

FORM III - VERIFICATION OF GRADUATE COURSEWORK FOR LICENSURE AS A SOCIAL WORK (LSW) AND CLINICAL SOCIAL WORKER (LCSW)

Part of State Form 50325 (R12 / 8-24)

To be completed by all applicants for LCSW licensure who began taking classes to complete a MSW degree after July 1, 1997

Please list the course titles in the areas indicated below, of the graduate courses, exactly as they appear on your transcript, that in your opinion, meet the following requirements. If two or more courses combine meet the criteria, list all courses that may apply. Only graduate level courses are acceptable. The board will not accept coursework counted or credited toward an undergraduate degree.

Psychopathology

Educational Institution	Course Number	Course Title	Semester / Quarter Hours	Year

Clinical Practice with Diverse Populations

Educational Institution	Course Number	Course Title	Semester / Quarter Hours	Year

Clinical Theory and Practice

Educational Institution	Course Number	Course Title	Semester / Quarter Hours	Year

Family Practice

Educational Institution	Course Number	Course Title	Semester / Quarter Hours	Year

Group Practice

Educational Institution	Course Number	Course Title	Semester / Quarter Hours	Year

Human Behavior in the Social Environment

Educational Institution	Course Number	Course Title	Semester / Quarter Hours	Year

Practice Evaluation (Research)

Educational Institution	Course Number	Course Title	Semester / Quarter Hours	Year

I, the undersigned applicant for Clinical Social Worker's licensure, do hereby certify that I have also completed the following:

A supervised field placement that was a part of my advanced concentration in direct practice during which I provided clinical services directly to clients.

Signature of applicant	Date (month, day, year)
Printed name of applicant	