

Information Booklet with Application and Reference Forms

Certified Social Worker in Health Care (C-SWHC)



NASW Specialty Certifications

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NASW's Specialty Certifications Program

In 1998, NASW conducted a survey of its membership, in which respondents clearly identified the need and a strong level of interest in a national certification program in areas of social work specialization established and created by NASW. The NASW Specialty Certifications Program was launched early in 2000 to help the Association's members in today's competitive workplace attain:

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

NASW Specialty Certifications, available to degreed social workers only, provides a vehicle for recognizing social workers who have met national standards and possess specialized knowledge, skills, and experience. NASW is committed to assisting with the process of certifying social workers and working to emphasize the importance of employing social workers who have specialized training and experience.

NASW 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.

SOCIAL WORK IN HEALTH CARE

Health care is a dynamic field, influenced by changes in patient characteristics and needs, lifestyle, new technology, popular belief, social, and health policy, national and local economies, cost, competition and regulation. Changes in the health care field directly affect the practice of social work in health care settings. As new technologies for the diagnosis and treatment are developed, they impact the quality and duration of the lives of our patients. Social workers respond to these changing care needs by modifying and expanding methods for providing services.

Social work in health care can be defined broadly as the professional continuum of services designed to help

individuals, groups, and families improve or maintain optimal health functioning. Social work activities are focused on the biopsychosocial components of health and/or mental health from a strengths-based perspective. Social work services are available to all patients and their families, particularly those at high risk such as the frail elderly, children or adults with chronic illnesses, victims of maltreatment, those with life altering illnesses or accidents, and patients who are uninsured or underinsured.

In addition to providing direct care services to patients and their families, social workers provide leadership in their health care organizations through the development of new resources, services, and programs to meet patient needs. Social work professionals use their practice experience and knowledge to develop standards of practice, recommend health policy, improve health programs, and ensure patients, families, and organizations receive high quality and state of the art social work services.

CORE FUNCTIONS

- **Psychosocial Assessment**—assessment, goal planning, evaluation, intervention
- **Resource Management**—financial counseling, coordinating/developing/maintaining community resources
- **Continuity of Care Planning**—admission diversion, discharge planning, transitions
- **Psychosocial Interventions**—counseling, adaptation to illness/loss, support groups, end of life issues, advance directives
- **Crisis Intervention**—life span violence, neglect, trauma, new life altering diseases
- **Health Education**—patient/family, interdisciplinary training, community education
- **Interdisciplinary Collaboration**—advocacy, teamwork, leadership, consultation/liaison/institutional/community committees.

Certified Social Worker in Health Care (C-SWHC)

Specialty Certification for the Experienced MSW Social Worker in Health Care

ELIGIBILITY CRITERIA

Applicants must meet ALL criteria to qualify for certification

Membership in NASW is not required 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 an 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 instructions on page 3). 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 have two years (3,000 hours, not counting administrative duties, approximately 30 hours per week of direct client-level health related social work tasks) of post-MSW degree, full-time, paid, professionally supervised (see SUPERVISION) work experience as a health care social worker.

Health care social work functions as described in this booklet (page 1) must constitute the primary job responsibilities. Experience must be completed at the time of the application and must have been completed in no less than 24 months. Health care social work practice must also be current, within the 5 years preceding submission of this application.

3. SUPERVISION AND SUPERVISORY EVALUATION

Supervisory evaluation reference(s) must correspond in time to the qualifying experience 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 tasks) of post-MSW degree, full-time, paid work experience as a health care social worker in an agency or institutional setting. The supervisor(s) must be able to evaluate the applicant's health care social work skills, knowledge, and abilities across the core functions described in this booklet.

Social Work Supervision is Preferred

- Supervision from an MSW health care social worker with at least two years post-MSW experience as a health care social worker

References will not be accepted from non-social work degreed persons who have been granted social work licenses by individual states.

Alternate Supervisors

If MSW supervision as described above has not been available, a supervisory evaluation and documentation of hours of supervision 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 MD
- Licensed registered nurse or higher
- Licensed health care administrator (specific license)
- Licensed clinical psychologist (PhD)
- Licensed psychologist (PhD)

Hours of Supervision

Supervision should occur at a rate of one hour of direct supervision for each 30 hours of direct client-level health care social work practice, or one hour weekly.

4. SOCIAL WORK REFERENCE

Confidential reference from an MSW social work colleague. The colleague reference cannot be from someone you supervise. 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)

- The DCSW or ACSW (Academy of Certified Social Workers) may only be used by active-duty military personnel and social workers residing in foreign countries.
- Current exam-based state issued MSW-level license. (Current copy with expiration date required)
- A 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 have not yet received the actual social work license.

6. AFFIRMATION OF PROFESSIONAL STANDARDS AND STATEMENT OF UNDERSTANDING

CERTIFICATES

Applicants who meet all eligibility criteria and successfully qualify for the C-SWHC will receive a certificate suitable for wall display. Each renewal period, those who successfully renew (see renewal) will receive an updated seal to place on the original certificate.

RENEWAL

- Renewal occurs every two years.
- 20 contact hours of continuing education relevant to health care social work are required.
- The current MSW level state social work licensure is required.

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 • Fax: 703.683.8099 • 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.

FEES

Certified Social Worker in Health Care (C-SWHC)
Initial application for members is \$165.00
Initial application for nonmember is \$450.00

- ☐ 4. Qualifying 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 Statement of Understanding

MAILING OF APPLICATION MATERIALS

*Transcript only

Item #1—Original transcript of MSW sent directly from the school to the address below.

Mail Completed Application Materials to:

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

COMPLETE APPLICATIONS WILL INCLUDE:

- ☐ 1. Original transcript of MSW*
- ☐ 2. Application form
- ☐ 3. Payment

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. If renewed successfully, certificate holders will be sent a seal updating the certification for each renewal period. (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 equal to the total application fee will be retained. Letters of explanation will be mailed to all applicants who have been deemed ineligible.

Frequently Asked Questions

About NASW Specialty Certifications

Why are these Specialty Certifications being offered?

- In response to member and chapter requests. NASW conducted a membership survey in 1997 that showed a 60 percent interest in certifications. A follow-up credentials survey was done in 1998, with a 70 percent response rate showing a desire for NASW to develop specialty certifications.

Why did NASW create a certification in health care?

- While many disciplines in health care have advanced certifications and credentials, there is no other certification available exclusively for social workers specific to health care.
- Social workers in health care want to be recognized for the unique skills and abilities required to work in this setting.
- Health care is extremely dynamic and is influenced by a multitude of factors that affect the practice of social work in health care settings and impact the quality and duration of life. This certification will provide the proof of competency for social workers that many health care institutions require of all disciplines.

I already have my social work license in my state. Do I need to get one of your Specialty Certifications?

- NASW certifications and credentials are not a substitute for any certification or license *required* by your state to practice social work.
- Holders of NASW specialty certifications are recognized for achieving high professional social work standards set by their national professional organization.
- NASW specialty certifications are voluntary national professional certifications. Many NASW members choose to apply and maintain NASW credentials and certifications as an enhancement of their personal professional identity.

SOCIAL WORK EDUCATION

Do I have to have a social work degree to apply for these certifications?

- Yes. Applicants must have an MSW from an accredited university.
- Under no circumstances will any other degrees be accepted, even if one was “grandparented” into a state social work license with a non-social work degree.

TRANSCRIPTS

I have a copy of my transcript, can I send it?

- No. Official transcripts issued by the Office of the Registrar are required and must be mailed directly from the school to NASW in a sealed envelope. Transcripts issued to students or copies of transcripts will not be accepted. Original transcripts must be sent directly from the school to:

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

- *Exceptions. Original transcripts are not required under the following circumstances ONLY:*
- Those who were admitted to NASW's ACSW (Academy of Certified Social Workers) in 1989 or later or who received NASW's QCSW (Qualified Clinical Social Worker) or DCSW (Diplomate in Clinical Social Work) in 1996 or later.

I have a social work license in my state. Why do I have to send a transcript?

- Holding a social work license does not prove that you have an MSW from an accredited university. Some states have “grandparented in” state social work licensing applicants who do not have an MSW, but who have other (non-social work) degrees.

I have been an NASW member for years. I received the ACSW before 1989. I received the QCSW/DCSW before 1996. Why do I have to send a transcript?

- NASW now provides a great deal of “primary verification” confirming that NASW members’ credentials and certifications are held and in good standing. Part of our responsibility is to verify that we have obtained and reviewed original documentation, including original sealed transcripts sent directly to us from the schools. Before 1989 for the ACSW and before 1996 for the QCSW/DCSW, we were not requiring applicants to have their schools send original sealed transcripts as part of their applications for our credentials.

Can I send a photocopy of my diploma instead?

- No.

SUPERVISION—REFERENCE FORMS

I don't/didn't have an MSW supervisor; can I use the other supervisor I had?

- There are some alternate supervisors from whom references will be accepted. See supervision requirements for each certification.

Can the supervisory evaluation form and the colleague reference form be completed by the same person?

- No. The forms must be completed by two different people.

RENEWAL

I understand that renewal will be required every two years. Does that mean I have to pay the original fee each time I renew?

- No, the renewal fee will not be equal to the original fee.

I have to complete 40 continuing education contact hours every two years to renew my state social work license. Do I have to complete 20 hours every two years in addition to the 40 required by my state to renew the Certified Social Worker in Health Care certification?

- No. As long as the content of the continuing education you have completed toward the renewal of your state license can be tied to the core functions of social work in health care, you should be able to submit the same trainings for the renewal of your NASW Certified Social Worker in Health Care.

I am confused because the NASW Standards for Continuing Professional Education state that I should complete 48 hours of continuing education every two years. This certification says I need only 20 hours every two years to renew. Which one is correct?

- They are both correct. The NASW Standards recommend that members complete 48 hours of continuing education over a two-year period. However, for the purposes of renewing the Certified Social Worker in Health Care Certification, proof of 20 hours specifically relevant to your health care social work practice is required.

APPLICATION FORM

Certified Social Worker in Health Care

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

NASW Membership number: 8 8 _____ (if applicable)

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: H _____ W _____ E-mail: _____

Accredited Social Work Education (see page 2, #1)

Date MSW degree awarded: _____ School: _____

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

License/Credentials

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 clinical exam (*include copy of passing exam scores with application*)
- ☐ State issued *exam-based* MSW-level license (*include current copy showing expiration date with application*)

Payment (mark appropriate box) ☐ \$165 – NASW Member ☐ \$450 – 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: _____

The ***Affirmation of Professional Standards*** and the ***Statement of Understanding***
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* and the NASW *Standards for Continuing Professional Education*. I further agree to adhere to the NASW *Code of Ethics* 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 Continuing Professional Education*, or whose state license to practice has been terminated or suspended by a duly authorized state regulatory agency. The *Code of Ethics* and all NASW Standards are available online at www.socialworkers.org

Signature: _____ Date: _____

STATEMENT OF UNDERSTANDING

I hereby apply for specialty certification as a Certified Social Worker in Health Care

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 WORKER IN HEALTH CARE 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 WORKER IN HEALTH CARE status is not active, I may not designate myself as a CERTIFIED SOCIAL WORKER IN HEALTH CARE.

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: _____

Qualifying Experience Form

Include *ONLY* health care social work experience. List current or most recent experience. 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: _____

What are your primary job responsibilities?: _____

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: _____

What are your primary job responsibilities?: _____

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

Qualifying Experience Form

Include ONLY health care social work experience. List current or most recent experience. 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: _____

What are your primary job responsibilities?: _____

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: _____

What are your primary job responsibilities?: _____

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

Supervisory Reference Evaluation Form

Certified Social Worker in Health Care

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 Worker in Health Care, 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 Certified Social Worker in Health Care. The information that you provide on this form will help establish the applicant's eligibility for the Certified Social Worker in Health Care. References must be able to evaluate the applicant's social work in health care practice across core knowledge and skill areas of social work in health care and must be able to answer at least 31 of the 35 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 Social Worker in Health Care must be supervised by an MSW social worker with at least two years health care experience. If the applicant has not had access to a qualified MSW supervisor, an alternate supervisor can complete the supervisory evaluation (See Alternate Supervisors, pg. 2).

C-SWHC 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 patients/family in the treatment 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 professional boundaries

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 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 conducting psychosocial 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"/> |

5. Demonstrates skill in identifying patients and families at risk

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 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 develop a treatment/intervention plan with the patient and family when appropriate

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 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 patient/family with complex health care 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. Maintains confidentiality in all aspects of patient care

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 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 assess mental health status, and identify pre-existing health or mental health care 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"/> |

10. Ability to advocate for patients 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"/> |

Name of applicant: _____

11. Demonstrates skill in ongoing reassessment of the patient/family needs and progress in meeting the objectives to ensure the adequate provision 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"/> |

12. Ability to promote and support patient/family self-sufficiency and self-determination

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 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. Demonstrates ability to provide continuity of care planning (e.g. admission, transition, coordination of services, discharge planning)

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 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 appropriately and timely document interventions and services provided to patients 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"/> |

15. Demonstrates ability to develop and implement appropriate psychosocial interventions (e.g. counseling, advance directives, adaptation to illness/loss, end of life issues, 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"/> |

16. Provides health education to patients and families to optimize health care 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"/> |

17. Utilizes relevant theories to guide practice (e.g. systems, crisis, grief & loss, 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 adapt practice to change in health care

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 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 develop and facilitate groups (e.g. support, psycho-educational, therapy & team 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"/> |

20. 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"/> |

21. Ability to respond effectively in 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"/> |

Name of applicant: _____

22. Demonstrates knowledge of health care policy and the role of social work in affecting 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"/> |

23. Demonstrates knowledge and understanding of federal, state, and local laws and regulations as they relate to social work practice in the health care setting (e.g., mandatory reporting, protective services, Medicare/Medicaid, 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"/> |

24. Demonstrates a working knowledge of medical terminology, medications, and disease processes related to social worker's areas of 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 work as part of an interdisciplinary team (e.g. treatment planning)

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 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. Ability to educate interdisciplinary staff and the community issues related to psychosocial aspects of health care

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 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. Demonstrates ability to develop, coordinate, and maintain knowledge of community resources

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 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 skill in maximizing use of both formal and informal resources (such as 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"/> |

29. Demonstrates knowledge of and actively participates in furthering the organization's goals and objectives

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 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 comply with the organization's policy and 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"/> |

31. Ability to collect and report data as required by the organization's setting (e.g. statistics as part of program evaluation or as part of funding compliance, 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 ability to analyze and understand programmatic data (e.g. utilization management reports, care maps, 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"/> |

Name of applicant: _____

33. Ability to seek and use supervision appropriately

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

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

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

35. Ability to critically evaluate one's own practice

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: ☐ MSW year _____ ☐ PhD/DSW year _____

School(s) awarding degree(s): _____

Years of post-degree social work experience: _____

If NO, degree/discipline/license:

☐ Licensed psychiatrist ☐ Registered nurse or higher
☐ Licensed clinical psychologist (PhD) ☐ Licensed health care administrator
☐ Licensed psychologist (PhD) (specify license) _____

Degree and discipline: _____ Date awarded: _____

School awarding degree: _____

Years of post-degree health care social work experience: _____

Are you or have you been a health care social worker? ☐ YES ☐ NO

If YES, when: _____

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 health related social work 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 Social Worker in Health Care.

Signature: _____ Date: _____

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

MSW Social Work Colleague Reference Form

Certified Social Worker in Health Care

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 Worker in Health Care 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 Certified Social Worker in Health Care. The information that you provide on this form will help establish the applicant's eligibility for the Certified Social Worker in Health Care. 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 health care social worker

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 patient self-sufficiency and support patient self-determination

Minimal Ability Average Ability Excellent Ability
☐ ☐ ☐

9. Ability to advocate for patients 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 patients

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 health care social worker and that the applicant has completed the employment described on the reverse side of this form. To the best of my knowledge and belief, the applicant's health care social work practice conforms to the *NASW Code of Ethics* and the *NASW Standards for Continuing Professional Education*.

Signature: _____ Date: _____

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

