



FORM 2. CERTIFICATION OF CLINICAL CLOCK HOURS BY OFFICIAL OF ACCREDITED INSTITUTION OF HIGHER LEARNING

- You may make copies of this form, as needed.
- An official transcript must be requested & sent directly from the academic institution to the Board of Social Work for the courses listed below.
- This form will not be accepted if the signature date below precedes date of course completion on transcript.
- **LCSW Applicant:** Complete Section 1.
- **Accredited Institution of Higher Learning Official:** Complete Section 2 and submit directly to the Board of Social Work.

Classification of Data: All information provided is private until your application has been approved. Once it has been approved, all information is public except as noted in the application. Public information is available to any person upon request. The purpose and intended use of this information is to determine whether you meet legal requirements for licensure. You are not required to provide the information requested on this form, but the Board will not be able to act on your application without this information.

SECTION 1: LCSW APPLICANT INFORMATION

LAST NAME:		FIRST NAME:		MIDDLE NAME: (full)
LICENSE NUMBER: <i>(if applicable)</i>	CURRENT LICENSE: <i>(if applicable, circle one)</i>	LGSW	LISW	DATE OF BIRTH:
Clinical Knowledge Areas	Hours Required	Hours Obtained	Course Title(s) and Number(s)	
Differential diagnosis and biopsychosocial assessment, including normative development & psychopathology across the life span	108			
Assessment-based clinical treatment planning with measurable goals	36			
Clinical intervention methods informed by research and current standards of practice	108			
Evaluation methodologies	18			
Social work values and ethics, including cultural context, diversity, and social policy	72			
Culturally specific clinical assessment and intervention	18			
Total hours in all categories	360			

SECTION 2: CERTIFICATION BY ACCREDITED INSTITUTION OF HIGHER LEARNING OFFICIAL

I hereby certify that through graduate coursework from an accredited institution of higher learning, the above named applicant completed clock hours (one semester credit hour = 15 clock hours) in the clinical knowledge areas listed above.

SIGNATURE: (Accredited Institution of Higher Learning Official):		DATE:
TYPE OR PRINT NAME: Amy Greenberg, LCSW, MA		TITLE OR OFFICIAL POSITION: Director of Internships and Programs
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