Express, NASW Visa, or other VISA/MasterCard.

There are no refunds for application processing.

If you have questions about your eligibility please contact the NASW Credentialing Center for clarification at 202.408.8600 x 447 prior to submission.

You will receive a notification letter at the time we receive your application. Subsequent notification for missing documentation will be sent to the applicant. Please allow up to four weeks for processing once all requested missing documentation is received or four weeks from the date we receive a complete application.

Incomplete applications will be held for 30 days, to await the additional information needed. Letters of explanation will be mailed to all ineligible candidates.

CERTIFICATES

Applicants who successfully meet all criteria will receive an approval letter and certificate suitable for framing. Upon successful renewal, certificate holders will receive a seal updating the certification for each renewal period. Replacement certificates can be issued for a small fee.

MAINTAINING THE CREDENTIAL

The QCSW credential must be renewed bi-annually on the anniversary date of the certification. You will be required to:

- Report at least 30 hours of continuing education specifically related to clinical social work practice.
- Provide a copy of your active state issued MSW level *clinical* license. If your state does not have a clinical license or if you practice in an international setting, active certification or membership in the Academy of Certified Social Workers (ACSW) may be considered.
- Submit the established renewal fee. Renewal application and current renewal fee are available online at www.socialworkers.org.

Frequently Asked Questions

I have copies of my transcripts that say “issued to student.” May I use these?

No. Only official transcripts stamped by the Office of the Registrar and mailed directly to NASW will be accepted. Transcripts issued to students, or copies of transcripts, will not be accepted. Mail transcripts to:

NASW Credentialing Center, 750 First Street, NE Suite 800, Washington, DC 20002-4241

I have been supervised by a psychiatrist. Will this count toward the supervision requirements?

No, only supervision by a *clinical* social worker with two or more years of experience is accepted.

I received supervision from a social worker outside of my agency. Will this count toward the supervision requirements?

Contract supervision from a *clinical* social worker who is not an employee of the agency is acceptable. A written contract should specify the frequency, duration, and format (individual or group) of supervisory sessions; compensation and terms of payment; and circumstances under which the contract can be terminated. The agency/organization supervisor or administrator should acknowledge the contract. The contract must be included in your application.

Does my supervisor need to have a QCSW or DCSW credential?

No. A supervisor must have a master's degree in social work and a minimum of three years of *clinical* social work experience.

I hold the ACSW and another specialty credential. May I use that supervision to qualify?

Supervision requirements for the ACSW and other specialty credentials are different from the QCSW. ACSW members may have received supervision in a non-clinical setting. Some specialty practice credential holders may not have received supervision from a social worker. Applicants must submit documentation of *clinical* supervision from a *clinical* social worker. (See Supervised Clinical Experience Form included in this packet).

I am currently licensed in two states. Do I need to send a copy of each license?

Yes. A copy of *each* current state license with expiration date must accompany applications.

STILL HAVE QUESTIONS?

CALL the NASW Credentialing Center at 202.408.8600 x447 or EMAIL credentialing@naswdc.org

General Directions for the Application

- 1) Read through the application booklet including all instructions before beginning your application.
- 2) Verify you have the needed documentation to apply for the QCSW credential by using the “QCSW Application Checklist”
- 3) Complete the “QCSW Clinical Credential Listing Form,” front and back.
- 4) Request an Official Transcript for your MSW degree to be sent directly to NASW. This transcript must show the degree, date earned, and the raised seal of the school. **Student copies will not be accepted.** Official Transcripts only should be mailed to: NASW Credentialing Center 750 First Street NE, Suite 800 Washington, DC 20002-4241
- 5) Complete the “QCSW Supervised Clinical Experience Form” and have your Clinical Supervisor complete the “QCSW Supervisor’s Verification Form.”
- 6) Also, have your Clinical Supervisor complete the “QCSW Supervisory Reference Evaluation Form” to verify your skill and knowledge in clinical social work. This form must be in a sealed envelope with the supervisor’s signature over the flap. (Use multiple forms if needed).
- 7) Have two separate MSW social work colleagues complete the “QCSW Colleague Reference Verification Form” and the “QCSW Colleague Reference Evaluation Form.” These forms must be in a sealed envelope with the colleague’s signature over the flap.
- 8) Sign the “NASW Affirmation for Professional Standards” and “NASW Statement of Understanding.”
- 9) Enclose a copy of current *clinical* state license(s) or certification with a valid expiration date(s).
- 10) Enclose the appropriate fee, payable to NASW Credentialing Center.
- 11) Enclose a copy of the contract for clinical supervision (if applicable).
- 12) Provide copies of 30 hours of CE certificates earned within the past 2 years, specific to clinical social work.
- 13) Review the “QCSW Checklist for Applicant” to assure all documentation has been obtained and is included in your application before mailing.
- 14) Contact the Credentialing Center, if you have any questions prior to mailing your documentation, as processing fees are non-refundable.
- 15) Send your completed application, sealed (confidential) supervisors verification form(s) and colleague reference forms, copies of CE certificates and a photocopy of your current professional license with the appropriate processing fee to:
**NASW Credentials Accounting
750 First Street, NE, Suite 800
Washington, DC 20002-4241**

QCSW Application Checklist

- QCSW Clinical Credential Listing Form
- QCSW Supervised Clinical Experience Form, QCSW Supervisor's Verification Form and QCSW Supervisory Reference Evaluation Form -in sealed envelope with supervisor's signature over flap
- 1st-QCSW Colleague Reference Evaluation Form-in sealed envelope with colleague's signature over flap
- 2nd-QCSW Colleague Reference Evaluation Form-in sealed envelope with colleague's signature over flap
- Affirmation of Professional Standards and Statement of Understanding
- Copy of license(s) with expiration date(s)
- Copy of Supervisors Contract (if applicable)
- 30 Hours of CE certificates earned within the past 2 years; specific to clinical social work
- Official Transcript for MSW degree to be sent directly to NASW
- Appropriate member or non-member fee

QCSW Clinical Credentials Listing Form

PLEASE PRINT CLEARLY.

- I. NASW ID No. _____ (if applicable)
- II. Qualifying License (see Table I) _____ — MUST ATTACH COPY.
- III. ACSW Yes No

IV. Name (This name will be printed on your certificate.)

Last Name	First Name and Initial	Maiden Name	Suffix
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V. Preferred Address _____ Preferred Telephone Number to Be Listed _____

Street Address	Area Code	Telephone Number
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City	State	Zip Code	Non-USA	Telephone Number
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E-mail _____

Web Site _____

Name of Agency, Employer, or Private Practice _____

VI. Second Language _____

VII. Education: List only social work master's or doctoral degrees.

Degree	Year	School of Social Work	Degree	Year	School of Social Work
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VIII. Description of Practice (see Table—page 16)

Unit of Intervention (up to 4)	Client Group and Modalities (up to 5)
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IX. Social Work State License or Certification Awarded by States (up to 3)

Initials	State	Initials	State	Initials	State
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X. List up to 3 Postmaster's Positions: List dates, titles, places of employment, and/or private practice in chronological order. Enter most recent position first. Print clearly.

___/___/___	___/___/___	_____
___/___/___	___/___/___	_____
___/___/___	___/___/___	_____
Fr./Yr. To./Yr.		Position

XI. Fees \$165 – NASW Member \$450 – Non-member

Check or Money Order

Visa MasterCard American Express NASW Visa/MasterCard

Card No. _____ Expiration Date _____ CVV _____

Signature _____ Date _____ Amount \$ _____

XII If approved for this credential, would you like us to notify your employer? Yes No

Company Name _____

Address _____

Person to Notify _____

XIII. Application Agreement

I certify that the information contained in this application is true and accurate. I understand that NASW reserves the right to verify all statements bearing on my eligibility. I further understand NASW reserves the right to terminate the credential of any person who is found to be in violation of the *NASW Code of Ethics*, the *NASW Standards for the Practice of Clinical Social Work*, or the *NASW Standards for Continuing Professional Education*, or whose state license to practice has been terminated or suspended by a duly authorized state regulatory agency.

I hereby release, discharge, and exonerate NASW, its directors, officers, members, examiners, representatives, and agents, including the Competence Certification Commission, from any actions, suits, obligations, damages, claims, or demands arising out of, or in connection with, any aspect of the application or examination process, including the result or failure of the NASW and/or its agents to issue me a credential.

Signature _____ Date _____

Telephone Numbers Office _____ Home _____

Fax Number _____ E-mail Address _____

For assistance, call the NASW Credentialing Center
800.638.8799, ext. 447
www.socialworkers.org

QCSW Supervised Clinical Experience Form

This form may be reproduced if additional copies are needed.

COMPLETE A FORM FOR EACH SUPERVISED EXPERIENCE.

Your supervisor or agency representative must sign the form.

NAME OF APPLICANT _____
(Same as given on the "QCSW Clinical Credentials Listing Form")

DEGREE _____

MO/YR	COLLEGE/UNIV	CITY/STATE
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LIST THREE (3) YEARS (4,500 hours) OF SUPERVISED CLINICAL SOCIAL WORK EXPERIENCE.

REMEMBER

- Only experience provided by a social worker should be listed.
- List only postgraduate experience. Do not list field placements.
- No more than 1,500 hours per year is credited.
- More than one form may be submitted if needed.
- Private practice experience should not be listed on this form, even if you received supervision.

Place of Employment _____

Address _____

City/State/Zip _____

Name of supervising social worker _____

Dates of employment under this supervisor from _____ to _____
month/year month/year

Average number of clinical hours worked per week under this supervisor _____

(Count direct client contact and related clinical duties; do not count administrative duties; must be at least 30 hours per week to be credited as full-time.)

Describe the nature of clinical social work provided under this supervisor. (See "Definition of Clinical Social Work," page 1.)

NEXT PAGE MUST BE COMPLETED.

QCSW Supervisor's Verification Form

Information About the Supervisor

Name _____

Current Address (if known) _____

Telephone Number (if known) (_____) _____

Social Work Degree _____ Date Awarded _____ University _____

Years of postgraduate clinical experience at the time the supervision was provided _____

(At least three years of postgraduate experience prior to providing supervision is required.)

Information about this Applicant's Supervision

Frequency of Supervision

- Once per week
- At least twice per month
- Other _____

This credential requires that supervision be provided at least twice a month.

- I hereby affirm that I directly supervised the applicant listed and that the information is correct to the best of my knowledge and belief.
- I hereby affirm that, according to personnel or other agency files, the applicant was supervised as stated, and that the information is correct to the best of my knowledge and belief.

Signature _____ Date _____

Information on person completing this form, if other than immediate supervisor

Name/Title/Agency/Telephone _____

**PLEASE RETURN COMPLETED FORM TO THE APPLICANT
IN A SEALED ENVELOPE WITH YOUR SIGNATURE OVER THE FLAP.**

QCSW Supervisory Reference Evaluation Form

Dear Supervisor:

You have been selected to complete this reference evaluation form by a social worker applying for NASW's Qualified Clinical Social Worker (QCSW) credential. The information you provide on this form will help establish the applicant's eligibility for the QCSW credential. Only 1 of the questions can be marked "Not at All." Please review the form before completing. If you are unable to complete the form as required, please notify the applicant. Please return the completed form in an envelope with your signature over the sealed flap to the applicant. Thank you for your contribution to maintaining high professional standards for the social work profession.

1. To the best of your knowledge, does the applicant's clinical social work practice conform to the NASW *Code of Ethics*, the *NASW Standards for the Practice of Clinical Social Work*, and the *NASW Standards for Continuing Professional Education*?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

2. To the best of your knowledge, is the applicant's ability to perform her/his clinical social work responsibilities impaired by the use of alcohol, prescription drugs or other controlled substances? Yes No

If "Yes," explain below including corrective action taken and current status of the matter.

3. To the best of your knowledge, does the applicant demonstrate the ability to establish rapport with her/his clients and client system?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

4. To the best of your knowledge, does the applicant understand issues related to cultural diversity, age, gender, sexual orientation and disabilities in assessing, planning and intervening with clients and client systems?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

5. To the best of your knowledge, does the applicant demonstrate a sound bio-psychosocial theoretical understanding of clients and client systems?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

6. To the best of your knowledge, does the applicant demonstrate the ability to utilize a range of treatment approaches as is indicated by the uniqueness of the client and client systems?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

7. To the best of your knowledge, does the applicant understand the limits of her/his expertise and seek consultation and/or refer to others as is needed?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

8. To the best of your knowledge, does the applicant demonstrate sufficient self-awareness to examine the impact of her/his personal beliefs as potential barriers in working with clients and client systems?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

Name of applicant: _____

9. To the best of your knowledge, does the applicant demonstrate an understanding of her/his legal, ethical and professional obligations in working with clients and client systems?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

10. To the best of your knowledge, does the applicant demonstrate the ability to formulate hypotheses for the purpose of making accurate diagnoses?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

11. To the best of your knowledge, does the applicant demonstrate the ability to use self in the therapeutic relationship with clients and client systems?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

12. To the best of your knowledge, does the applicant demonstrate the ability to protect the client, the public, colleagues and self from any risk factors involved?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

Do you/did you (circle one) work in the same setting as the applicant? Yes No

If NO, in what capacity or professional relationship do you know the applicant?

I hereby affirm that I directly supervised the applicant listed on this form and that the information is correct to the best of my knowledge and belief.

I hereby affirm that, according to personnel or other agency files, the applicant listed on this form was supervised as stated, and that the information is correct to the best of my knowledge and belief.

Signature _____ Date _____

Information on person completing this form, if other than immediate supervisor

Name/Title/Agency/Telephone _____

**PLEASE RETURN COMPLETED FORM TO THE APPLICANT
IN A SEALED ENVELOPE WITH YOUR SIGNATURE OVER THE FLAP.**

QCSW Colleague Reference Verification Form



The NASW Qualified Clinical Social Worker requires verification of three years of postgraduate clinical social work experience. You are being asked to verify the experience the applicant has listed. In addition, you are asked to affirm the applicant's compliance with professional standards.

Colleague's Name _____

Address _____

Daytime Telephone Number (_____) _____

Social Work Degree _____ Date Awarded _____ University _____

Other Degree _____ Date Awarded _____ University _____

Discuss in detail the capacity or professional relationship under which you worked with the applicant.

QCSW Colleague Reference Evaluation Form

You have been selected to complete this reference evaluation form by a social worker applying for NASW's Qualified Clinical Social Worker credential. The information that you provide on this form will help establish the applicant's eligibility for the Qualified Clinical Social Worker credential. Only 1 of the questions can be marked "Not at All." Please review the form before completing. If you are unable to complete the form as required, please notify the applicant. Please return the completed form in an envelope with your signature over the sealed flap to the applicant. Thank you for your contribution to maintaining high professional standards for the social work profession.

- To the best of your knowledge, does the applicant's clinical social work practice conform to the NASW *Code of Ethics*, the NASW *Standards for the Practice of Clinical Social Work*, and the NASW *Standards for Continuing Professional Education*?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

- To the best of your knowledge, is the applicant's ability to perform her/his clinical social work responsibilities impaired by the use of alcohol, prescription drugs or other controlled substances? Yes No

If "Yes," explain below including corrective action taken and current status of the matter.

- To the best of your knowledge, does the applicant demonstrate the ability to establish rapport with her/his clients and client system?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

- To the best of your knowledge, does the applicant understand issues related to cultural diversity, age, gender, sexual orientation and disabilities in assessing, planning and intervening with clients and client systems?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

- To the best of your knowledge, does the applicant demonstrate a sound bio-psychosocial theoretical understanding of clients and client systems?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

- To the best of your knowledge, does the applicant demonstrate the ability to utilize a range of treatment approaches as is indicated by the uniqueness of the client and client systems?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

- To the best of your knowledge, does the applicant understand the limits of her/his expertise and seek consultation and/or refer to others as is needed?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

Name of applicant: _____

8. To the best of your knowledge, does the applicant demonstrate sufficient self-awareness to examine the impact of her/his personal beliefs as potential barriers in working with clients and client systems?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

9. To the best of your knowledge, does the applicant demonstrate an understanding of her/his legal, ethical and professional obligations in working with clients and client systems?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

10. To the best of your knowledge, does the applicant demonstrate the ability to formulate hypotheses for the purpose of making accurate diagnoses?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

11. To the best of your knowledge, does the applicant demonstrate the ability to use self in the therapeutic relationship with clients and client systems?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

12. To the best of your knowledge, does the applicant demonstrate the ability to protect the client, the public, colleagues and self from any risk factors involved?

Not at All	To a Satisfactory Extent	To a Great Extent
1	3	5

AFFIRMATION

I hereby affirm to the applicant's competence as a clinical social worker and that the applicant has completed the employment described. To the best of my knowledge and belief, the applicant's clinical social work practice conforms to the *NASW Code of Ethics*, the *NASW Standards for the Practice of Clinical Social Work*, and the *NASW Standards for Continuing Professional Education*.*

Signature _____ Date _____

*The applicant can make these standards available to you for review.

**PLEASE RETURN COMPLETED FORM TO THE APPLICANT
IN A SEALED ENVELOPE WITH YOUR SIGNATURE OVER THE FLAP.**

AFFIRMATION FOR PROFESSIONAL STANDARDS Qualified Clinical Social Worker

This form must be completed and returned with your application.

Have you ever been found in violation of a state social work licensing law or regulation or the *NASW Code of Ethics*, or are there any cases pending against you?

- NO
- YES. I understand that NASW clinical credentials will not be awarded until violations are satisfactorily resolved. Attach an explanation of the corrective action taken and the current status of this matter.

I certify that my clinical social work practice conforms to the *NASW Code of Ethics*, the *NASW Standards for the Practice of Clinical Social Work*, and the *NASW Standards for Continuing Professional Education*. I further agree to adhere to the *NASW Code of Ethics*, the *NASW Standards for the Practice of Clinical Social Work*, and the *NASW Standards for Continuing Professional Education*, and to voluntarily participate, if requested to do so, in any NASW adjudication proceedings involving alleged violations of the *NASW Code of Ethics*, and to be subject to any verification process established by NASW concerning practice and continuing education standards.

I understand that refusal or failure to participate in an adjudication proceeding or verification process may be grounds for revocation of this credential. I further understand that the National Association of Social Workers reserves the right to revoke NASW clinical social work credentials of any person found to have violated the *NASW Code of Ethics*, or found to be noncompliant with the *NASW Standards for the Practice of Clinical Social Work* or the *NASW Standards for Continuing Professional Education*, or whose state license to practice has been terminated or suspended by a duly authorized state regulatory agency. The *Code of Ethics* and all NASW Standards are available online at www.socialworkers.org.

Signature _____ Date _____

STATEMENT OF UNDERSTANDING

I hereby apply for the credential Qualified Clinical Social Worker.

I understand that my credential depends on successful completion of the credential procedure and my ability to meet all requirements and qualifications. I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and is made in good faith. I further understand that if any information is later determined to be false, NASW reserves the right to revoke any credential that has been granted on the basis thereof. I further understand that NASW reserves the right to terminate the credential of any person who is found to be in violation of the *NASW Code of Ethics*, or state social work laws or regulations.

I understand that continued use of the QUALIFIED CLINICAL SOCIAL WORKER designation depends on requirements as NASW may stipulate, and if at any time, my QUALIFIED CLINICAL SOCIAL WORKER status is not active, I may not designate myself as a QUALIFIED CLINICAL SOCIAL WORKER.

I hereby release, discharge, and exonerate NASW, its directors, officers, members, examiners, representatives, and agents, including the Competence Certification Commission, from any actions, suits, obligations, damages, claims or demands arising out of, or in connection with any aspect of the application process including the results, or decisions on the part of NASW and/or its agents which may include a decision to not issue me a credential.

Signature _____ Date _____

Table. Descriptions of Practice

UNIT OF INTERVENTION

Couples	CP	Groups	GR
Families	FAM	Individuals	I

CHOOSE UP TO FIVE FROM CLIENT GROUPS AND/OR MODALITIES

Adolescent Client Group.....	A	Adult Client Group.....	AD
African American Client Group	AFA	Alaska Native Client Group	AN
Asian Client Group	ASI	Child Client Group.....	C
Gay / Lesbian Client Group.....	G/L	Geriatric Client Group.....	GER
Hispanic Client Goup.....	HIS	Native American Client Group	NA
Native Hawaiian Client Group.....	NH		

MODALITIES

ADOPTION	100
ANXIETY DISORDERS	200
BEHAVIORAL DISORDERS	725
CHEMICAL DEPENDENCY.....	125
CHILD ABUSE/SEXUAL ABUSE	275
CRISIS INTERVENTION	675
DEVELOPMENTAL DISABILITIES.....	525
EMPLOYEE ASSISTANCE PROGRAM	150
EARLY CHILDHOOD DEVELOPMENT	325
EATING DISORDERS.....	250
END OF LIFE ISSUES.....	550
FAMILY VIOLENCE.....	300
FORENSIC	700
GENERAL PRACTICE	350
GRIEF/BEREAVEMENT	375
HIV/AIDS.....	175
MARITAL/DIVORCE.....	400
MEDIATION	575
MEDICAL CONDITIONS	450
MEN'S ISSUES.....	750
MENTAL ILLNESS/DISORDERS.....	425
PARENTING ISSUES.....	650
PHYSICALLY CHALLENGED.....	475
SEXUAL DYSFUNCTIONS	500
SEXUAL TRAUMA.....	625
WOMEN'S ISSUES	225