



# **Social Worker Portability of Professional Licenses of Members of the Uniformed Services and Their Spouses Application Packet**

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## **In order to process your request:**

### **Mail application and supporting documents to:**

Social Worker Credentialing  
P.O. Box 47877  
Olympia, WA 98504-7877

### **Contact us:**

360-236-4700

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [doh.information@doh.wa.gov](mailto:doh.information@doh.wa.gov).

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## Application Instructions Checklist

This application is submitted under [Public Law No. 117-333 Section 19](#). You must hold an active Social Worker License in another state that is in good standing and in compliance with continuing education requirements (if applicable).

**1. Demographic Information:**

**Legal Name:** List your full name, first, middle, and last.

**Definition of legal name:** “Legal name” is the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. The court must have the legal authority to change your name. We may ask you to prove your legal name.

**Birth date:** Provide the month, day, and year of your birth.

**Address:** List the address we should use to send any information about your registration. Be sure to include the city, state, zip code, county, and country. This will be your permanent address with the Department of Health until we have been notified of a change. See [WAC 246-12-310](#).

**Phone, Fax, and Cell Numbers:** Enter your phone, fax, and cell numbers, if you have them.

**Email:** Enter your email address, if you have one. We will use the email address provided as the primary contact source to update you on the status of your application. It is important to ensure your email address is correct and current at all times.

**2. Other License, Certification, or Registration:** List all states, including Washington, where active credentials are held. Attach additional pages if you need more space.

**3. Disciplinary Action Attestation:** Required to be both initialed and dated in order to process the application.

**4. Applicant’s Attestation:** Required to be both signed and dated in order to process the application.

**5. Application Fee:** There is no application fee for portability of professional licenses for members of the Uniformed Services and their spouses.

## **To Qualify for Professional License Portability Under the Servicemember Civil Relief Act (SCRA) you must:**

1. Have moved to a location outside the jurisdiction of the licensing authority that issued the covered license or certificate due to orders for military service.
2. Provide a copy of the military orders.
3. Have actively used the covered license or certificate during the two years immediately preceding the move to the state of Washington.
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 state of Washington.
5. Submit to the licensing authority of the state of Washington for the purposes of standards of practice, unprofessional conduct, discipline, and continuing education.

The term “covered license” means a professional license or certificate:

- (1) that is in good standing with the licensing authority that issued such professional license or certificate;
- (2) that the servicemember or spouse of a servicemember has actively used during the two years immediately preceding the relocation
- (3) that is not a license to practice law.

## **Documents to submit with your application should include the following:**

- A copy of your military orders  
OR
- A copy of your spouse’s or registered domestic partner’s military transfer orders to Washington State; and
- One of the following:
  - A copy of your marriage certificate to show proof of marriage; or
  - A copy of a state’s declaration or registration showing you are in a state registered domestic partnership with a member of the U.S. military.

## **Additional Information:**

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 state of Washington for the duration of the military orders.

You will be mailed or emailed a letter regarding any additional information needed.



Washington State Department of

**HEALTH**

Social Worker Credentialing  
P.O. Box 1099  
Olympia, WA 98507-1099

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Rev 0207040000

### Social Worker Portability of Professional Licenses of Members of the Uniformed Services and Their Spouses Application

Check only one:  Advanced Social Worker  Independent Clinical Social Worker

Please print clearly. It is the responsibility of the applicant to submit or request all required supporting documents be submitted. Failure to do so may result in a delay in processing your application.

#### 1. Demographic Information

Social Security Number (SSN)

(If you do not have a SSN, see instructions)

Male  Female  
 Prefer Not to Answer  
 X

Name	First	Middle	Last
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Birth date (mm/dd/yyyy)

Address

City	State	Zip Code	County
------	-------	----------	--------

Country

Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)
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Email address

Mailing address if different from above address of record

City	State	Zip Code	County
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Country

**Note:** The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information with the department.

Have you ever been known under any other name(s)?  Yes  No  
If yes, list name(s):

Will documents be received in another name?  Yes  No  
If yes, list name(s):

## 2. Other License, Certification, or Registration

List all states, including Washington, where active credentials are held. Attach additional pages if you need more space.

State	Profession	Credential		Permanent or temporary	License received by		Currently in force
		Year issued	Number		Examination	Other	
				<input type="checkbox"/> Perm <input type="checkbox"/> Temp			<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Perm <input type="checkbox"/> Temp			<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Perm <input type="checkbox"/> Temp			<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Perm <input type="checkbox"/> Temp			<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Perm <input type="checkbox"/> Temp			<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Perm <input type="checkbox"/> Temp			<input type="checkbox"/> Yes <input type="checkbox"/> No

## 3. Disciplinary Action Attestation

I certify no action has been taken by any state or federal jurisdiction or hospital, which would prevent or restrict my right to practice my profession.

I further certify I have not voluntarily given up any credential or privilege or have not been restricted in the practice of my profession in lieu of or to avoid formal action.

I am subject to the jurisdiction of the state of Washington and the disciplining authority for my profession under [RCW 18.130.040](#) and that Washington's Uniform Disciplinary Act, chapter [18.130 RCW](#) applies to my practice, including enforcing standards of practice, unprofessional conduct, discipline, and continuing education.

Unless I obtain appropriate licensure in Washington, I must maintain my licenses issued by other states in good standing in order to continue practicing in Washington State.

Applicant's Initials	Date

## 4. Applicant's Attestation

I, \_\_\_\_\_, declare under penalty of perjury under the laws  
(Print applicant name clearly)

of the state of Washington the following is true and correct:

- I am the person described and identified in this application.
- I have read [RCW 18.130.170](#) and [RCW 18.130.180](#) of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.
- I have read all laws and rules related to my profession.

Dated \_\_\_\_\_ at \_\_\_\_\_  
(mm/dd/yyyy) (City, state)

By: \_\_\_\_\_  
(Signature of applicant)

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## **RCW/WAC and Online Website Links**

### **RCW/WAC Links**

[Uniform Disciplinary Act, RCW 18.130](#)

[Administrative Procedure Act, RCW 34.05](#)

[Administrative Procedures and Requirements, WAC 246-12](#)

[Social Worker Law, RCW 18.225](#)

[Social Worker Rules, WAC 246-809](#)

[Standards of Professional Conduct Rules, WAC 246-16](#)

[Public Law No. 117-333 Section 19](#)

### **Online**

[Social Worker Web Page](#)

Get important information about your credential type by [subscribing to email alerts](#).