

## LCSW ASSOCIATE RENEWAL INFORMATION

Continuing education (CE) for License renewal is required to maintain professional knowledge and technical competency. The LCSW Associate (LCSWA) license is issued on a two-year basis and will expire two years after the initial date of issuance. **Please keep the Board advised at all times of your current contact information.** You may update your contact information through your online profile.

**At this time, all LCSW Associate licensees must document completion of two years of clinical practice to qualify for examination eligibility of the ASWB Clinical exam. All LCSWA licensees will renew their license prior to their expiration date and may then apply for examination eligibility upon completing two years of clinical practice.**

**RENEWAL OF CERTIFICATION/LICENSURE MAY BE COMPLETED ONLINE, through the [Online Renewal tab](#) on the [Board's website](#). Renewal of certification/licensure credentials **MUST BE COMPLETED PRIOR TO THE EXPIRATION DATE** of the license.**

**LCSWA Renewal Fee: \$140**

If submitting by mail, the Renewal Affidavit with CE log should be submitted with renewal payment at least 30 days prior to the expiration date of the license to allow sufficient time for processing. Mailed renewal payment may be made by personal check, money order or certified bank check payable to NCSWCLB and submitted to the Board office at PO Box 1043, Asheboro, NC 27204. (Payment may be made by credit card if submitting online) Renewal is NOT complete without the required renewal fee.

Renewal affidavits **received by the Board after the expiration date of their certificate or license**, but within 60 days after expiration will be assessed a \$50.00 late fee. **Persons failing to renew within 60 days after expiration will have their credential suspended for failure to renew** and will be assessed a reinstatement fee of \$155.00 in addition to any other applicable fees and required forms.

Renewal of certification/licensure requires 40 clock hours of continuing education (CE) within the two year credential cycle. If the renewal term is less than 2 years, a minimum of 30 hours of CE is required. During each renewal period all NCSWCLB Certified and Licensed social workers shall engage in a minimum of four (4) hours of CE focused on Ethics. **Unused CE Hours may not be carried over from one renewal cycle to another.** Continuing education hours must be accumulated **within** the licensure cycle. Additional hours accrued between the time of submission until a renewal cycle ends cannot be applied to the following renewal. These hours cannot be carried over to the following renewal/licensure cycle.

**THE BOARD DOES NOT APPROVE TRAINING ACTIVITIES IN ADVANCE.** All training activities must satisfy the Administrative Code guidelines for Continuing Education [[21 NCAC 63.0401](#)]. For information regarding applicable continuing education, please refer to the Continuing Education Guidelines in the [Administrative Code -21 NCAC 63 .0401](#). Please also review the Board's Position Statement on Continuing Education under the [Position Statements tab](#) at the top of the home page.

**DO NOT** send course descriptions, attendance certificates, or other documentation with your renewal forms. **It is the social workers responsibility to maintain these in their records should the documents be requested for audit or verification.** Please maintain documentation for a period no less than three years.



**NORTH CAROLINA  
SOCIAL WORK CERTIFICATION AND LICENSURE BOARD**

Post Office Box 1043  
Asheboro, North Carolina 27204

Phone (336) 625-1679  
Fax (336) 625-4246

www.ncswboard.gov

**PART I: RENEWAL AFFIDAVIT FOR LCSW ASSOCIATE**  
**Please affirm by initialing each statement then sign and date below.**

\_\_\_\_\_ I affirm/certify that I have engaged in at least 40 hours of continuing education activities during the preceding licensure period in compliance with the NCSWCLB renewal standard for continuing education.

\_\_\_\_\_ I affirm that I have engaged in at least 4 hours of continuing education focused on ethics related to social work practice and ethical decision making in the preceding licensure period.

\_\_\_\_\_ I affirm that my ability to perform my professional responsibilities is not impaired in any way or by the use of alcohol, prescription or non-prescription drugs, or other controlled substances.

\_\_\_\_\_ I affirm that I have not been convicted of a crime since my last renewal except as explained in the attached page (if necessary). (Please include a certified copy of any court records or statement of any current charges that may be pending against you before any court, Board, agency, or professional organization).

\_\_\_\_\_ I affirm that I have reviewed North Carolina General Statute 90B, the "Social Work Certification and Licensure Act"; **and** Title 21, Chapter 63 of the North Carolina Administrative Code, including the Administrative Rules, Ethical Guidelines, and Disciplinary Procedures, including all that apply to LCSWA licensees, and hereby agree to comply fully with them. Available at [www.ncswboard.gov](http://www.ncswboard.gov).

\_\_\_\_\_ **I affirm that I have not violated any of the provisions of the North Carolina Social Worker Certification and Licensure Act, and associated Rules, including *Ethical* Guidelines.**

\_\_\_\_\_ I understand that renewal of my certification/license is subject to a Continuing Education audit which will require me to verify the trainings I attended and submitted for renewal; and I hereby agree to comply fully with the Board's audit request.

\_\_\_\_\_ I affirm that all information submitted by me or at my request is accurate, and I give permission to the North Carolina Social Work Certification and Licensure Board to verify and /or further investigate any such information, as it may deem appropriate. I understand that any material omission or misrepresentation in my submission shall be grounds for the *immediate action by the Board against my license*.

<b>Printed Name</b>	<b>Signature</b>	<b>Date</b>
<b>Home Address (Street, City, State, Zip)</b>	<b>N.C. County of residence</b>	
<b>Employer</b>	<b>Work Phone#</b>	
<b>License #</b>	<b>SS #</b>	<b>Home Phone #</b>
<b>Preferred email address</b>	<b>Cell Phone #</b>	

Please check here if you are requesting a duplicate license with your renewal submission and include the additional \$25 fee.

(Please complete Part II & the Public Notice Statement)



## PUBLIC NOTICE STATEMENT

I certify that I have read and understand the “public notice statement” maintained by the N.C. Industrial Commission, Employee Classification Section on their website at [www.ic.nc.gov](http://www.ic.nc.gov).

Further, I certify that I have \_\_\_\_ / have not \_\_\_\_ (*check one*) been investigated for employee misclassification within the past twelve (12) months for initial applicants or since my last renewal.

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date (mm/dd/yyyy)*

Applicants who have been investigated for employee misclassification shall attach a copy of the investigation results with their application. Failure to comply with this certification statement and disclosure requirement shall result in denial of your application for certification/licensure/renewal.