

Information Booklet with Application and Reference Evaluation Forms

NASW Clinical Social Work Credentials

Diplomate in Clinical Social Work (DCSW)

Applications accepted continuously



NASW Credentials

NASW Credentials Accounting • 750 First Street NE • Suite 800 • Washington, DC 20002
800.638.8799 x 447 • 202.408.8600 x 447 • SocialWorkers.org • credentialing@naswdc.org

APPLICANT CRITERIA

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NATIONAL ASSOCIATION OF SOCIAL WORKERS

DIPLOMATE IN CLINICAL SOCIAL WORK (DCSW)

INTRODUCTION

The Diplomat in Clinical Social Work (DCSW) is the highest level of credentialing available through the National Association of Social Workers; NASW is the largest professional social work organization in the world. A large majority of the membership reports that their area of practice is in clinical social work. The Diplomat in Clinical Social Work is available exclusively to NASW members whose social work expertise and experience have focused on the specialized body of knowledge required for ethical treatment and intervention at the clinical level.

Though once deemed a “lifetime credential,” the exponential growth of information technology has accelerated the social work body of knowledge, afforded more rapid dissemination of research on evidence-informed practices, resulting in a commensurate expansion of theories, and techniques with which to guide intervention for positive results. It is essential that the clinical social worker remain current with the range of treatment modalities and sustain familiarity with the biological, psychological, and social theoretical underpinnings that inform current practice in clinical social work. In order to maintain professional standing as a Diplomat in Clinical Social Work, DCSW-credentialed social workers are now required to verify ongoing growth as a clinician through a triennial reporting process that reports on both professional development activities as well as expansion or refinement of treatment modalities or work with special populations.

Because they have already engaged in the voluntary pursuit of prerequisite clinical credentials, successful candidates for Diplomat status have made a significant investment in a steadily upward trajectory of continuing competence through experiential activities, self-directed continuing education, and the development of specific skills and advanced techniques that result in improved outcomes for clients and client systems. While it is not expected that the Diplomat in Clinical Social Work will be expert in all facets of clinical social work, many NASW members in clinical social work practice have accumulated a wealth of experience that informs practice far beyond academic preparation.

Employers, consumers, and colleagues in clinical settings may be assured that the Diplomat in Clinical Social Work (DCSW) professional has acquired more than 100 hours of post-degree continuing education, remains subject to the *NASW Code of Ethics* and the peer review process, and has acquired the recommendation of colleagues through years of demonstrated excellence in clinical social work and the establishment of a solid reputation for ethical social work practice.

DEFINITION OF CLINICAL SOCIAL WORK

In 2005, the NASW Board of Directors accepted the following definition of *clinical social work*: Clinical social work is the professional application of social work theory and methods to the diagnosis, treatment and prevention of psychosocial dysfunction, disability, or impairment, including emotional, mental, and behavioral disorders.

Clinical social work has a primary focus on the mental, emotional, and behavioral well-being of individuals, couples, families, and groups. It is based on knowledge of one or more theories of human development within a psychosocial context.

Clinical social work centers on a holistic approach to psychotherapy and views the client's relationship with his or her environment as essential to treatment planning and includes interventions directed to interpersonal interactions, intrapsychic dynamics, and the support and management of life issues.

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* and the *NASW Standards for Clinical Social Work in Social Work Practice*.

BENEFITS OF NASW CREDENTIALS

As a member of the Institute for Credentialing Excellence, NASW strongly endorses certification (additional credentialing) of professionals. Beyond the educational degree and professional license, credentials are a voluntary pursuit that serve to elevate both the individual and the profession.

Professional social workers agree to a critical review process that strives to measure adherence to the *NASW Code of Ethics*, *NASW Standards of Continuing Education* and national practice standards consistent with the area of specialized social work practice.

Common benefits of NASW's professional credentials:

- Credentials are viewed as "license plus," and indicate advanced practitioners to the public, and open doors to leadership.
- 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

Applicants for the DCSW must:

- Be a current member of NASW;
- Be actively certified as a Qualified Clinical Social Worker (QCSW) or hold another clinical credential issued by NASW or another organization that substantially meets or exceeds the requirements of the QCSW;
- Maintain the pre-requisite QCSW or other clinical credential in good standing for at least three (3) consecutive years prior to the date of application for DCSW;
- Have a master's degree in social work from a CSWE accredited school of social work;
- Submit official college transcript(s) reflecting successful completion of 20 credit hours of formal MSW Level *clinical* social work coursework. This is not required if currently credentialed through the National Association of Social Workers.
- Document 4,500 hours or the full-time equivalent of three years of **additional** *clinical* social work experience that has occurred within the past 10 years. (Private practice may be used to fulfill this requirement). Note: The hours used to qualify for the prerequisite clinical social work credential, may not overlap the hours used to qualify for the DCSW;
- Hold an active MSW or doctoral level *clinical* state social work license. For social workers who practice abroad and cannot meet eligibility for state licensure or social workers who maintain a clinical practice in a U.S.

Department of Health and Human Services, Health Resources and Services Administration (HRSA) defined health shortage area, membership in the Academy of Certified Social Workers (ACSW) may be considered on a case by case basis.

- Document 30 hours of continuing education, specific to *clinical* social work, obtained within the past two years;
- Have two satisfactorily completed social work colleague references, completed by an MSW or PhD level social worker;
- Review and sign the NASW Professional Standards and NASW Statement of Understanding.

EDUCATION

Because an existing credential is a pre-requisite, it is not necessary to recapture the information previously submitted to NASW. As a reminder, a master's degree in social work from a CSWE accredited school of social work is required to qualify for this clinical credential. DCSW applicants are required to have 20 hours of *clinical* social work coursework, at the MSW level, reflected in their official transcript.

If your qualifying credential is the QCSW, then you have already submitted your official transcript. You will need to submit official transcript(s) *only* if you used a qualifying clinical credential other than the QCSW to meet eligibility guidelines or you have obtained an additional academic credential (PhD, DSW, or Master's in a related discipline).

Transcripts must be sent directly from your educational institution to: (Student copies or photocopies will not be accepted)

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

Graduates from Foreign Universities

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 that your degree is equivalent to one from an accredited US 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 at the time of application. To obtain an application for the evaluation and instructions for submitting your education documents, contact:

Council on Social Work Education
1701 Duke Street, Suite 200
Alexandria, VA 22314
703.683.8080
Fax: 703.683.8099
www.cswe.org

ELIGIBLE CLINICAL EXPERIENCE

LIST THREE YEARS (4,500 hours) OF ADVANCED POSTGRADUATE CLINICAL SOCIAL WORK EXPERIENCE, beyond the experience used to qualify for the QCSW or alternate clinical credential prerequisite.

- Experience used to qualify for the DCSW must not overlap with experience reported to qualify for your QCSW or other qualifying clinical credential.
- No more than 1,500 hours per year may be credited toward meeting the experience requirement.
- Two years of this experience must have occurred within the past 10 years.
- Your colleague references must be MSW or PhD level social workers who are familiar with your work in clinical social work settings.
- Private practice may be considered and should be listed on this form.

APPLICATION FEES AND REFUND POLICY

Fees are payable to “NASW Credentialing Center” and must accompany the application. The initial application fee is \$450.00. Payments may be made by check, money order, American Express, or VISA/MasterCard.

There are no refunds for application processing fees. Consequently, if you have questions about your eligibility please contact the NASW Credentialing Center for clarification at 202.408.8600 x447 ***prior to submission.***

You will receive a notification letter at the time we receive your application. In the event that elements of the application are missing or incomplete you will be informed when the application is in the first round of administrative review.

Incomplete applications will be held for 30 days, to await essential additional information or clarification that is requested. Please allow an additional four to six (4 – 6) weeks for professional review and final processing once all required documentation is received.

A letter 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. Replacement certificates can be issued for a nominal fee. Every three years, upon proof of continued competency, a current seal is sent to the certificate holder to be affixed to the DCSW certificate.

MAINTAINING YOUR DIPLOMATE STATUS

The DCSW credential is NASW’s highest level of credentialing for the clinical social work professional. However, because there is an expectation of continued competency and a professional commitment to expanding skills and keeping current with evidence informed practice, DCSWs are required to submit the following documentation every three years, to maintain the credential.

- An active NASW membership in good standing
- 30 hours of continuing competency documentation specifically related to *clinical* social work practice (CE’s, publication, presentation, or research)
- A copy of your active state-issued MSW level *clinical* social work license. If you practice in an international setting, active certification or membership in the Academy of Certified Social Workers (ACSW) may be considered
- *Signed Affirmation of NASW Professional Standards and NASW Statement of Understanding*
- The DCSW Clinical Update Form with nominal administrative fee available on line at www.socialworkers.org.

STILL HAVE QUESTIONS?
CALL the NASW Credentialing Center at
202.408.8600 x447
or
E-MAIL credentialing@naswdc.org

FREQUENTLY ASKED QUESTIONS

What do I need to do to maintain the DCSW credential? Why?

The DCSW credential is an indicator of an accomplished clinical social worker. Because employers and the public have a reasonable expectation that the credential signifies the profession's most advanced level of clinical excellence, some information is required as evidence that an individual has kept current with the latest research and evidence informed practice techniques.

Every three years, certificate holders are required to submit The DCSW Clinical Update Form to confirm active NASW membership, update current clinical license(s) on file, and report changes in practice (education, intervention, treatment methods). Additionally, certificate holders must submit documentation of 30 hours of continuing competency relevant to clinical social work practice which may include CE's, publication, presentation, or research activities.

Is the QCSW credential a prerequisite for the DCSW credential?

You must have an active QCSW credential *or* other clinical credential issued by either NASW or another organization that substantially meets or exceeds the requirements of the QCSW. NASW currently offers specialized clinical credentials in gerontology (CSW-G) and substance use disorders (C-CATODSW).

A credential used to meet the pre-requisite for the DCSW, must have remained in good standing for at least three (3) continuous years prior to the date of application. The experience and continuing education hours used to qualify for the DCSW may not overlap the experience hours used to obtain the qualifying clinical credential.

I was not able to use my clinical social work experience hours obtained in private practice when I applied for the QCSW. Can I use my clinical social work experience obtained in private practice to qualify for the DCSW?

Yes. The QCSW credential or other qualifying clinical social work credential requires a supervision component. The DCSW is an advanced clinical social work credential for those who have completed their supervision component having already obtained and maintained the QCSW credential or other qualifying clinical social work credential in good standing for at least three (3) continuous years prior to the date of application for the DCSW. There is no additional supervision requirement for the DCSW. Therefore, you may use clinical social work experience gained in a private practice setting.

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

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

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

Can the same clinical experience hours documented to meet the eligibility requirement for the QCSW or other qualifying clinical social work credential be used to meet the clinical experience requirement of the DCSW?

No. The DCSW credential requires a minimum of three years equivalent (4,500 hours) in *addition to* the experience you reported to originally qualify for your QCSW or other qualifying clinical social work credential. The time period occurring after you obtained your QCSW or other qualifying clinical social work credential and prior to your application for the DCSW may be used to meet the *additional* clinical experience requirement of the DCSW. The experience hours used to qualify for the DCSW *may not* overlap the experience hours used to obtain your QCSW or other qualifying clinical credential.

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 a clearly shown expiration date must accompany your application.

GENERAL DIRECTIONS

COMPLETING THE DCSW APPLICATION

Application Procedures

- Step 1: Read through the application booklet including all instructions before beginning your application.
- Step 2: Verify you have the needed documentation to apply for the DCSW credential by reviewing the DCSW Application Checklist provided in the forms section of the application materials.
- Step 3: If you used a clinical social work credential other than the QCSW to qualify for the DCSW, you must submit an official transcript. Request an Official Transcript for your MSW degree to be sent directly to NASW [If you were admitted to the Academy of Certified Social Workers (ACSW) after 1989, you do not have to submit a transcript]. This transcript must show relevant coursework, degree, date conferred, and the raised seal of the school. **Student copies will not be accepted.**

Official Transcripts should be mailed to:

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

- Step 4: Complete the Diplomate Candidate Information Form.
- Step 5: Complete applicant portion of the DCSW Application Reference Summary Form (1) and send it to your colleague to complete the reference and rating portion. *Have colleague return this form to you in a sealed envelope with the colleague's signature over the flap*, for you to include with your application.
- Step 6: Complete applicant portion of the DCSW Application Reference Summary Form (2) and send it to your colleague to complete the reference and rating portion. *Have colleague return this form to you in a sealed envelope with the colleague's signature over the flap*, for you to include with your application.
- Step 7: Read and sign the *NASW Affirmation for Professional Standards* and *NASW Statement of Understanding*.
- Step 8: Enclose a copy of current *clinical* state license(s) with a valid and clearly displayed expiration date(s).
- Step 9: Provide an up-to-date curriculum vitae or detailed resume that includes information about presentations, publications, and research, **or** copies of 30 hours of CE certificates earned within the past 2 years, specific to *clinical* social work.
- Step 10: Complete the "DCSW Checklist for Applicant" to assure all documentation has been obtained and is included in your application before mailing.
- Step 11: Contact the Credentialing Center, if you have any questions *prior* to mailing your documentation, as *processing fees are non-refundable*.
- Step 13: Send your completed application, two (2) sealed and signed (confidential) DCSW Application Reference Summary Forms, copies of CE certificates and photocopies of your *current clinical* social work license(s) with the appropriate fee to:

**NASW CREDENTIALS ACCOUNTING
750 First Street NE, Suite 800
Washington, DC 20002-4241**

Make checks or money orders payable to NASW Credentialing Center.

NATIONAL ASSOCIATION OF SOCIAL WORKERS

DIPLOMATE IN CLINICAL SOCIAL WORK

APPLICATION CHECKLIST

Please feel free to separate this page and use as a guideline for assembling and organizing materials.

- Completed Diplomate Candidate Information Form
- Completed DCSW Application Reference Summary Form (1) - (in sealed envelope with colleague's signature over the flap)
- Completed DCSW Application Reference Summary Form (2) - (in sealed envelope with colleague's signature over the flap)
- Signed Affirmation of Professional Standards and Statement of Understanding
- Copy of Clinical Social Work License(s) clearly showing expiration date(s)
- Copy of current professional resume or curriculum vitae
or
Copies of 30 Hours of CE certificates earned within the past 2 years; specific to *clinical* social work (please send copies, originals will not be returned to you)
- Official transcript for acquired academic degree(s) to be sent directly to NASW, if using qualifying clinical credential other than the QCSW.
 - Date Ordered _____,
 - Name on Diploma _____.
- If your prerequisite credential was *not* issued by NASW, you will need to attach a verification letter from the alternate certification organization indicating the requirements in place at the time the credential was earned.
- Include appropriate application fee - \$450

IMPORTANT: PLEASE READ THE FULL APPLICATION INCLUDING THE GENERAL DIRECTIONS FOR THE DCSW APPLICATION ON PAGE 6 PRIOR TO COMPLETING THE APPLICATION.
APPLICATION PROCESSING FEES ARE NON-REFUNDABLE.

NATIONAL ASSOCIATION OF SOCIAL WORKERS

DIPLOMATE CANDIDATE INFORMATION

PLEASE PRINT CLEARLY

NASW Member ID No.

Name (This name will be printed on your certificate)

First Name

Middle Initial:

Last Name:

Suffix:

Preferred Mailing Address:

City:

State:

Zip code:

Phone Home:

Work:

Mobile:

E-mail (required):

Web Site:

Name and address of agency, employer, or private practice:

Linguistic Competence: Please list:

CREDENTIALS – attach additional page(s) if needed

Social Work State License Awarded by States - attach copies:

Initials:

Initials:

Initials:

State:

State:

State:

Education: List degrees (MSW and higher)

Degree:

Degree:

Year:

Year:

School Name:

School Name:

School State:

School State:

Professional Credentials and Certifications: QCSW obtained (mo./yr.) Good through (mo./yr.) :

Other credential or certifications held:

Obtained (mo./yr.) Good through (mo./yr.) :

Other credentials or certifications held:

Obtained (mo./yr.) Good through (mo./yr.) :

Other credentials or certifications held:

Obtained (mo./yr.) Good through (mo./yr.) :

CLINICAL EXPERIENCE – Reproduce and attach additional page(s) if needed

Total years experience in clinical social work practice:

List dates, titles, places of employment, and/or private practice in chronological order. Enter most recent position first. Print clearly.

From/Year: To/Year: Was this experience supervised? y ☐ n ☐

If Yes, Name and credentials of social work colleague or clinical supervisor:

Your Title: Place of Employment:

Description of Practice (see Addendum: Practice Description Codes)

Unit of Intervention (up to 4):

Client Group and Modalities (up to 5):

☐ Full-time ☐ Part-time Average number of clinical hours worked per week:

From/Year: To/Year: Was this experience supervised? y ☐ n ☐

If Yes, Name and credentials of social work colleague or clinical supervisor:

Your Title: Place of Employment:

Description of Practice (see Addendum: Practice Description Codes)

Unit of Intervention (up to 4):

Client Group and Modalities (up to 5):

☐ Full-time ☐ Part-time Average number of clinical hours worked per week:

From/Year: To/Year: Was this experience supervised? y ☐ n ☐

If Yes, Name and credentials of social work colleague or clinical supervisor:

Your Title: Place of Employment:

Description of Practice (see Addendum: Practice Description Codes)

Unit of Intervention (up to 4):

Client Group and Modalities (up to 5):

☐ Full-time ☐ Part-time Average number of clinical hours worked per week:

From/Year: To/Year: Was this experience supervised? y ☐ n ☐

If Yes, Name and credentials of social work colleague or clinical supervisor:

Your Title: Place of Employment:

Description of Practice (see Addendum: Practice Description Codes)

Unit of Intervention (up to 4):

Client Group and Modalities (up to 5):

☐ Full-time ☐ Part-time Average number of clinical hours worked per week:

AFFIRMATION OF PROFESSIONAL STANDARDS

Diplomate in Clinical Social Work

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 certifications will not be awarded until violations are satisfactorily reviewed.
(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(s). 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 understand that my certification depends on successful completion of the certification 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 certification that has been granted on the basis thereof. I further understand that NASW reserves the right to terminate the certification 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 DIPLOMATE IN CLINICAL SOCIAL WORK designation depends on continued NASW membership and such other requirements as NASW may stipulate, and if at any time, both my NASW and DIPLOMATE IN CLINICAL SOCIAL WORK status are not active, I may not designate myself as a DIPLOMATE IN CLINICAL SOCIAL WORK.

I hereby release, discharge, and exonerate NASW and 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 results or decisions on the part of NASW and/or its agents which may include a decision to not issue me a certificate.

Signature: _____ Date: _____

Fee Information/Authorization

The application fee of \$450.00 is authorized as the payment amount to be charged against the account indicated as follows:

Applicant Name:

- ☐ Check or money order made payable to "NASW Credentialing Center" check #
☐ American Express ☐ MasterCard ☐ Visa ☐ Discover

Card number:

Expiration date:

CVV:

Exact Name of Cardholder:

Authorized Signature: _____

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

Place of Employment:

Address:

Name and Title of Person to Notify:

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: _____

Phone: Work Number:

Home Number:

Fax Number:

E-mail Address:

THE NATIONAL ASSOCIATION OF SOCIAL WORKERS

DCSW APPLICATION

REFERENCE SUMMARY EVALUATION FORM

Dear Colleague:

You have been selected to complete this reference evaluation form for, _____,
(Applicant's name)

a professional social worker applying for NASW's Diplomate in Clinical Social Work credential. The information that you provide on this form is used to establish the applicant's eligibility as a Diplomate in Clinical Social Work. Thank you for your contribution to maintaining high professional standards for the social work profession.

The NASW Diplomate in Clinical Social Work requires verification of a minimum of five years postgraduate clinical social work experience. You are being asked to verify your experience with the applicant, rate the applicant's competence as a clinical social worker, and affirm the applicant's compliance with professional standards.

Your Name:

☐ Self-Employed, or

Name of Business/Employer Organization:

Mailing Address:

Daytime Telephone Number:

E-mail Address:

Social Work Degree:

Date Awarded:

University:

Other Degree:

Date Awarded:

University:

Briefly explain the capacity or professional relationship under which you have worked with the applicant.

Only one (1) of the statements on the following page can be marked "Unable to Rate/No." Please review the form before completing. If you do not believe you are able to complete this form as requested, please notify the applicant. The completed form should be returned to the applicant in an envelope with your signature over the sealed flap.

Reference Ratings for (candidate's name): _____, DIPLOMATE IN CLINICAL SOCIAL WORK (DCSW)

To the best of your knowledge, does this applicant...	Unable to Rate / No	To a Satisfactory Extent	To a Great Extent
Maintain a clinical social work practice that conforms to the <i>NASW Code of Ethics</i> , the <i>NASW Standards for the Practice of Clinical Social Work</i> , and the <i>NASW Standards for Continuing Professional Education</i> ?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate the ability to establish rapport with her/his clients and client system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand diversity issues related to race, religious affiliation, ethnicity, age, gender, physical and intellectual abilities, and sexual orientation in assessing, planning and intervening with clients and client systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate a sound bio-psychosocial theoretical understanding of clients and client systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate the ability to utilize a range of treatment approaches as indicated by the uniqueness of the client and client systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand the limits of her/his expertise and seek consultation and/or refer to others as needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate sufficient self-awareness to examine the impact of her/his personal beliefs as potential barriers in working with clients and client systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate an understanding of her/his legal, ethical and professional obligations in working with clients and client systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate the ability to formulate hypotheses for the purpose of making accurate diagnoses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate effective and appropriate use of self in the therapeutic relationship with clients and client systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate the ability to protect the client, the public, colleagues and self from any risk factors involved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice responsible administrative procedures that comply with regulatory requirements while ensuring client confidentiality and any limitations related to that confidentiality where there is a duty to disclose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AFFIRMATION

I hereby confirm the applicant's competence as a clinical social worker. 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.

THE NATIONAL ASSOCIATION OF SOCIAL WORKERS

DCSW APPLICATION

REFERENCE SUMMARY EVALUATION FORM

Dear Colleague:

You have been selected to complete this reference evaluation form for, _____,
(Applicant's name)

a professional social worker applying for NASW's Diplomate in Clinical Social Work credential. The information that you provide on this form is used to establish the applicant's eligibility as a Diplomate in Clinical Social Work. Thank you for your contribution to maintaining high professional standards for the social work profession.

The NASW Diplomate in Clinical Social Work requires verification of a minimum of five years postgraduate clinical social work experience. You are being asked to verify your experience with the applicant, rate the applicant's competence as a clinical social worker, and affirm the applicant's compliance with professional standards.

Your Name:

☐ Self-Employed, or

Name of Business/Employer Organization:

Mailing Address:

Daytime Telephone Number:

E-mail Address:

Social Work Degree: Date Awarded: University:

Other Degree: Date Awarded: University:

Briefly explain the capacity or professional relationship under which you have worked with the applicant.

Only one (1) of the statements on the following page can be marked "Unable to Rate/No." Please review the form before completing. If you do not believe you are able to complete this form as requested, please notify the applicant. The completed form should be returned to the applicant in an envelope with your signature over the sealed flap.

Reference Ratings for (candidate's name): _____, DIPLOMATE IN CLINICAL SOCIAL WORK (DCSW)

To the best of your knowledge, does this applicant...	Unable to Rate / No	To a Satisfactory Extent	To a Great Extent
Maintain a clinical social work practice that conforms to the <i>NASW Code of Ethics</i> , the <i>NASW Standards for the Practice of Clinical Social Work</i> , and the <i>NASW Standards for Continuing Professional Education</i> ?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate the ability to establish rapport with her/his clients and client system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand diversity issues related to race, religious affiliation, ethnicity, age, gender, physical and intellectual abilities, and sexual orientation in assessing, planning and intervening with clients and client systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate a sound bio-psychosocial theoretical understanding of clients and client systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate the ability to utilize a range of treatment approaches as indicated by the uniqueness of the client and client systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand the limits of her/his expertise and seek consultation and/or refer to others as needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate sufficient self-awareness to examine the impact of her/his personal beliefs as potential barriers in working with clients and client systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate an understanding of her/his legal, ethical and professional obligations in working with clients and client systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate the ability to formulate hypotheses for the purpose of making accurate diagnoses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate effective and appropriate use of self in the therapeutic relationship with clients and client systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate the ability to protect the client, the public, colleagues and self from any risk factors involved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice responsible administrative procedures that comply with regulatory requirements while ensuring client confidentiality and any limitations related to that confidentiality where there is a duty to disclose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AFFIRMATION

I hereby confirm the applicant's competence as a clinical social worker. 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.**

ADDENDUM: PRACTICE DESCRIPTION CODES

UNIT OF INTERVENTION

Couples	CP	Groups	GR
Families	FAM	Individuals	I

CHOOSE UP TO FIVE FROM CLIENT GROUPS AND/OR MODALITIES

Couples	CP	Groups	GR
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 Group	HIS	Native American Client Group	NA
Native Hawaiian Client Group	NH	Other	O

MODALITIES

Adoption	100
Anxiety Disorders	200
Behavior Disorders	725
Chemical Dependency	125
Child Abuse/Sexual Abuse	275
Crisis Intervention	675
Developmental Disabilities	525
Employee Assistance Program (EAP)	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