

**Information Booklet with
Application and Reference Forms**

**Certified
Social Work
Case Manager
(C-SWCM)**

AND

**Certified
Advanced Social Work
Case Manager
(C-ASWCM)**



NASW Specialty Certifications

NASW Credentials Accounting, 750 First St. NE, Suite 800, Washington, DC 20002
800.638.8799 x447 • 202.408.8600 x447 • socialworkers.org • credentialing@socialworkers.org

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NASW's Specialty Certifications Program

The NASW Specialty Certifications Program is designed to help the Association's members in today's competitive workplace attain:

- Enhanced professional and public recognition
- Increased visibility as specialized, professional social workers
- Association with a select group of specialized, professional social workers who have attained national distinction

NASW Specialty Certifications, available to accredited degreed social workers only, provide a vehicle for recognizing social workers who have met national standards and possess specialized knowledge, skills, and experience.

NASW's voluntary professional specialty certifications provide recognition to those who have met national standards for higher levels of experience and knowledge and are not a substitute for state licenses.

COLLABORATION WITH THE COMMISSION FOR CASE MANAGER CERTIFICATION

In an effort to meet the needs of the evolving social work professional landscape, NASW, in collaboration with the Commission for Case Manager Certification (CCMC) now offers eligible social workers the opportunity to become board certified as case managers.

Once approved for NASW's C-SWCM or C-ASWCM certification, you will also be eligible to sit for the Commission for Case Manager Certification's CCM exam at no additional cost.

Approved applicants will be contacted by the CCMC to schedule the CCM exam, which is administered three times per year.

After you take the exam, you will be notified of your test results, and mailed a certificate and letter of certification if you've passed. The CCM certification is valid for 5 years.

SOCIAL WORK CASE MANAGEMENT

The primary goal of social work case management is to optimize client functioning by providing quality services in the most efficient and effective manner to individuals and families with multiple complex needs. Like all methods of social work practice, case management rests on a solid foundation of professional training, values, knowledge, theory, and skills.

The overall focus of social work case management is built on the biopsychosocial model which uses a Person-in-Environment (PIE) perspective to assess strengths and challenges within a systems framework. Social workers not only take into account the biological needs in a client's life, but also assess the familial, social, environmental, and other systems needs affecting a client's life.

Social work training focuses both on the micro and macro practice levels. Social workers are trained as advocates and brokers as two of the primary roles of social work practice. As part of theoretical and practice training, social workers are uniquely skilled in identifying needs for resources, assessing the appropriateness of resources and managing the use of those resources in both cost effective and clinically sound ways.

The roles and responsibilities of social work case managers can vary depending on the program or setting. Social work case managers practice in a variety of settings, including (but not limited to) hospitals, nursing homes, rehabilitation facilities, hospices, managed care organizations, community-based mental health agencies, schools, and the military.

Advanced social work case managers are equipped with the knowledge and skills to develop and measure a variety of performance outcomes. Social workers at the clinical level are able to perform case management as part of their independent practice.

CORE FUNCTIONS OF SOCIAL WORK CASE MANAGEMENT

ENGAGEMENT

Outreach, working alliance, screening, consent (release) forms, initial intake, receiving referrals

ASSESSMENT

Needs (functional and/or psychosocial), strengths/challenges/opportunities, biopsychosocial, comprehensive intake, sociocultural, resource/financial

PLANNING

Service, intervention, treatment, care, direction, rehabilitation, strategic, support, crisis prevention

IMPLEMENTATION/COORDINATION

Resource/service brokering, monitoring service delivery, service provision, project implementation, client support, crisis management

ADVOCACY

Working for systems improvement, promoting client well-being and/or client-functioning, liaison, and mediation

REASSESSMENT/EVALUATION

Monitoring, efficacy, effectiveness, appropriateness, efficiency, review/revise, plan, data collection and analysis

DISENGAGEMENT

Termination, transfer, discharge planning

Certified Social Work Case Manager (C-SWCM)

Specialty Certification for the Experienced BSW Social Work Case Manager

ELIGIBILITY CRITERIA

Applicants must meet ALL criteria to qualify for certification

NASW membership is not a requirement to hold any NASW Specialty Credentials. However, if you are a current NASW member, your membership must be in good standing to receive the discounted rate. **Associate members are not eligible for NASW Specialty Certifications.**

1. EDUCATION

BSW—The applicant must hold a bachelor's degree in social work from a Council on Social Work Education (CSWE) accredited university. The social work program must have been accredited at the time the degree was received.

An original transcript is required and must be sent in a sealed envelope directly to NASW (see mailing instructions on page 5). There are NO exceptions.

2. EXPERIENCE

The applicant must submit three years (4,500 hours—not counting administrative duties of approximately 30 hours per week of direct client-level case management tasks) post-BSW degree full-time, paid, professionally supervised (see SUPERVISION) work experience as a case manager in an agency or institutional setting.

Case management functions as described at the beginning of this booklet must constitute the primary job responsibilities. Experience must be completed at the time of application and must have been completed in no less than 36 months. Case management practice must be current, within the 5 years preceding submission of the application for the C-SWCM certification.

3. SUPERVISION and SUPERVISORY EVALUATION

A completed supervisory evaluation(s) must correspond in time to the qualifying experience that is submitted. Supervision must cover a minimum of three years (4,500 hours—not counting administrative duties, of approximately 30 hours per week of direct client-level

case management tasks) post-BSW degree full-time, paid work experience as a case manager in an agency or institutional setting. The supervisor(s) must be able to evaluate the applicant's case management skills, knowledge, and abilities across the seven core functions of case management described in this booklet.

Hours of Supervision

For the first three years of post-BSW practice, regularly scheduled face-to-face supervision meetings should occur at a rate of one hour for every 30 hours of direct client-level case management tasks (minimum of 150 hours).

Social Work Supervision is Preferred

- BSW supervisors must have at least five years post-BSW social work experience.
- MSW supervisors must have at least two years post-MSW social work experience.

Social work references will not be accepted from non-social work-degreed individuals who have been granted social work licenses by individual states.

At least one of the two references (supervisor or colleague) must be from a BSW or MSW social worker.

Alternate Supervisors

Although it is preferred that the supervisory reference comes from a BSW or an MSW, a supervisory evaluation form will be accepted from a master's level or higher allied professional who is licensed, registered or certified in their respective profession. Allied professions include medicine, nursing, education, law, and other behavioral health practitioners. For example:

- Licensed psychiatrist
- Licensed clinical psychologist (PhD)
- Licensed psychologist (PhD)
- Licensed mental health practitioner (LMHP)
- Licensed registered nurse or higher
- Licensed professional counselor (LPC)

If you are submitting a supervisory evaluation from a non-social worker, your social work colleague reference must be from a BSW or MSW social worker.

4. BSW OR MSW SOCIAL WORK COLLEAGUE REFERENCE

A confidential reference from a BSW or an MSW social work colleague is required. The colleague reference cannot be completed by the same person who completed the supervisory evaluation.

If the supervisory evaluation reference is submitted by a BSW or an MSW and there is no BSW or MSW social worker available to complete the social work colleague reference form, it may be completed by a person on the list of alternate supervisors.

At least one of the two references (supervisor or social work colleague) must be from a BSW or MSW social worker.

5. LICENSE/CREDENTIALS (Only ONE of the following is required)

- Current exam-based state issued BSW-level license or certification. (Current copy with expiration date required.) Please note that exam-based licensure at the BSW level is available only in certain states.
- Passing score on the Association of Social Work Boards (ASWB) Bachelors level exam. *This option is intended for more recent BSW graduates who are in the process of applying for licensure and have completed the exam requirement but who have not yet received the actual social work license. A copy of the passing score document received at the exam site will be acceptable.*
- One additional year of experience and 20 additional CEUs will be accepted for social workers in states that do not license at the baccalaureate level.

To apply, you MUST have one of the above items. If your state does not have an exam-based BSW-level social work license, and you do not have one of the items listed, you will not meet the eligibility criteria for the C-SWCM Certification. The ASWB Bachelors exam

is available only in states where BSW-level social work licenses are offered.

Once approved for the C-SWCM certification, you will be eligible to sit for the CCM exam. The CCM certification is valid for 5 years.

6. RENEWAL

Renewal of CCM and C-SWCM combined (*for individuals who obtained both the CCM and C-SWCM*):

- Individuals who successfully obtain both the CCM certification and the C-SWCM credential are only required to fulfill the CCM renewal cycle (5 years instead of the standard 2 years for NASW credentials). The CCM renewal automatically generates the C-SWCM renewal as well.
- Individuals who successfully obtain the CCM will receive a C-SWCM seal showing the revised certificate expiration date (5 years instead of the standard 2 years for NASW credentials).
- Renewal of both credentials will be subject to CCM renewal requirements that can be found here: <https://ccmcertification.org/faqs/certification/certification>

Renewal of C-SWCM only (*for individuals who did not obtain the CCM*):

- Renewal occurs every two years for individuals who successfully obtain the C-SWCM only.
- 20 contact hours of continuing education within the past two years relevant to case management are required for each renewal cycle. The certification holder must state to which social work case management core functions the training applies.
- Current BSW-level state social work licensure is required. The certification holder must comply with NASW's *Standards for Continuing Professional Education*.
- Individuals who successfully renew the C-SWCM will receive an updated seal to place on the original certificate.

INSTRUCTIONS AND OTHER INFORMATION

GRADUATES OF FOREIGN SCHOOLS

Degrees from foreign universities must be evaluated by the CSWE for equivalence to a degree received in the United States. For information about this process, including applicable fees, please contact:

Council on Social Work Education
1701 Duke Street, Suite 200, Alexandria, Virginia 22314
703.683.8080 • www.cswe.org

CSWE generally completes equivalency evaluations within four weeks after receiving a request and supporting documents. It is recommended that applicants start the evaluation process at least two months before submission of a NASW credential application. An acceptance letter from the CSWE must be included with the credential application.

COMPLETE APPLICATIONS WILL INCLUDE:

- 1. Original BSW transcript sent to NASW directly from the school*
- 2. Application form
- 3. Payment (see page 9)
- 4. Qualifying case management experience form
- 5. A current copy of state social work license with expiration date or a copy of ASWB exam passing scores
- 6. Supervisory Evaluation Form
- 7. Social Work Colleague Reference Form
- 8. Affirmation of Professional Standards and NASW Statement of Understanding
- 9. CCMC Code of Professional Conduct
- 10. CCMC Examination Rules
- 11. CCMC Statement of Understanding
- 12. “Answer a Few More Questions”

MAILING OF APPLICATION MATERIALS

*Transcript only

Item #1—Original transcript of accredited BSW sent directly from the school to:

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

Remainder of Application

Items #2 through #12 to:

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

PROCESSING OF APPLICATIONS

Please allow up to 6 weeks for processing from the date we receive your application. No acknowledgement of our receipt of your application will be sent to you.

APPROVED APPLICATIONS

Applicants who successfully meet all criteria will be sent an approval letter and certificate suitable for framing. Additionally, approved applicants will be contacted by the CCMC to schedule the CCM exam. NASW replacement C-SWCM certificates will be issued at a cost of \$20.00 each.

OMISSIONS OR INCORRECT SUBMISSIONS

Applicants omitting required items or sending incorrect items will be notified and will be given a reasonable amount of time to complete or correct their application. Any application for which the required materials are not received by the established deadline will be deemed ineligible.

APPLICATIONS DEEMED INELIGIBLE

Any application that does not meet *all* of the criteria outlined in this booklet will be deemed ineligible.

REFUND POLICY

A processing fee of \$160 will be retained if applications are either withdrawn or deemed ineligible. Letters of explanation will be mailed to all applicants who have been deemed ineligible.

Certified Advanced Social Work Case Manager (C-ASWCM)

Specialty Certification for the Experienced MSW Social Work Case Manager

ELIGIBILITY CRITERIA

Applicants must meet ALL criteria to qualify for certification

NASW membership is not a requirement to hold any NASW Specialty Credentials. However, if you are a current NASW member, your membership must be in good standing to receive the discounted rate. **Associate members are not eligible for NASW Specialty Certifications.**

1. EDUCATION

MSW—The applicant must hold a master's degree in social work from a CSWE accredited university. The program must have been accredited at the time the degree was received.

An original transcript is required and must be sent in a sealed envelope directly to NASW (see mailing instructions on page 8). If you were admitted to NASW's ACSW (Academy of Certified Social Workers) in 1989 or later or received NASW's QCSW (Qualified Clinical Social Worker) or DCSW (Diplomate in Clinical Social Work) Credential in 1996 or later, you do not have to submit an original transcript. Otherwise, there are NO exceptions.

2. EXPERIENCE

The applicant must submit two years (3,000 hours, not counting administrative duties approximately 30 hours per week of direct client-level case management tasks) post-MSW degree full-time paid, appropriately supervised (see SUPERVISION) work experience as a case manager, in an agency or institutional setting.

Case management functions as described at the beginning of this booklet must constitute the primary job responsibilities. The experience must be completed at the time of application and must have been completed in no less than 24 months. Case management practice must also be current, within the 5 years preceding submission of this application.

3. SUPERVISION and SUPERVISORY EVALUATION

A completed supervisory evaluation(s) must correspond in time to the qualifying experience that is submitted. Supervision must cover a minimum of two years (3,000 hours—not counting administrative duties, of approximately 30 hours per week of direct client-level case management tasks) post-MSW degree full-time, paid work experience as a case manager in an agency or institutional setting. The supervisor(s) must be able to evaluate the applicant's case management skills, knowledge, and abilities across the seven core functions of case management described in this booklet.

Hours of Supervision

For the first two years of post-MSW practice, regularly scheduled face-to-face supervision meetings should occur at a rate of one hour for every 30 hours of direct client-level case management tasks (minimum of 50 hours per year). Thereafter, supervision and consultation may occur on an as-needed basis.

Social Work Supervision is Preferred

- MSW supervisors must have had at least two years post-MSW experience as a social worker.

Social work references will not be accepted from non-social work-degreed individuals who have been granted social work licenses by individual states.

Alternate Supervisors

While it is preferred that the supervisory reference comes from an MSW, the supervisor evaluation form will be accepted from a master's level or higher allied professional who is licensed, registered or certified in their respective profession. Allied professions include medicine, nursing, education, law, and other behavioral health practitioners. For example:

- Licensed psychiatrist
- Licensed clinical psychologist (PhD)
- Licensed psychologist (PhD)
- Licensed mental health practitioner (LMHP)
- Licensed registered nurse or higher
- Licensed professional counselor (LPC)

4. MSW SOCIAL WORK COLLEAGUE REFERENCE

A confidential reference from an MSW social work colleague is required. The colleague reference cannot be completed by the same person who completed the supervisory evaluation.

5. LICENSE/CREDENTIALS (Only ONE of the following is required)

- Current exam-based state issued MSW-level license or certification. (Current copy with expiration date required.)
- Passing score on the ASWB (Association of Social Work Boards) MSW-level exam. *This option is intended for more recent MSW graduates who are in the process of applying for licensure and have completed the exam requirement but who have not yet received the actual social work license.*

6. RENEWAL

Renewal of CCM and C-ASWCM combined (*for individuals who obtained both the CCM and C-ASWCM*):

- Individuals who successfully obtain both the CCM certification and the C-ASWCM credential

are only required to fulfill the CCM renewal cycle (5 years instead of the standard 2 years for NASW credentials). The CCM renewal automatically generates the C-ASWCM renewal as well.

- Individuals who successfully obtain the CCM will receive a C-ASWCM seal showing the revised certificate expiration date (5 years instead of the standard 2 years for NASW credentials).
- Renewal of both credentials will be subject to CCM renewal requirements that can be found here: <https://ccmcertification.org/faqs/certification/certification>

Renewal of C-ASWCM only (*for individuals who did not obtain the CCM*):

- Renewal occurs every two years for individuals who successfully obtain the C-ASWCM only.
- 20 contact hours of continuing education within the past two years relevant to case management are required for each renewal cycle. The applicant must state to which social work case management core functions the training applies.
- Current MSW-level state social work licensure is required. The certification holder must comply with NASW's *Standards for Continuing Professional Education*.
- Individuals who successfully renew the C-ASWCM will receive an updated seal to place on the original certificate.

INSTRUCTIONS AND OTHER INFORMATION

GRADUATES OF FOREIGN SCHOOLS

Degrees from foreign universities must be evaluated by CSWE for equivalence to a degree received in the United States. For information about this process, including applicable fees, please contact:

Council on Social Work Education
1701 Duke Street, Suite 200, Alexandria, Virginia 22314
703.683.8080 • www.cswe.org

CSWE generally completes equivalency evaluations within four weeks after receiving a request and supporting documents. It is recommended that applicants start the evaluation process at least two months before submission of a NASW credential application. An acceptance letter from CSWE must be included with the credential application.

COMPLETE APPLICATIONS WILL INCLUDE:

- 1. Original transcript of MSW
- 2. Application form
- 3. Payment (see page 9)
- 4. Qualifying case management experience form
- 5. A current copy of state social work license with expiration date or a copy of ASWB clinical exam passing scores.
- 6. Supervisory Evaluation Form
- 7. Social Work Colleague Reference Form
- 8. Affirmation of Professional Standards and NASW Statement of Understanding
- 9. CCMC Code of Professional Conduct
- 10. CCMC Statement of Understanding
- 11. CCMC Examination Rules
- 12. "Answer a Few More Questions"

MAILING OF APPLICATION MATERIALS

***Transcript only**

Item #1—Original transcript of accredited MSW sent directly from the school to:

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

Remainder of Application

Items #2 through #12 to:

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

PROCESSING OF APPLICATIONS

Please allow up to 6 weeks for processing from the date we receive your application. No acknowledgement of our receipt of your application will be sent to you.

APPROVED APPLICATIONS

Applicants who successfully meet all criteria will be sent an approval letter and certificate suitable for

framing. (NASW replacement certificates will be issued at a cost of \$20 each).

OMISSIONS OR INCORRECT SUBMISSIONS

Applicants omitting required items or sending incorrect items will be notified and will be given a reasonable amount of time to complete or correct their application. Any application for which the required materials are not received by the established deadline will be deemed ineligible.

APPLICATIONS DEEMED INELIGIBLE

Any application that does not meet *all* of the criteria outlined in this booklet will be deemed ineligible.

REFUND POLICY

A processing fee of \$160 will be retained if applications are either withdrawn or deemed ineligible. Letters of explanation will be mailed to all applicants who have been deemed ineligible.

APPLICATION FORM

Social Work Case Management Specialty Certification

Please read the criteria and all instructions before completing this form.

Application For:

- ☐ C-SWCM (Certified Social Work Case Manager—BSW level)
- ☐ C-ASWCM (Certified Advanced Social Work Case Manager—MSW level)
- ☐ I am just interested in obtaining the NASW Case Management credential, and do not plan on sitting for the CCM exam as part of this application process.

NASW Membership number: 8 8 _____ (if applicable)

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: H _____ W _____ E-mail: _____

Accredited Social Work Education

Degree: ☐ BSW ☐ MSW Date awarded: _____

School: _____ Area of Concentration: _____

Name under which transcript was issued, if different from current name _____

License/Credentials

C-SWCM—ONE of the following is *required*. Mark appropriate box.

- ☐ Current state-issued, ASWB basic exam-based BSW-level license (*include current copy showing expiration date with application*)
- ☐ Passing score on ASWB basic-level exam (*include copy of exam scores*)

C-ASWCM—ONE of the following is *required*. Mark appropriate box.

- ☐ Current state issued exam-based MSW-level license (*include current copy showing expiration date with application*)
- ☐ Passing score on ASWB master's, clinical, or advanced generalist exam (*include copy of passing exam scores with application*)

Payment (mark appropriate box)

Authorized Amount – please check the appropriate fee level

C-SWCM / C-ASWCM and CCM	<input type="radio"/> \$335 – NASW Member	<input type="radio"/> \$410 – Non-member
C-SWCM / C-ASWCM only	<input type="radio"/> \$165 – NASW Member	<input type="radio"/> \$210 – Non-member

- ☐ Check or money order made payable to “NASW Credentialing Center”
- ☐ American Express ☐ MasterCard ☐ Visa ☐ NASW Visa (supports work on behalf of your profession)

Card number: _____ Expiration date: _____ CVV: _____

Signature: _____

All the following Attestations MUST be completed, signed and dated.

AFFIRMATION OF PROFESSIONAL STANDARDS

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 social work practice conforms to the NASW *Code of Ethics*, the NASW *Standards for Social Work Case Management*, and the NASW *Standards for Continuing Professional Education*. I further agree to adhere to the NASW *Code of Ethics*, the NASW *Standards for Social Work Case Management*, 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 certification. I further understand that NASW reserves the right to revoke NASW social work certifications of any person found to have violated the NASW *Code of Ethics*, or found to be noncompliant with the NASW *Standards for Social Work Case Management* 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: _____

CCMC CODE OF PROFESSIONAL CONDUCT

Principles

Principle 1: Board-Certified Case Managers (CCMs) will place the public interest above their own at all times. Principle 2: Board-Certified Case Managers (CCMs) will respect the rights and inherent dignity of all of their clients. Principle 3: Board-Certified Case Managers (CCMs) will always maintain objectivity in their relationships with clients. Principle 4: Board-Certified Case Managers (CCMs) will act with integrity and fidelity with clients and others. Principle 5: Board-Certified Case Managers (CCMs) will maintain their competency at a level that ensures their clients will receive the highest quality of service. Principle 6: Board-Certified Case Managers (CCMs) will honor the integrity of the CCM designation and adhere to the requirements for its use. Principle 7: Board-Certified Case Managers (CCMs) will obey all laws and regulations. Principle 8: Board-Certified Case Managers (CCMs) will help maintain the integrity of the *Code*, by responding to requests for public comments to review and revise the *Code*, thus helping ensure its consistency with current practice.

CCMC Rules of Conduct

Violation of any of these rules may result in disciplinary action by the Commission up to and including revocation of the individual's certification. Rule 1: A Board-Certified Case Manager (CCM) will not intentionally falsify an application or other documents. Rule 2: A Board-Certified Case Manager (CCM) will not be convicted of a felony. Rule 3: A Board-Certified Case Manager (CCM) will not violate the code of ethics governing the profession upon which the individual's eligibility for the CCM designation is based. Rule 4: A Board-Certified Case Manager (CCM) will not lose the primary professional credential upon which eligibility for the CCM designation is based. Rule 5: A Board-Certified Case Manager (CCM) will not violate or breach the *Standards for Professional Conduct*. Rule 6: A Board-Certified Case Manager (CCM) will not violate the rules and regulations governing the taking of the certification examination and maintenance of CCM Certification.

I have read and understand the CCMC Code of Professional Conduct (Principles and Rules of Conduct). To qualify for certification, you must be able to answer yes truthfully.

- ☐ YES ☐ NO

NASW STATEMENT OF UNDERSTANDING

I hereby apply for specialty certification as a:

☐ Certified Social Work Case Manager

☐ Certified Advanced Social Work Case Manager

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 CERTIFIED SOCIAL WORK CASE MANAGER or CERTIFIED ADVANCED SOCIAL WORK CASE MANAGER designation depends on payment of the certification renewal fee, and such other requirements as NASW may stipulate, and if at any time, my CERTIFIED SOCIAL WORK CASE MANAGER or CERTIFIED ADVANCED SOCIAL WORK CASE MANAGER status is not active, I may not designate myself as a CERTIFIED SOCIAL WORK CASE MANAGER or CERTIFIED ADVANCED SOCIAL WORK CASE MANAGER.

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 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: _____

CCMC STATEMENT OF UNDERSTANDING

I understand that successful completion of the NASW certification for which I am applying will also automatically qualify me to attempt, at no additional cost, for certification as a Certified Case Manager (CCM), a voluntary professional credential sponsored by the Commission for Case Manager Certification (CCMC). I understand that CCMC certification depends upon my satisfying all of the criteria for knowledge and experience established by the commission, and that CCMC is the sole judge of my eligibility for certification and that I have no right to question its discretion in granting or denying certification. This includes the submission of all required documents and references.

If, in the sole exercise of its discretion, CCMC extends certification to me, I agree to abide by the Rules of Conduct, as found within the Code of Professional Conduct for Case Managers (Code), which I have read and understand. I also understand that any false, inaccurate, or misleading statements included here will constitute grounds for the suspension or revocation of the CCM designation awarded on the basis of the information contained herein.

As an inducement to the commission and its committees to investigate and reach a determination regarding my character, reputation, and fitness for certification, I hereby release, discharge, and exonerate the commission and its committees, members, agents, and representatives, and any person or entity furnishing documents, records, or other information, from any and all liability of every kind and nature arising out of the furnishing, inspection, or use of such documents, records, or information.

I understand that information submitted as part of the application, certification and certification renewal processes becomes the property of the commission and will not be released to outside parties unless authorized by the applicant/certificant or unless required by law. I also understand that individual score reports are released to me as a candidate and are not released to any institution or employer. Furthermore, I agree that for research and statistical purposes only, data resulting from the certification process may be used in an anonymous/unidentifiable manner.

I further understand that the commission does provide a database listing all certificants on its website, which is updated periodically, for the use of the public, and that the commission also receives and responds to requests for information about the certification status of those holding its credential.

Signature: _____ Date: _____

CCMC EXAMINATION RULES

I understand that the CCM Exam is confidential and proprietary. It is made available to examinees solely for the purpose of assessing proficiency level. If approved to take the exam, I am expressly prohibited from disclosing, publishing, reproducing, or transmitting the exam, in whole or part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose, without the prior express written permission of the Commission for Case Manager Certification.

- ☐ YES
- ☐ NO

I require special accommodations to take the CCM exam because of religious reasons.

- ☐ YES
- ☐ NO

I require special accommodations to take the CCM exam because of functional limitations such as hearing, vision, or mobility.

- ☐ YES
- ☐ NO

Qualifying Experience Form

Include **ONLY** case management experience. List current or most recent case management experience first. Do **NOT** send resumes.

Name of applicant: _____

Length of employment: FROM (mo./yr.) _____ TO (mo./yr.) _____

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

Name of supervisor: _____ Supervisor's degree: ☐ MSW ☐ _____

Dates of employment under this supervisor: from (mo./yr.) _____ to (mo./yr.) _____

Name of supervisor: _____ Supervisor's degree: ☐ MSW ☐ _____

Dates of employment under this supervisor: from (mo./yr.) _____ to (mo./yr.) _____

Your job title: _____

Is case management your primary job function in this position? ☐ YES ☐ NO

Which core functions of case management are part of your job functions? (see page 2)

- ☐ Engagement ☐ Assessment ☐ Planning ☐ Implementation/Coordination
☐ Advocacy ☐ Reassessment ☐ Disengagement ☐ Other _____

Number of hours per week—Only direct contact and related clinical duties. Do not count administrative duties.

- ☐ Full-time (must be at least 30 hours per week direct contact to be credited as full time)
☐ Part-time (minimum allowable: 20 hours per week direct contact) _____ hours per week

Length of employment: FROM (mo./yr.) _____ TO (mo./yr.) _____

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

Name of supervisor: _____ Supervisor's degree: ☐ MSW ☐ _____

Dates of employment under this supervisor: from (mo./yr.) _____ to (mo./yr.) _____

Name of supervisor: _____ Supervisor's degree: ☐ MSW ☐ _____

Dates of employment under this supervisor: from (mo./yr.) _____ to (mo./yr.) _____

Your job title: _____

Is case management your primary job function in this position? ☐ YES ☐ NO

Which core functions of case management are part of your job functions? (see page 2)

- ☐ Engagement ☐ Assessment ☐ Planning ☐ Implementation/Coordination
☐ Advocacy ☐ Reassessment ☐ Disengagement ☐ Other _____

Number of hours per week—Only direct contact and related clinical duties. Do not count administrative duties.

- ☐ Full-time (must be at least 30 hours per week direct contact to be credited as full time)
☐ Part-time (minimum allowable: 20 hours per week direct contact) _____ hours per week

Include ONLY case management experience. List current or most recent case management experience first. Do NOT send resumes.

Length of employment: FROM (mo./yr.) _____ TO (mo./yr.) _____

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

Name of supervisor: _____ Supervisor's degree: ☐ MSW ☐ _____

Dates of employment under this supervisor: from (mo./yr.) _____ to (mo./yr.) _____

Name of supervisor: _____ Supervisor's degree: ☐ MSW ☐ _____

Dates of employment under this supervisor: from (mo./yr.) _____ to (mo./yr.) _____

Your job title: _____

Is case management your primary job function in this position? ☐ YES ☐ NO

Which core functions of case management are part of your job functions? (see page 2)

- ☐ Engagement ☐ Assessment ☐ Planning ☐ Implementation/Coordination
☐ Advocacy ☐ Reassessment ☐ Disengagement ☐ Other _____

Number of hours per week—Only direct contact and related clinical duties. Do not count administrative duties.

- ☐ Full-time (must be at least 30 hours per week direct contact to be credited as full time)
☐ Part-time (minimum allowable: 20 hours per week direct contact) _____ hours per week

Length of employment: FROM (mo./yr.) _____ TO (mo./yr.) _____

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

Name of supervisor: _____ Supervisor's degree: ☐ MSW ☐ _____

Dates of employment under this supervisor: from (mo./yr.) _____ to (mo./yr.) _____

Name of supervisor: _____ Supervisor's degree: ☐ MSW ☐ _____

Dates of employment under this supervisor: from (mo./yr.) _____ to (mo./yr.) _____

Your job title: _____

Is case management your primary job function in this position? ☐ YES ☐ NO

Which core functions of case management are part of your job functions? (see page 2)

- ☐ Engagement ☐ Assessment ☐ Planning ☐ Implementation/Coordination
☐ Advocacy ☐ Reassessment ☐ Disengagement ☐ Other _____

Number of hours per week—Only direct contact and related clinical duties. Do not count administrative duties.

- ☐ Full-time (must be at least 30 hours per week direct contact to be credited as full time)
☐ Part-time (minimum allowable: 20 hours per week direct contact) _____ hours per week

ANSWER A FEW MORE QUESTIONS

Have you ever held a professional license or certification that was revoked, suspended, voluntarily relinquished, or placed on probation or otherwise been disciplined by a professional licensure or certification body?

☐ Yes. If selected, you must enter additional explanation.

☐ NO

Have you ever been reprimanded or discharged by an employer or supervisor for dishonesty in connection with your employment or occupation?

☐ Yes. If selected, you must enter additional explanation.

☐ NO

Have you ever been convicted of a felony?

☐ Yes. If selected, you must enter additional explanation.

☐ NO

During the last seven years, have you been arrested, accused, or convicted of violating any law or ordinance? (excluding minor traffic violations)

☐ Yes. If selected, you must enter additional explanation.

☐ NO

Have you ever been convicted of violating any law or ordinance dealing with the use, possession, or sale of drugs or alcohol?

☐ Yes. If selected, you must enter additional explanation.

☐ NO

Have you ever been convicted of violating any statute or ordinance dealing with sexual assault, abuse, molestation, indecent solicitation, obscenity, or similar acts of moral turpitude?

☐ Yes. If selected, you must enter additional explanation.

☐ NO

Have you ever received or been offered a grant of immunity in a grand jury proceeding?

☐ Yes. If selected, you must enter additional explanation. ☐ NO

Please answer the following two questions only if you plan on sitting for the CCM exam.

Have you ever held yourself out to be a Certified Case Manager or used the initials CCM in the execution of any documents?

☐ Yes. If selected, you must enter additional explanation. ☐ NO

Are you currently serving or have you ever served as a volunteer or Commissioner for CCMC?

☐ Yes. If selected, you must enter additional explanation. ☐ NO

Supervisory Reference Evaluation Form

Certified Social Work Case Manager BSW Applicants

THIS SECTION ONLY TO BE COMPLETED BY APPLICANT

Name of applicant: _____

Address: _____

City: _____ State: _____ Zip code: _____

Daytime phone number, including area code: _____

I, the undersigned applicant for the NASW Certified Social Work Case Manager Specialty Certification, attest that the supervisory reference named _____, is a social work / _____ professional and has knowledge about my practice and qualifications for certification. I understand and agree that the reference is providing this evaluation confidentially and has no obligation to reveal its contents to me. I further acknowledge that, by agreeing to supply this evaluation, the reference does not thereby assume responsibility for NASW's decisions regarding my application.

Signature: _____ Date: _____

Print name: _____

When this section is completed, give the entire form to the SUPERVISOR for completion. The supervisor must return the completed reference to you in a sealed envelope with his or her signature across the seal. Unsealed or unsigned envelopes will not be accepted and will be returned to the applicant.

THE REMAINDER OF THIS FORM MUST BE COMPLETED BY SUPERVISORY REFERENCE

Dear Supervisor:

You have been selected to complete this reference form by a social worker applying for NASW's Specialty Certification in Case Management. The information that you provide on this form will help establish the applicant's eligibility for the Certified Social Work Case Manager Specialty Certification. References must be able to evaluate the applicant's social work case management practice across the seven core functions of case management and must be able to answer at least 24 of the 27 questions. (Only three of the questions can be marked "not applicable" or "unable to rate"). Please review the form before completing. If you are unable to complete the form as required, please notify the applicant. Otherwise, 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.

Supervision Requirements

Supervisor Qualifications

Applicants for the Certified Social Work Case Manager Specialty Certification must be supervised by either a BSW social worker with at least five years post-BSW degree social work experience or by an MSW social worker with at least two years post-MSW degree social work experience. In cases where the applicant has not had access to a qualified BSW or MSW supervisor, a supervisory reference will be accepted from one of the following: licensed psychiatrist, licensed clinical psychologist (PhD), licensed psychologist (PhD), licensed professional counselor (LPC), or a licensed registered nurse or higher.

C-SWCM SUPERVISORY REFERENCE EVALUATION FORM INSTRUCTIONS

NASW appreciates your reading each item carefully and evaluating the applicant according to the scale provided. Please include comments/explanation on any item marked “minimal” such as “improving,” “additional training planned,” etc.

KEY:

Not Applicable:	<i>Not part of services in your setting or not part of applicant's role/responsibilities</i>
Unable to Rate:	<i>Have not had the opportunity to directly observe applicant or discuss in supervision</i>
Minimal:	<i>Minimum Ability/Skills/Knowledge—could use improvement</i>
Average:	<i>Average Ability/Skills/Knowledge—adequate for position</i>
Excellent:	<i>High level Ability/Skills/Knowledge</i>

1. Ability to engage clients in the case management process

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Ability to establish and maintain appropriate boundaries with clients

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Demonstrates skills to engage in ethnic/gender/age/faith-sensitive practice

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Demonstrates skills in incorporating clients' self-assessment of strengths and weaknesses in a psychosocial assessment

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Demonstrates skill in identifying at-risk factors

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Ability to work as part of a multidisciplinary team

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Ability to maintain ongoing contact with clients and providers to ensure that services continue to meet the client's needs

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Ability to conduct initial intake and screening to determine eligibility and appropriateness for case management

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Ability to seek and use supervision appropriately

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Name of applicant: _____

10. Demonstrates up-to-date knowledge of local resources available to clients

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Ability to incorporate understanding of the NASW Code of Ethics in practice

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Ability to obtain completed agency-required paperwork (informed consent, releases of information, etc.) from client

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Ability to coordinate service delivery to ensure the continuity and complementarity of the services

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Ability to respond promptly to changes in needs and alter the delivery of services appropriately

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Ability to respond effectively in client crisis situations

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Ability to carry out agency's programs and operating procedures

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Demonstrates knowledge and understanding of federal, state, and local laws, regulations and mandates as they relate to social work case management and provision of services to clients (i.e. Tarasoff, child protective services regulations, etc.)

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Ability to evaluate client's needs (functional and psychosocial) and resources of the client's identified support system, including family, friends, and organizational memberships

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Ability to plan for termination with client (including development of plan for ongoing informal supports when appropriate), to judge when termination is appropriate, and to facilitate termination of services

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Ability to advocate for clients/families to facilitate receipt of entitlements or other needed services

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Name of applicant: _____

21. Demonstrates skill in maximizing use of both formal resources and informal resources, such as the clients identified support system

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐ ☐ ☐

22. Demonstrates skill in identifying client strengths and weaknesses and their impact on level of functioning

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐ ☐ ☐

23. Demonstrates skill in ongoing reassessment of the client's needs and progress in meeting the objectives to ensure the timely provision of services

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐ ☐ ☐

24. Ability to collect and report data as required (i.e. by employment setting, as part of program evaluation, or as part of funding compliance)

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐ ☐ ☐

25. Ability to promote client self-sufficiency and support client self-determination

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐ ☐ ☐

26. Ability to perform necessary agency requirements for discharge planning

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐ ☐ ☐

27. Ability to develop a treatment/intervention plan in concert with the client (and his or her family, when appropriate)

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐ ☐ ☐

INFORMATION ABOUT SUPERVISOR

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Daytime phone number, including area code: _____

E-mail address: _____

Do you hold a social work degree? ☐ YES ☐ NO

If YES: ☐ BSW year _____ ☐ MSW year _____ ☐ PhD/DSW year _____

School(s) awarding degree(s): _____

Years of post-degree social work experience: _____

Name of applicant: _____

If NO, degree/discipline/license:

☐ Licensed MD psychiatrist

☐ Licensed PhD psychologist

☐ Licensed registered nurse or higher

☐ Licensed professional counselor (LPC)

☐ Licensed PhD clinical psychologist

(specify license) _____

Degree and discipline: _____ Date awarded: _____

School awarding degree: _____

Years of post-degree case management experience: _____

Your current position/title: _____

Name/address of agency/organization where supervision took place:

City: _____ State: _____ Zip code: _____

Documentation of Supervision

For the first three years post-BSW, this certification requires that direct face-to-face supervision meetings with the applicant occurred at a rate of one hour for each 30 hours of direct client-level case management tasks and requires a minimum total of 150 hours of supervision.

- Dates you provided supervision for the applicant: From (mo./yr.) _____ To (mo./yr.) _____
- Number of hours per week the applicant worked under your supervision: _____
- Frequency of individual supervision meetings:
 - ☐ Semi-weekly (2× weeks)
 - ☐ Weekly
 - ☐ Other—specify nature, frequency and length (# of hours) of supervision: _____
- Length of individual supervision meetings:
 - ☐ 1 hour
 - ☐ Other: _____
- Total number of hours of supervision you provided for the applicant: _____

I hereby affirm that I directly supervised the applicant and the information I have provided on this form is correct to the best of my knowledge and belief. I hereby recommend that the applicant be certified as Certified Social Work Case Manager.

Signature: _____ Date: _____

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

Social Work Colleague Reference Form

Certified Social Work Case Manager BSW Applicants

THIS SECTION ONLY TO BE COMPLETED BY APPLICANT

Name of applicant: _____

Address: _____

City: _____ State: _____ Zip code: _____

Daytime phone number, including area code: _____

E-mail address: _____

I, the undersigned applicant for the NASW Certified Social Work Case Manager Specialty Certification, attest that the colleague reference named, _____ is a professional knowledgeable about my practice and qualifications for certification. I understand and agree that the reference is providing this evaluation confidentially and has no obligation to reveal its contents to me. I further acknowledge that, by agreeing to supply this evaluation, the reference does not thereby assume responsibility for NASW's decisions regarding my application.

Signature: _____ Date: _____

Print name: _____

When the above section is completed, give the entire form to the COLLEAGUE for completion. The colleague must return completed reference to you in a sealed envelope with his or her signature across the seal. Unsealed or unsigned envelopes will not be accepted and will be returned to the applicant.

THE REMAINDER OF THIS FORM MUST BE COMPLETED BY SOCIAL WORK COLLEAGUE

Dear Colleague:

You have been selected to complete this reference form by a social worker applying for NASW's Specialty Certification in Case Management. The information that you provide on this form will help establish the applicant's eligibility for the Certified Social Work Case Manager Specialty Certification. Please review the form before completing. If you are unable to complete the form or are unable to respond to any of the items, please notify the applicant. Otherwise, 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. Ability to incorporate understanding of the NASW Code of Ethics in practice

Minimal Ability

☐

Average Ability

☐

Excellent Ability

☐

2. Ability to use social work colleagues for peer consultation when appropriate

Minimal Ability

☐

Average Ability

☐

Excellent Ability

☐

3. Ability to treat colleagues with courtesy and respect

Minimal Ability

☐

Average Ability

☐

Excellent Ability

☐

4. Demonstrates skill in striving to enhance interprofessional, intraprofessional, and interagency cooperation on behalf of the client

Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐

5. Ability to critically evaluate own practice as a social work case manager

Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐

6. Demonstrates commitment to continuing professional development

Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐

7. Ability to work as part of a multidisciplinary team

Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐

8. Ability to promote client self-sufficiency and support client self-determination

Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐

9. Ability to advocate for clients and families

Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐

10. Demonstrates commitment to engage in ethnic/gender/age/faith-sensitive practice

Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐

11. Ability to establish and maintain appropriate boundaries with clients

Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐

INFORMATION ABOUT COLLEAGUE

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Daytime phone number, including area code: _____

E-mail address: _____

Do you hold a social work degree? ☐ YES ☐ NO

If YES: ☐ BSW year _____ ☐ MSW year _____ ☐ PhD/DSW year _____

School(s) awarding degree(s): _____

Years of post-degree social work experience: _____

If NO, degree/discipline/license:

☐ Licensed psychiatrist

☐ Licensed psychologist (PhD)

☐ Licensed registered nurse or higher

☐ Licensed professional counselor (LPC)

☐ Licensed clinical psychologist (PhD)

Name of applicant: _____

Degree and discipline: _____ Date awarded: _____

School awarding degree: _____

Years of post-degree case management experience: _____

Your current position/title: _____

How long have you known the applicant? _____ year(s) _____ months

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 to the applicant's competence as a social work case manager and that the applicant has completed the employment described. To the best of my knowledge and belief, the applicant's social work practice conforms to the NASW *Code of Ethics*, the NASW Standards for Social Work Case Management and the NASW *Standards for Continuing Professional Education*. (*The applicant can make these standards available to you for review.*)

Signature: _____ Date: _____

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

Supervisory Reference Evaluation Form

Certified Advanced Social Work Case Manager MSW Applicants

THIS SECTION ONLY TO BE COMPLETED BY APPLICANT

Name of applicant: _____

Address: _____

City: _____ State: _____ Zip code: _____

Daytime phone number, including area code: _____

I, the undersigned applicant for the NASW Certified Advanced Social Work Case Manager Specialty Certification, attest that the supervisory reference named _____, is a social work / _____ professional and has knowledge about my practice and qualifications for certification. I understand and agree that the reference is providing this evaluation confidentially and has no obligation to reveal its contents to me. I further acknowledge that, by agreeing to supply this evaluation, the reference does not thereby assume responsibility for NASW's decisions regarding my application.

Signature: _____ Date: _____

Print name: _____

When this section is completed, give the entire form to the SUPERVISOR for completion. The supervisor must return the completed reference to you in a sealed envelope with his or her signature across the seal. Unsealed or unsigned envelopes will not be accepted and will be returned to the applicant.

THE REMAINDER OF THIS FORM MUST BE COMPLETED BY SUPERVISORY REFERENCE

Dear Supervisor:

You have been selected to complete this reference form by a social worker applying for NASW's Specialty Certification in Case Management. The information that you provide on this form will help establish the applicant's eligibility for the Certified Advanced Social Work Case Manager Specialty Certification. References must be able to evaluate the applicant's social work case management practice across the seven core functions of case management and must be able to answer at least 35 of the 39 questions. (Only four of the questions can be marked "not applicable" or "unable to rate"). Please review the form before completing. If you are unable to complete the form as required, please notify the applicant. Otherwise, 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.

Supervision Requirements

Supervisor Qualifications

Applicants for the Certified Advanced Social Work Case Manager Specialty Certification must be supervised by an MSW social worker with at least two years post-MSW degree social work experience. In cases where the applicant has not had access to a qualified MSW supervisor, a supervisory reference will be accepted from one of the following: licensed psychiatrist, licensed clinical psychologist (PhD), licensed psychologist (PhD), licensed professional counselor (LPC) or a licensed registered nurse or higher.

C-ASWCM SUPERVISORY REFERENCE EVALUATION FORM INSTRUCTIONS

NASW appreciates your reading each item carefully and evaluating the applicant according to the scale provided. Please include comments/explanation on any item marked “minimal” such as “improving”, “additional training planned”, etc.

KEY:

Not Applicable:	<i>Not part of services in your setting or not part of applicant's role/responsibilities</i>
Unable to Rate:	<i>Have not had the opportunity to directly observe applicant or discuss in supervision</i>
Minimal:	<i>Minimum Ability/Skills/Knowledge—could use improvement</i>
Average:	<i>Average Ability/Skills/Knowledge—adequate for position</i>
Excellent:	<i>High level Ability/Skills/Knowledge</i>

1. Ability to engage clients in the case management process

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Ability to establish and maintain appropriate boundaries with clients

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Demonstrates skill to engage in ethnic/gender/age/faith-sensitive practice

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Demonstrates skill in incorporating clients' self-assessment of his or her strengths and weaknesses in a psychosocial assessment

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Demonstrates skill in identifying at-risk factors

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Ability to work as part of a multidisciplinary team

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Ability to work with clients with complex needs, such as dual or multi-diagnosed clients

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Ability to maintain ongoing contact with clients and providers to ensure that services continue to meet the client's needs

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Demonstrates a basic understanding of major ICD-10-CM/DSM-5 diagnoses

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Name of applicant: _____

10. Ability to conduct initial intake and screening to determine eligibility and appropriateness for case management

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Ability to seek and use supervision appropriately

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Demonstrates up-to-date knowledge of local resources available to clients

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Ability to incorporate understanding of the NASW Code of Ethics in practice

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Ability to obtain completed agency-required paperwork (i.e. informed consent, releases of information, etc.)

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Ability to assess mental health status, pre-existing health or mental health problems

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Demonstrates knowledge of systems theory

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Demonstrates knowledge of community organizing principles

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Ability to coordinate service delivery to ensure the continuity and complementarity of the interventions

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Ability to respond promptly to changes in needs and alter the delivery of services appropriately

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Ability to facilitate groups (i.e. support, psychoeducational, etc.)

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Demonstrates knowledge of theories of human development for making in-depth biopsychosocial assessments

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Name of applicant: _____

22. Ability to respond effectively to client crisis situations

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. Demonstrates knowledge of social policy development and the role of social work in affecting policy change

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. Ability to critically evaluate one's own practice

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Ability to carry out agency's programs and operating procedures

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. Demonstrates knowledge and understanding of federal, state and local laws, regulations and mandates as they relate to social work case management and provision of services to clients (i.e. *Tarasoff*, child protective services, etc.)

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Ability to evaluate client's needs (functional and psychosocial) and resources of the client's informal support system, including family, friends, and organizational memberships

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Demonstrates ability to analyze and understand data (i.e. needs assessment, client survey, program evaluation, etc.)

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. Ability to plan for termination with client, (including plans for ongoing informal supports when appropriate), to judge when termination is appropriate and to facilitate termination of services

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. Ability to advocate for clients and families

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. Demonstrates skill in maximizing use of both formal and informal resources (i.e. family, friends, etc.)

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. Demonstrates skill in identifying client strengths and needs and their impact on level of functioning

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Name of applicant: _____

33. Demonstrates skill in ongoing reassessment of the client's needs and progress in meeting the objectives to ensure the timely provision of services

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐ ☐ ☐

34. Ability to collect and report data as required (i.e., by employment setting, as part of program evaluation, or as part of funding compliance)

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐ ☐ ☐

35. Demonstrates working knowledge of major psychopharmacological medications and primary conditions for which they are commonly prescribed

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐ ☐ ☐

36. Ability to promote client self-sufficiency and support client self-determination

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐ ☐ ☐

37. Demonstrates knowledge of program evaluation

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐ ☐ ☐

38. Ability to perform necessary agency requirements for discharge planning

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐ ☐ ☐

39. Ability to develop a treatment/intervention plan in concert with the client (and his or her family, when appropriate)

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐ ☐ ☐

INFORMATION ABOUT SUPERVISOR

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Daytime phone number, including area code: _____

E-mail address: _____

Do you hold a social work degree? ☐ YES ☐ NO

If YES: ☐ BSW year _____ ☐ MSW year _____ ☐ PhD/DSW year _____

School(s) awarding degree(s): _____

Years of post-degree social work experience: _____

If NO, degree/discipline/license:

- | | |
|--|---|
| <input type="radio"/> Licensed psychiatrist | <input type="radio"/> Licensed psychologist (PhD) |
| <input type="radio"/> Licensed registered nurse or higher | <input type="radio"/> Licensed professional counselor (LPC) |
| <input type="radio"/> Licensed clinical psychologist (PhD) | |

Degree and discipline: _____ Date awarded: _____

School awarding degree: _____

Years of post-degree case management experience: _____

Your current position/title: _____

Name/address of agency/organization where supervision took place:

City: _____ State: _____ Zip code: _____

Documentation of Supervision

For the first two years post-MSW, this certification requires that direct face-to-face supervision meetings with the applicant occurred at a rate of one hour for each 30 hours of direct client-level case management tasks and requires a minimum total of 50 hours of supervision. From the third year post-MSW and later, supervision and consultation meetings should occur at a minimum on an as-needed basis.

- Dates you provided supervision for the applicant: From (mo./yr.) _____ To (mo./yr.) _____
- Number of hours per week the applicant worked under your supervision: _____
- Frequency of individual supervision meetings:
 - ☐ Weekly
 - ☐ Bi-weekly (every other week or twice a month)
 - ☐ Other—specify nature, frequency and length (# of hours) of supervision: _____

- Length of individual supervision meetings:
 - ☐ 1 hour
 - ☐ Other: _____
- Total number of hours of supervision you provided for the applicant: _____

I hereby affirm that I directly supervised the applicant and the information I have provided on this form is correct to the best of my knowledge and belief. I hereby recommend that the applicant be certified as Certified Advanced Social Work Case Manager.

Signature: _____ Date: _____

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

Social Work Colleague Reference Form

Certified Advanced Social Work Case Manager MSW Applicants

THIS SECTION ONLY TO BE COMPLETED BY APPLICANT

Name of applicant: _____

Address: _____

City: _____ State: _____ Zip code: _____

Daytime phone number, including area code: _____

E-mail address: _____

I, the undersigned applicant for the NASW Certified Advanced Social Work Case Manager Specialty Certification, attest that the MSW social work colleague reference named, _____ is a professional knowledgeable about my practice and qualifications for certification. I understand and agree that the reference is providing this evaluation confidentially and has no obligation to reveal its contents to me. I further acknowledge that, by agreeing to supply this evaluation, the reference does not thereby assume responsibility for NASW's decisions regarding my application.

Signature: _____ Date: _____

Print name: _____

When the above section is completed, give the entire form to the COLLEAGUE for completion. The colleague must return completed reference to you in a sealed envelope with his or her signature across the seal. Unsealed or unsigned envelopes will not be accepted and will be returned to the applicant.

THE REMAINDER OF THIS FORM MUST BE COMPLETED BY SOCIAL WORK COLLEAGUE

Dear Colleague:

You have been selected to complete this reference form by a social worker applying for NASW's Specialty Certification in Case Management. The information that you provide on this form will help establish the applicant's eligibility for the Certified Advanced Social Work Case Manager Specialty Certification. Please review the form before completing. If you are unable to complete the form or are unable to respond to any of the items, please notify the applicant. Otherwise, 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. Ability to incorporate understanding of the NASW Code of Ethics in practice

Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Ability to use social work colleagues for peer consultation when appropriate

Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Ability to treat colleagues with courtesy and respect

Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Demonstrates skill in striving to enhance interprofessional, intraprofessional, and interagency cooperation on behalf of the client

Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐

5. Ability to critically evaluate own practice as a social work case manager

Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐

6. Demonstrates commitment to continuing professional development

Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐

7. Ability to work as part of a multidisciplinary team

Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐

8. Ability to promote client self-sufficiency and support client self-determination

Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐

9. Ability to advocate for clients and families

Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐

10. Demonstrates commitment to engage in ethnic/gender/age/faith-sensitive practice

Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐

11. Ability to establish and maintain appropriate boundaries with clients

Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐

INFORMATION ABOUT COLLEAGUE

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Daytime phone number, including area code: _____

E-mail address: _____

INFORMATION ABOUT YOUR SOCIAL WORK DEGREE

☐ MSW year _____ ☐ PhD/DSW year _____

School(s) awarding degree(s): _____

Years of post-degree social work experience: _____

Your current position/title: _____

How long have you known the applicant? _____ year(s) _____ months

Name of applicant: _____

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 to the applicant's competence as a social work case manager and that the applicant has completed the employment described. To the best of my knowledge and belief, the applicant's social work practice conforms to the NASW *Code of Ethics*, the NASW Standards for Social Work Case Management and the NASW *Standards for Continuing Professional Education*. (*The applicant can make these standards available to you for review.*)

Signature: _____ Date: _____

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