



NORTH CAROLINA
SOCIAL WORK CERTIFICATION AND LICENSURE BOARD

PO Box 1043
Asheboro, NC 27204

Phone: 336-625-1679
Fax: 336-625-4246

Website: www.ncswboard.gov

ONLINE PROCESSING WAIVER REQUEST FORM

The Board has adopted online submission as the primary means of completing certain licensure actions, such as license renewals. The Board requires that these actions be conducted online unless a waiver is granted. To request a waiver, please complete this form and provide a detailed explanation of the circumstances that prevent you from meeting this requirement.

Instructions:

Complete all sections of this form. Attach any additional documentation that supports your request and submit this form to the Board at the address above. Online processing waiver request forms must be received by the Board at least 30 days prior to any associated deadline. The Board will review and reply to your request within 10 business days. Thank you for your attention to this process.

Waiver Request

Please select the process(es) that you are requesting a waiver for online processing:

- | | |
|--|---|
| <input type="checkbox"/> Renewal(s) | <input type="checkbox"/> License Verification Request |
| <input type="checkbox"/> Non-Practicing Status Request | <input type="checkbox"/> Address Change |

Reason for Waiver Request

Please provide a detailed explanation below, explaining why you cannot access or use the internet to complete Board-required actions online. Reasons may include, but are not limited to, lack of internet access, disability, or other limitations.

I affirm that that I have provided a truthful and complete explanation of my inability to comply with the online requirement. I understand that my request will be reviewed and additional information may be required.

NAME: _____ LICENSE #: _____

SIGNATURE: _____ DATE: _____