



Counselor, Social Worker & Marriage and Family Therapist Board

50 West Broad Street, Suite 1075
Columbus, Ohio 43215-5919
614-466-0912 & Fax 614-728-7790 www.cswmft.ohio.gov &
email: cswmft.info@cswb.state.oh.us

EXAM PRE-APPROVAL INSTRUCTIONS

Before contacting the Board: BE SURE YOU HAVE READ ALL INSTRUCTIONS. When inquiring if your fax or mail has been received or if your pre-approval has been e-mailed or mailed to you, PLEASE DO NOT CALL. Instead, send an e-mail to andy.miller@cswb.state.oh.us

Bachelors Students: You can sit for the bachelor's exam in your last quarter or semester of coursework.

MSW Students: You can sit for the bachelors, clinical or advanced generalist exams in your last quarter or semester of coursework. The Clinical and Advanced Generalist exams qualify an applicant for both the LSW and the LISW. **You must be licensed as an LSW before you can apply for LISW licensure.**

ASWB designs the exams as follows:

Bachelors: A basic test for social workers with a BSW/MSW and no post-degree experience.

Advanced Generalist: A more advanced test for social workers with an MSW and at least two years of post-degree experience in non-clinical settings.

Clinical: A more advanced test for social workers with an MSW and at least two years of post-degree experience in direct clinical practice settings.

To register for the ASWB exam follow the steps below:

1. Complete an application for LSW licensure and pay the \$60 Fee:
<http://cswmft.ohio.gov/pdfs/LSWinst.pdf> (this application is good for 2 years; if you previously paid \$60, do not apply again, the fee was for the LSW license and not Exam pre-approval)
2. Complete the request for exam pre-approval form below (exam pre-approval is good for six months)
3. Fax or mail in proof of academic standing, either a) letter of good standing from your school if you are in your last term of a social work program **or** b) a copy of your degree or unofficial transcripts **only if** you have graduated.
4. Fax or mail in a copy of your driver's license or State-issued photo ID.
5. Once your **application, pre-approval form, proof of academic standing** and copy of your **driver's license or State ID** have been received in the Board's office, your file will be reviewed for exam pre-approval. Within 7 to 10 business days your exam pre-approval will be sent through e-mail (or US Mail if requested) instructing you to contact the ASWB.
 - **If you have failed the exam or your pre-approval has expired complete another request for exam pre- approval; you will not need to re-send a copy of your driver's license or unofficial transcript.**



SOCIAL WORKER
EXAM PRE-APPROVAL

www.cswmft.ohio.gov

FAX 614-728-7790

In Ohio, passing the ASWB **Bachelors**, **Clinical** or **Advanced Generalist** examination will make you eligible to obtain licensure as a LSW and later your LISW. You must have your MSW, or be in the last semester of your MSW program, to be approved to sit for the Clinical or Advanced Generalist examination.

- **Bachelors Examination**- Basic social work skills
- **Clinical Examination** – Direct client practice
- **Advanced Generalist Examination**- Management, policy, clinical, procedures and administrative tasks

For additional information on the examinations including study guides, practice exams and content outlines of the ASWB examinations, go to:

www.aswb.org or call 888-579-3926

For information on exams, look under the **EXAM CONTENT** heading.

For help preparing for the exam, look under **EXAM PREPARATION**.

Click on **Test sites** under the **TAKING THE EXAM** heading to locate a testing center near you.

IMPORTANT:

After you have been pre-approved to take the exam, you will receive an email from the Board instructing you how to proceed to register with ASWB to take the exam.

If you have additional questions regarding exam pre-approval, please contact: Andy.Miller@cswb.state.oh.us

Name: _____ Daytime Telephone #: _____ Last 4 of SSN: _____

(Name MUST match name on driver's license or State ID that you will bring to the testing center)

E-mail: _____ Date of Birth: _____

Level of Exam you wish to take: BACHELORS CLINICAL ADVANCED GENERALIST

Academic Institution Attending or Graduated From: _____

Reason for Request: Initial request Retake Pre-Approval Expired Extension of Approval

Dates of failed exam(s), if applicable: _____

Comments: _____

If you have failed the exam or your pre-approval has expired, complete another request for exam pre-approval. You do not need to re-send a copy of your driver's license or unofficial transcript.