



Portability of Professional Licenses and Certificates for Servicemembers and Their Spouses

The Department of Justice's Servicemembers and Veterans Initiative (SVI) is committed to protecting those who serve and their families. The Civil Rights Division enforces the Servicemembers Civil Relief Act (SCRA), which provides servicemembers and their dependents with certain civil protections related to military service.

New SCRA Amendment

In January 2023, Congress added a new provision to the SCRA that allows servicemembers and their spouses to use their professional licenses and certificates when they relocate due to military orders, in certain circumstances.



U.S. DEPARTMENT OF JUSTICE
**SERVICEMEMBERS &
VETERANS INITIATIVE**

To Qualify for Professional License Portability under the SCRA, You Must:

1. Have moved to a location outside the jurisdiction of the licensing authority that issued the covered license or certificate because of orders for military service.
2. Provide a copy of the military orders to the licensing authority in the new jurisdiction.
3. Have actively used the license or certificate during the two years immediately preceding the move.
4. Remain in good standing with:
 - a. the licensing authority that issued the covered license or certificate; and
 - b. every other licensing authority that issued a license or certificate valid for a similar scope of practice and in the discipline applied for in the new jurisdiction.
5. Submit to the authority of the licensing authority in the new jurisdiction for the purposes of standards of practice, discipline, and fulfillment of any continuing education requirements.

If these five criteria are met, the servicemember's or spouse's covered license or certificate **shall be considered valid** at a similar scope of practice and in the discipline applied for in the new jurisdiction for the duration of the military orders.



Frequently Asked Questions About Professional License Portability

- **What is license portability and why is it important?**

Military spouses have reported difficulty transferring their professional licenses from one jurisdiction to another, hindering their ability to find jobs when moving due to military orders. The new SCRA provision on license portability helps servicemembers and their spouses to use their licenses and certificates in certain circumstances when they relocate due to military orders.

- **Who and which licenses are eligible for license portability under the SCRA?**

Servicemembers and their spouses are eligible. Licenses to practice law are not eligible for portability under the new law.

- **When is the new law on license portability effective?**

The new part of the SCRA went into effect on January 5, 2023. Servicemembers and their spouses can now take advantage of this benefit under the SCRA.

- **What are interstate licensure compacts and how do I determine if my license is governed by one?**

Some states have contracts with other states—known as interstate licensure compacts—to allow licensed practitioners to work in other compact-member states without needing a new license.

If servicemembers or their spouses are uncertain as to whether their professional license is covered by an interstate licensure compact, they should contact their licensing authority. They can also refer to [Department of Defense's Fact Sheet on Occupational Licensure](#), as well as [CareerOneStop](#), a Department of Labor sponsored website with information on state licensing requirements, interstate compacts, and licensing authority contact information.

- **How does this new SCRA law affect interstate licensure compacts?**

The new law applies if: (1) your license is not covered by any interstate compacts; or (2) your license was issued by a state that is covered by an interstate compact, but is not covered by the same compact in the state to which you are relocating.

The new law does NOT apply if your license is covered by the same interstate compact for both the state that issued your license AND the state that to which you are relocating. In this situation, the interstate compact will control whether and how you can practice in the new location.

Where should servicemembers and their spouses go for assistance?

- Servicemembers and their spouses who are covered by this new law are likely eligible for military legal assistance and can contact their local legal assistance office for help. Office locations can be found at <http://legalassistance.law.af.mil/>.
- Servicemembers and their spouses can learn more about license portability and find links to helpful resources at servicemembers.gov. If servicemembers or their spouses are not eligible for military legal assistance services, they may request that the Justice Department review their claim by submitting a complaint through <https://civilrights.justice.gov/link/4025A>.

To report a violation of the SCRA's license portability provision to the Civil Rights Division, visit <https://civilrights.justice.gov/link/4025A>.

NORTH CAROLINA SOCIAL WORK CERTIFICATION AND LICENSURE BOARD

(NCSWCLB)

P.O. BOX 1043

ASHEBORO, NORTH CAROLINA 27204

MILITARY TRAINED/MILITARY SPOUSE APPLICATION-RELOCATION ORDERS ONLY

Applying for: Certification _____ Licensure _____ Both _____ Name (print) _____

Checklist for Military/Military Spouse with Relocation Orders-Provide all required documentation

- Official application-signature required
 - Copy of your military/military dependent ID, leave and earning statement or DD2-14, and marriage certificate for military spouse applicants and/or divorce decree (if applicable).
 - Copy of Military Relocation Orders-clearly identifying the dates of relocation
 - Verification of current and active license held out of state
 - Scope of practice for current and active license held out of state
 - Check here if you have received your MSW degree from a MSW program established by a branch of the armed services
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**** The CSW (level A), CMSW (level B), and CSWM (level H) certification credentials are NOT a license to engage in clinical social work practice.**

North Carolina requires licensure as a Licensed Clinical Social Worker (level C) to engage in or offer to engage in clinical social work practice. If you do not qualify for LCSW licensure you may apply for (level C) Associate License as a LCSWA. **

** Check the level(s) you are applying for:

___ LEVEL A – **CERTIFIED SOCIAL WORKER** (CSW) [Non-Clinical]

___ LEVEL B – **CERTIFIED MASTER SOCIAL WORKER** (CMSW) [Non-Clinical]

___ LEVEL H – **CERTIFIED SOCIAL WORK MANAGER** (CSWM) [Non-Clinical]

___ LEVEL C – **LICENSED CLINICAL SOCIAL WORKER** (LCSW) [Clinical]

___ LEVEL C – **LICENSED CLINICAL SOCIAL WORKER ASSOCIATE** (LCSWA) [Clinical]

EACH APPLICANT MUST COMPLETE SECTIONS I THROUGH VI:

SECTION I: Identifying Information (Type or Print clearly)

A. _____
Legal Full Name: First Middle (Maiden) Last

B. _____
Mailing Address: Street P.O./Apt. City St. Zip County

C. _____
Social Security Number Date of Birth Place of Birth

D. _____
Home Phone Work Phone Fax Email

E. _____
NAME: **Print name as it appears on legal identification** (this is how it will appear on your certificate)

SECTION II: Education Information

| School | Location | Degree | Subject | Graduation Date |
|----------|----------|--------|---------|-----------------|
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |

SECTION IV: Professional Employment History (Use additional 8 1/2 X 11 sheet if necessary):

A.

| | | | |
|--------------------------|----------------|--------------|-----------------------|
| Current or Last Employer | | Address | |
| Job Title | | Supervisor | |
| Job Description | | | |
| Date Employed | Date Separated | Weekly Hours | Reason for Separation |

B.

| | | | |
|-----------------|----------------|--------------|-----------------------|
| Employer | | Address | |
| Job Title | | Supervisor | |
| Job Description | | | |
| Date Employed | Date Separated | Weekly Hours | Reason for Separation |

C.

| | | | |
|---------------|----------------|--------------|-----------------------|
| Employer | | Address | |
| Job Title | | Supervisor | |
| Date Employed | Date Separated | Weekly Hours | Reason for Separation |

D.

| | | | |
|---------------|----------------|--------------|-----------------------|
| Employer | | Address | |
| Job Title | | Supervisor | |
| Date Employed | Date Separated | Weekly Hours | Reason for Separation |

SECTION V: Statement of Professional History

1) a. YES NO Are you or have you ever been certified, licensed, or registered to practice by this Board, by another occupational Board, or in another state/jurisdiction? If yes, please provide the following:

Credential *State* *Issue date (MM/DD/YYYY)* *Expiration date (MM/DD/YYYY)* *Exam taken*

b. YES NO Have you actively used your license or certificate during the two years immediately preceding the move?

2) YES NO Are you or have you ever been awarded a military occupational specialty? If yes, please provide the following:

Type of Military Training *Branch of Service* *Issue date (MM/DD/YYYY)* *Expiration date (MM/DD/YYYY)* *Exam taken*

3) YES NO Have you ever had a credential denied, limited, reprimanded, suspended, or revoked?

4) YES NO Have you ever been convicted of a felony or misdemeanor under any laws?

5) YES NO Are any criminal charges pending against you?

6) YES NO Has any court, board, agency, or professional organization found you guilty of misconduct, unprofessional conduct, dishonest or fraudulent practice, or incompetent practice?

7) YES NO Are charges pending against you before any court, board, agency, or professional organization for unprofessional conduct, dishonest or fraudulent practice or incompetent practice?

8) If an answer to questions 3 through 7 is YES, please give full details on a separate *NOTARIZED* statement and provide the Board with a certified copy of any and all court records.

**** ALL APPLICATIONS ARE SUBJECT TO A CRIMINAL BACKGROUND CHECK ****

SECTION VI: Affirmation and Signature

Read and sign the following affirmation.

I affirm that I have read the North Carolina General Statute 90B Social Worker Certification and Licensure Act, including the Administrative Rules, Ethical Guidelines and Disciplinary Procedures. I hereby agree to comply fully with them.

I affirm that the information I am submitting is true, and I further understand that the Board reserves the right to make inquiries about me, including criminal records check, and any of the information I have given in support of my application.

Signature of applicant _____ date: _____

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.

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.