

**Information Booklet with
Application and Reference Forms**

**Certified
Social Work
Case Manager
(C-SWCM)**

AND

**Certified
Advanced Social Work
Case Manager
(C-ASWCM)**



NASW Specialty Certifications

P.O. Box 98272, Washington, DC 20077-7343 • 800-638-8799, x 447 • 202-408-8600, x 447

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NASW's Specialty Certifications Program

In 1998, NASW conducted a survey of its membership, in which respondents clearly identified the need and a strong level of interest in a national certification program in areas of social work specialization established and created by NASW. The NASW Specialty Certifications Program was launched early in 2000 to help the Association's members in today's competitive workplace attain:

- Enhanced professional and public recognition
- Increased visibility as specialized, professional social workers
- Association with a select group of specialized, professional social workers who have attained national distinction

NASW Specialty Certifications, available to CSWE-accredited, degreed social workers only, provide a vehicle for recognizing social workers who have met national standards and possess specialized knowledge, skills, and experience. NASW is committed to assisting in the process of certifying social workers, and is working to emphasize the importance of employing social workers who have specialized training and experience.

NASW's voluntary professional specialty certifications provide recognition to those who have met national standards for higher levels of experience and knowledge, and are not a substitute for state licenses.

DEFINITION OF SOCIAL WORK CASE MANAGEMENT

Approved by the NASW Board of Directors, June 1992

Social work case management is a method of providing services whereby a professional social worker assesses the needs of the client* and the client's family, when appropriate. The case manager arranges, coordinates, monitors, evaluates, and advocates for a package of multiple services to meet the specific client's complex needs. A professional social worker is the primary provider of social work case management. Distinct from other forms of case management, social work case management addresses the individual client's biopsychosocial status as well as the state of the social system in which case management operates. Social work case management is both micro and macro in nature: Intervention occurs at both the client and system levels.

It requires the social worker to develop and maintain a therapeutic relationship with the client, which may include linking the client with systems that provide him or her with needed services, resources, and opportunities. Services provided under the rubric of social work case management practice may be located in a single agency or may be spread across numerous agencies or organizations.

SOCIAL WORK CASE MANAGEMENT

The primary goal of social work case management is to optimize client functioning by providing quality services in the most efficient and effective manner to individuals with multiple complex needs. Like all methods of social work practice, case management rests on a foundation of professional training, values, knowledge, theory, and skills used in the service of attaining goals that are established in conjunction with the client and the client's family, when appropriate. Although the roles and responsibilities of individual social work case managers can vary considerably depending on program or system objectives, social work case managers may perform a range of common tasks related to client-level intervention and system-level intervention.

Social work training focuses both on the micro and macro practice levels. Social work case managers practice in a broad variety of settings, including hospitals, nursing homes, rehabilitation facilities, community-based mental health agencies, schools, prisons, court systems, and shelters for the homeless and victims of domestic violence. Social workers at the clinical level are able to perform case management as part of their independent practice.

Social workers have a strong focus on client and systems strengths and the development of self-care skills that go beyond the disease and symptom focus of the medical model. The overall focus of social work case management is built on the biopsychosocial model which uses a Person-in-Environment (PIE) perspective to assess strengths and challenges within a systems framework. Social work case managers focus on all the biopsychosocial needs and aspects of a client's life. Attention to health care or disease management is just part of the social work case management model. Social workers not only take into account the biological needs

*"Client" may refer to any of the following with whom the social work case manager interacts: individual, family, group, or community.

in a client's life, but also assess the familial, social, environmental, and other systems needs affecting a client's life.

Social workers are trained as advocates and brokers as two of the primary roles of social work practice. Social workers are well positioned to take on these roles in today's managed care environment. As part of theoretical and practice training, social workers are uniquely skilled in identifying needs for resources, assessing the appropriateness of resources and managing the use of those resources in both cost effective and clinically sound ways. Advanced social work case managers are equipped with the knowledge and skills to develop and measure a variety of performance outcomes, and contribute to the body of knowledge about social work practice in managed care through practice evaluation methodology.

CORE FUNCTIONS OF SOCIAL WORK CASE MANAGEMENT

ENGAGEMENT

Outreach, working alliance, screening, consent (release) forms, initial intake, receiving referrals

ASSESSMENT

Needs (functional and/or psychosocial), strengths/challenges/opportunities, biopsychosocial, comprehensive intake, sociocultural, resource/financial

PLANNING

Service, intervention, treatment, care, direction, rehabilitation, strategic, support, crisis prevention

IMPLEMENTATION/COORDINATION

Resource/service brokering, monitoring service delivery, service provision, project implementation, client support, crisis management

ADVOCACY

Working for systems improvement, promoting client well-being and/or client-functioning, liaison, and mediation

REASSESSMENT/EVALUATION

Monitoring, efficacy, effectiveness, appropriateness, efficiency, review/revise, plan, data collection and analysis

DISENGAGEMENT

Termination, transfer, discharge planning

Certified Social Work Case Manager (C-SWCM)

Specialty Certification for the Experienced BSW Social Work Case Manager

ELIGIBILITY CRITERIA

Applicants must meet ALL criteria to qualify for certification

1. MEMBERSHIP

A current NASW membership in good standing is required. **Associate members are not eligible for NASW Specialty Certifications.** NASW “regular” membership must be established *before* an application for the C-SWCM is submitted.

2. EDUCATION

BSW—The applicant must hold a bachelor’s degree in social work from a program accredited by the Council on Social Work Education (CSWE). The program must have been accredited by CSWE at the time the degree was received.

An original transcript is required and must be sent in a sealed envelope directly to NASW (see mailing instructions on page 5). If you have the NASW ACBSW (Academy of Certified Baccalaureate Social Workers) Credential (1991–95), you do not have to submit an original transcript. Otherwise, there are NO exceptions.

3. EXPERIENCE

The applicant must submit one year (1,500 hours—not counting administrative duties of approximately 30 hours per week of direct client-level case management tasks) post-BSW degree full-time, paid, appropriately supervised (see SUPERVISION) work experience as a case manager in an agency or institutional setting.

Case management functions as described at the beginning of this booklet must constitute the primary job responsibilities. Experience must be completed at the time of application and must have been completed in no less than 12 months.

4. SUPERVISION and SUPERVISORY EVALUATION

A completed supervisory evaluation(s) must correspond in time to the qualifying experience that is submitted. Supervision must cover a minimum of one year (1,500

hours—not counting administrative duties, of approximately 30 hours per week of direct client-level case management tasks) post-BSW degree full-time, paid work experience as a case manager in an agency or institutional setting. The supervisor(s) must be able to evaluate the applicant’s case management skills, knowledge, and abilities across the seven core functions of case management described in this booklet.

Hours of Supervision

For the first two years of post-BSW practice, regularly scheduled face-to-face supervision meetings should occur at a rate of one hour for every 15 hours of direct client-level case management tasks (minimum of 100 hours per year). For the subsequent two years, the rate should be one hour for every 30 hours of direct case management tasks (minimum of 50 hours per year). Thereafter, supervision and consultation may occur on an as-needed basis.

Social Work Supervision is Preferred

- BSW supervisors must have at least five years post-BSW social work experience.
- MSW supervisors must have at least two years post-MSW social work experience.

Social work references will not be accepted from non-social work-degreed individuals who have been granted social work licenses by individual states.

At least one of the two references (supervisor or colleague) must be from a BSW or MSW social worker.

Alternate Supervisors

Although it is preferred that the supervisory reference comes from a BSW or an MSW, for a limited time period if such supervision as described above has not been available, the supervisory evaluation form will be accepted from one of the following alternate supervisors:

- Licensed psychiatrist
- Licensed clinical psychologist (PhD)
- Licensed psychologist (PhD)

- Licensed mental health practitioner (LMHP)
- Licensed registered nurse or higher
- Licensed professional counselor (LPC)

If you are submitting a supervisory evaluation from a non-social worker, your social work colleague reference must be from a BSW or MSW social worker.

5. BSW OR MSW SOCIAL WORK COLLEAGUE REFERENCE

A confidential reference from a BSW or an MSW social work colleague is required. The colleague reference cannot be completed by the same person who completed the supervisory evaluation.

If the supervisory evaluation reference is submitted by a BSW or an MSW and there is no BSW or MSW social worker available to complete the social work colleague reference form, it may be completed by a person on the list of alternate supervisors.

At least one of the two references (supervisor or social work colleague) must be from a BSW or MSW social worker.

6. LICENSE/CREDENTIALS (Only ONE of the following is required)

- NASW's ACBSW (Academy of Certified Baccalaureate Social Workers) offered by NASW 1991–95.
- Current exam-based state BSW-level license or certification. (Current copy with expiration date required.) Please note that exam-based licensure at the BSW level is available only in certain states.
- Passing score on the ASWB (Association of Social Work Boards) basic level exam. *This option is intended for more recent BSW graduates who are in the process of applying for licensure and have completed the exam*

requirement but who have not yet received the actual social work license. A copy of the passing score document received at the exam site will be accepted.

- One additional year and 20 CEUs

To apply, you **MUST** have one of the above items. If your state does not have the ASWB basic exam-based BSW-level social work license, and you do not have one of the items listed above, you will not meet the eligibility criteria for the C-SWCM Certification. The ASWB basic exam is available only in states where BSW-level social work licenses are offered.

7. AFFIRMATION OF PROFESSIONAL STANDARDS and STATEMENT OF UNDERSTANDING

CERTIFICATES

Applicants who meet all eligibility criteria and successfully qualify for the C-SWCM will receive a certificate suitable for wall display. Each renewal period, those who successfully renew (see RENEWAL) will receive an updated seal to place on the original certificate. (If necessary, replacement certificates can be provided at a cost of \$20.)

RENEWAL

- Renewal occurs every two years.
- 20 contact hours of continuing education relevant to case management are required. The applicant must state to which case management core functions the training applies.
- The ACBSW or current BSW-level state social work licensure is required. The certification holder must comply with NASW's *Standards for Continuing Professional Education*, supplied at the back of the application booklet.

INSTRUCTIONS AND OTHER INFORMATION

GRADUATES OF FOREIGN SCHOOLS

If your Social Work degree was received in a country other than the United States, NASW will accept an evaluation by the Council on Social Work Education that your degree is equivalent to one from an accredited U.S. school. CSWE charges a fee for this evaluation, which takes approximately four weeks. The acceptance letter from CSWE must be included with your application materials. To obtain an application form for evaluation and instructions for submitting your

education documents, contact: Council on Social Work Education, 1600 Duke Street, Suite 300, Alexandria, VA 22314, Telephone: (703) 683-8080.

NASW MEMBERSHIP

NASW regular membership in good standing must be established before an application for the C-SWCM is submitted. Applications received from non-NASW members or from non-regular NASW members will be returned.

COMPLETE APPLICATIONS WILL INCLUDE:

- 1. Original BSW transcript sent to NASW directly from the school*
- 2. Application form
- 3. Payment
- 4. Qualifying case management experience form
- 5. If not an ACBSW holder, a copy of current state ASWB basic exam-based BSW-level social work license with expiration date, or a copy of ASWB basic level passing exam scores.
- 6. Supervisory Evaluation Form
- 7. Social Work Colleague Reference Form
- 8. Affirmation of Professional Standards and Statement of Understanding

MAILING OF APPLICATION MATERIALS

***Transcript only**

Item #1 above—Original transcript of CSWE-accredited MSW sent directly from the school to:

NASW Credentialing Center
750 First Street, NE, Suite 700
Washington, DC 20002-4241.

Remainder of Application

Items #2 through #8 above to:

NASW Specialty Certifications
P.O. Box 98272
Washington, DC 20077-7343

PROCESSING OF APPLICATIONS

Please allow up to 12 weeks for processing from the date we receive your application. No acknowledgement of our receipt of your application will be sent to you.

APPROVED APPLICATIONS

Applicants who successfully meet all criteria will be sent an approval letter and certificate suitable for framing. If renewed successfully, certificate holders will be sent a seal updating the certification for each renewal period. (Replacement certificates will be issued at a cost of \$20.)

OMISSIONS OR INCORRECT SUBMISSIONS

Applicants omitting required items or sending incorrect items will be notified and will be given a reasonable amount of time to complete or correct their application. Any application for which the required materials are not received by the established deadline will be deemed ineligible.

APPLICATIONS DEEMED INELIGIBLE

Any application that does not meet *all* of the criteria outlined in this booklet will be deemed ineligible.

REFUND POLICY

A processing fee equal to the total application fee will be retained if applications are either withdrawn or deemed ineligible. Letters of explanation will be mailed to all applicants who have been deemed ineligible.

Certified Advanced Social Work Case Manager (C-ASWCM)

Specialty Certification for the Experienced MSW Social Work Case Manager

ELIGIBILITY CRITERIA

Applicants must meet ALL criteria to qualify for certification

1. MEMBERSHIP

A current “regular” NASW membership in good standing is required. Associate members are not eligible for NASW Specialty Certifications. NASW “regular” membership must be established *before* an application for the C-ASWCM is submitted.

2. EDUCATION

MSW—The applicant must hold a master’s degree in social work from program accredited by the Council on Social Work Education (CSWE). The program must have been accredited by CSWE at the time the degree was received.

An original transcript is required and must be sent in a sealed envelope directly to NASW (see mailing instructions on page 8). If you were admitted to NASW’s ACSW (Academy of Certified Social Workers) in 1989 or later or received NASW’s QCSW (Qualified Clinical Social Worker) or DCSW (Diplomate in Clinical Social Work) Credential in 1996 or later, you do not have to submit an original transcript. Otherwise, there are NO exceptions.

3. EXPERIENCE

The applicant must submit **one year** (1,500 hours, not counting administrative duties approximately 30 hours per week of direct client-level case management tasks) post-MSW degree full-time paid, appropriately supervised (see SUPERVISION) work experience as a case manager, in an agency or institutional setting.

Case management functions as described at the beginning of this booklet must constitute the primary job responsibilities. The experience must be completed at the time of application and must have been completed in no less than 12 months. Case management practice must also be current.

4. SUPERVISION and SUPERVISORY EVALUATION

A completed supervisory evaluation(s) must correspond in time to the qualifying experience that is submitted. Supervision must cover a minimum of one year (1,500 hours—not counting administrative duties, of approximately 30 hours per week of direct client-level case management tasks) post-MSW degree full-time, paid work experience as a case manager in an agency or institutional setting. The supervisor(s) must be able to evaluate the applicant’s case management skills, knowledge, and abilities across the seven core functions of case management described in this booklet.

Hours of Supervision

For the first two years of post-MSW practice, regularly scheduled face-to-face supervision meetings should occur at a rate one hour for every 30 hours of direct client-level case management tasks (minimum of 50 hours per year). Thereafter, supervision and consultation may occur on an as-needed basis.

Social Work Supervision is Preferred

- MSW supervisors must have had at least two years post-MSW experience as a social worker.

Social work references will not be accepted from non- social work-degreed individuals who have been granted social work licenses by individual states.

Alternate Supervisors

While it is preferred that the supervisory reference comes from a BSW or an MSW, if such supervision as described above has not been available, the supervisor evaluation form will be accepted from one of the following alternate supervisors:

- Licensed psychiatrist
- Licensed clinical psychologist (PhD)
- Licensed psychologist (PhD)
- Licensed mental health practitioner (LMHP)
- Licensed registered nurse or higher
- Licensed professional counselor (LPC)

5. MSW SOCIAL WORK COLLEAGUE REFERENCE

A confidential reference from an MSW social work colleague is required. The colleague reference cannot be completed by the same person who completed the supervisory evaluation.

6. LICENSE/CREDENTIALS

(Only ONE of the following is required)

- NASW's ACSW (Academy of Certified Social Workers)
- NASW's DCSW (Diplomate in Clinical Social Work)
- Current exam-based state MSW-level license or certification at the intermediate, advanced or clinical level* (Current copy with expiration date required.)
- Passing score on the ASWB (Association of Social Work Boards) intermediate, advanced or clinical level exam. *This option is intended for more recent MSW graduates who are in the process of applying for licensure and have completed the exam requirement but who have not yet received the actual social work license.*

*If you practice in a state that does not have exam-based MSW-level social work licensure, you *must* have the NASW ACSW or DCSW. (PR)

7. AFFIRMATION OF PROFESSIONAL STANDARDS and STATEMENT OF UNDERSTANDING

CERTIFICATES

Applicants who meet all eligibility criteria and successfully qualify for the C-ASWCM will receive a certificate suitable for wall display. Each renewal period, those who successfully renew (see RENEWAL) will receive an updated seal to place on the original certificate. (If necessary, replacement certificates can be provided at a cost of \$20.)

RENEWAL

- Renewal occurs every two years.
- 20 contact hours of continuing education relevant to case management are required. Applicant must state to which case management core functions the training applies.
- The current ACSW, DCSW or current MSW-level state social work licensure is required. The certification holder must comply with NASW's *Standards for Continuing Professional Education*.
- Renewal Fee \$95

INSTRUCTIONS AND OTHER INFORMATION

GRADUATES OF FOREIGN SCHOOLS

If your Social Work degree was received in a country other than the United States, NASW will accept an evaluation by the Council on Social Work Education that your degree is equivalent to one from an accredited U.S. school. CSWE charges a fee for this evaluation, which takes approximately four weeks. The acceptance letter from CSWE must be included with your application materials. To obtain an application form for evaluation and instructions for submitting your education documents, contact: Council on Social Work Education, 1600 Duke Street, Suite 300, Alexandria, VA 22314, Telephone: (703) 683-8080.

NASW MEMBERSHIP

NASW regular membership in good standing must be established before an application for the C-ASWCM is submitted. Applications received from non-NASW members or from non-regular NASW members will be returned.

COMPLETE APPLICATIONS WILL INCLUDE:

- 1. Original transcript of MSW*
- 2. Application form
- 3. Payment—Fee \$165.00
- 4. Qualifying case management experience form
- 5. If not an ACSW or DCSW holder, a current copy of state social work license at the intermediate, advanced, or clinical level with expiration date or a copy of ASWB intermediate, advanced or clinical exam passing scores.
- 6. Supervisory Evaluation Form
- 7. Social Work Colleague Reference Form
- 8. Affirmation of Professional Standards and Statement of Understanding

MAILING OF APPLICATION MATERIALS

***Transcript only**

Item #1 above—Original transcript of CSWE-accredited MSW sent directly from the school to:

NASW Credentialing Center
750 First Street, NE, Suite 700
Washington, DC 20002-4241.

Remainder of Application

Items #2 through #8 above to:

NASW Specialty Certifications
P.O. Box 98272
Washington, DC 20077-7343

PROCESSING OF APPLICATIONS

Please allow up to 12 weeks for processing from the date we receive your application. No acknowledgement of our receipt of your application will be sent to you.

APPROVED APPLICATIONS

Applicants who successfully meet all criteria will be sent an approval letter and certificate suitable for

framing. If renewed successfully, certificate holders will be sent a seal updating the certification for each renewal period. (Replacement certificates will be issued at a cost of \$20.)

OMISSIONS OR INCORRECT SUBMISSIONS

Applicants omitting required items or sending incorrect items will be notified and will be given a reasonable amount of time to complete or correct their application. Any application for which the required materials are not received by the established deadline will be deemed ineligible.

APPLICATIONS DEEMED INELIGIBLE

Any application that does not meet *all* of the criteria outlined in this booklet will be deemed ineligible.

REFUND POLICY

A processing fee equal to the total application fee will be retained if applications are either withdrawn or deemed ineligible. Letters of explanation will be mailed to all applicants who have been deemed ineligible.

Frequently Asked Questions

About NASW Specialty Certifications

Why are these Specialty Certifications being offered?

- In response to member and chapter requests. NASW conducted a membership survey in 1997 that showed a 60 percent interest in certifications. A follow-up credentials survey was done in 1998, with a 70 percent response rate showing a desire for NASW to develop specialty certifications. The members ranked case management among the highest areas of need.

Why did NASW create a certification in Case Management when there are already others in existence?

- Members report that many social workers are being required by their employers to become certified in case management by a national professional association. There are a variety of settings establishing these requirements, such as large hospital systems, branches of the military, and managed care companies. Because case management has been at the core of social work practice for more than 100 years, many NASW members would prefer to hold a certification in social work case management from their national professional social work association instead of applying for a non-social work-based multi-disciplinary case management certification.

How does NASW's Case Management certification differ from the other certifications?

- NASW's certification is open only to NASW regular members in good standing with social work degrees from schools accredited by the Council on Social Work Education (CSWE) at the time the degree was earned.
- The NASW Social Work Case Management Certification is developed from a broad social work perspective that has a dual focus on the person and the environment in which they live.
- NASW believes that social workers with BSW or MSW degree educational content, a social work exam passing score, and the required supervised work experience, clearly possess the core knowledge, skills, and abilities for social work case management. Our certification does not require a separate case management exam, but does require that one of the following social work exams be passed: NASW's ACBSW exam (BSWs only, between 1991 and 1995), NASW's ACSW or DCSW exam (MSWs only), ASWB

(Association of Social Work Boards) exam. BSWs—"basic" exam. MSWs—"advanced" or "clinical" exam.

I already have my social work license in my state. Do I need to get one of your Specialty Certifications?

- NASW certifications and credentials are not a substitute for any certification or license *required* by your state to practice social work.
- Holders of NASW Specialty Certifications are recognized for achieving high professional social work standards set by their national professional organization.
- NASW Specialty Certifications are voluntary national professional certifications. Many NASW members choose to apply and maintain NASW credentials and certifications as an enhancement of their personal professional identity.

MEMBERSHIP

Do I need to be a current member of NASW to apply for these certifications?

- Yes. You must be a current NASW member in good standing. Associate members are not eligible for NASW Specialty Certifications. For more information about membership, call (800) 742-4089 or visit our Web site: www.socialworkers.org

SOCIAL WORK EDUCATION

Do I have to have a social work degree to apply for these certifications?

- Yes. Applicants must have a BSW (for the C-SWCM) or an MSW (for the C-ASWCM) from an institution accredited by the Council on Social Work Education (CSWE) at the time the degree was earned.
- Under no circumstances will any other degrees be accepted, even if one was "grandfathered" into a state social work license with a non-social work degree or with a social work degree that was not accredited by the Council on Social Work Education at the time the degree was earned.

I don't understand which level of certification I should apply for.

- If you have a BSW from a CSWE-accredited school, and you meet all of the other criteria required, you should apply for the C-SWCM, Certified Social Work Case Manager.

- If you have an MSW from a CSWE-accredited school, and you meet all of the other criteria required, you should apply for the C-ASWCM, Certified Advanced Social Work Case Manager.

TRANSCRIPTS

I have a copy of my transcript, can I send it?

- No. Official transcripts issued by the Office of the Registrar are required and must be mailed directly from the school to NASW in a sealed envelope. Transcripts issued to students or copies of transcripts will not be accepted. Original transcripts must be sent directly from the school to:

NASW Credentialing Center
Specialty Certifications
750 First Street, NE, Suite 700
Washington, DC 20002-4241

- *Exceptions. Original transcripts are not required ONLY under the following circumstances:*
 - C-SWCM applicants who received the NASW ACBSW credential (1991–95)
 - C-ASWCM applicants who were admitted to NASW's ACSW (*Academy of Certified Social Workers*) in 1989 or later
 - C-ASWCM applicants who received NASW's QCSW (*Qualified Clinical Social Worker*) or DCSW (*Diplomate in Clinical Social Work*) in 1996 or later.

I have a social work license in my state. Why do I have to send a transcript?

- Holding a social work license does not prove that you have a BSW or an MSW from a CSWE-accredited school. Not all states require CSWE-accredited social work degrees for licensure. Some states have “grand parented in” state social work licensing applicants who do not have a BSW or an MSW, but who have other (non-social work) degrees.

I have been an NASW member for years. I received the ACSW before 1989. I received the QCSW/DCSW before 1996. Why do I have to send a transcript?

- NASW now provides a great deal of “primary verification” verifying that NASW member's credentials and certifications are held and in good standing. Part of our responsibility is to have verified that we have obtained and reviewed original documentation,

including original sealed transcripts sent directly to us from the schools. Before 1989 for the ACSW and before 1996 for the QCSW/DCSW, we were not requiring applicants to have their schools send original sealed transcripts as part of their applications for our credentials.

Can I send a photocopy of my diploma instead?

- No.

SUPERVISION—REFERENCE FORMS

I don't/didn't have an MSW supervisor; can I use the other supervisor I had?

- There are some alternate supervisors from whom references will be accepted on a time limited basis. See supervision requirements for each certification.

Can the supervisory evaluation form and the colleague reference form be completed by the same person?

- No. The forms must be completed by two different people.

RENEWAL

I understand that renewal will be required every two years. Does that mean I have to pay the original fee each time I renew?

- No, the renewal fee will not be equal to the application fee.

I have to complete 40 continuing education contact hours every two years to renew my state social work license. Do I have to complete 20 hours every two years in addition to the 40 required by my state to renew the case management certification?

- No. As long as the content of the continuing education you have completed toward the renewal of your state license can be tied to the core competencies of social work case management, you should be able to submit the same trainings for the renewal of your NASW Social Work Case Management Certification. On the renewal form, you will be asked to identify to which of the seven core functions of social work case management the training applies.

I am confused because the NASW Standards for Continuing Professional Education state that I should complete 48 hours of continuing education every two years. This certification says I need only 20 hours every two years to renew. Which one is correct?

- They are both correct. The NASW Standards recommend that NASW members complete 48 hours of continuing education over a two-year period. However, for the purposes of renewing the Social Work Case Manager Certification, proof of 20 hours specifically relevant to your case management practice is required.

COPIES OF APPLICATION FORMS

I have some colleagues who also want to apply. I want all of my staff members to apply. Can I just make copies of the application forms for them to submit?

- No. We prefer that each applicant use original forms. We require original documentation. We also need each applicant to have all the information in the booklet so that they fully understand the criteria and can consult the booklet for information as they complete their application.

APPLICATION FORM

Social Work Case Management Specialty Certification

Please read the criteria and all instructions before completing this form.

Application For:

- C-SWCM (Certified Social Work Case Manager—BSW level)
- C-ASWCM (Certified Advanced Social Work Case Manager—MSW level)

Current NASW Regular Membership (see page 3, #1)

NASW Membership number: 8 8 _____

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: H _____ W _____ E-mail: _____

CSWE-Accredited Social Work Education (see page 3, #2)

Degree: BSW MSW Date awarded: _____ School: _____

Name under which transcript was issued, if different from current name _____

License/Credentials

C-SWCM—ONE of the following is *required*. Mark appropriate box.

- NASW ACBSW Credential
- Current state-issued, ASWB basic exam-based BSW-level license (*include current copy showing expiration date with application*)
- Passing score on ASWB basic-level exam (*include copy of exam scores*)

C-ASWCM—ONE of the following is *required*. Mark appropriate box.

- NASW ACSW or DCSW Credential
- Current State issued ASWB Intermediate, Advanced or Clinical exam-based MSW-level license (*include current copy showing expiration date with application*)
- Passing score on ASWB intermediate, advanced or clinical exam (*include copy of passing exam scores with application*)

Payment—Fee \$165.00 Mark appropriate box.

- Check or money order made payable to “NASW Credentialing Center”
- American Express MasterCard Visa NASW Visa (supports work on behalf of your profession)

Card number: _____ Expiration date: _____

Signature: _____

The **Affirmation of Professional Standards** and the **Statement of Understanding** on the back of this page **MUST** be completed, signed, and dated.—**SEE REVERSE**

AFFIRMATION OF PROFESSIONAL STANDARDS

Have you ever been found in violation of a state social work licensing law or regulation or the NASW *Code of Ethics* or are there any cases pending against you?

- NO
- YES—I understand that NASW certifications will not be awarded until violations are satisfactorily reviewed. (Attach an explanation of the corrective action taken and the current status of this matter.)

I certify that my social work practice conforms to the NASW *Code of Ethics*, the NASW *Standards for Social Work Case Management*, and the NASW *Standards for Continuing Professional Education*. I further agree to adhere to the NASW *Code of Ethics*, the NASW *Standards for Social Work Case Management*, and the NASW *Standards for Continuing Professional Education*, and to voluntarily participate, if requested to do so, in any NASW adjudication proceedings involving alleged violations of the NASW *Code of Ethics*, and to be subject to any verification process established by NASW concerning practice and continuing education standards.

I understand that refusal or failure to participate in an adjudication proceeding or verification process may be grounds for revocation of this certification. I further understand that NASW reserves the right to revoke NASW social work certifications of any person found to have violated the NASW *Code of Ethics*, or found to be noncompliant with the NASW *Standards for Social Work Case Management* or the NASW *Standards for Continuing Professional Education*, or whose state license to practice has been terminated or suspended by a duly authorized state regulatory agency. The *Code of Ethics* and all NASW Standards are available online at www.socialworkers.org.

Signature: _____ Date: _____

STATEMENT OF UNDERSTANDING

I hereby apply for specialty certification as a:

- Certified Social Work Case Manager
- Certified Advanced Social Work Case Manager

I understand that my certification depends on successful completion of the certification procedure and my ability to meet all requirements and qualifications. I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and is made in good faith. I further understand that if any information is later determined to be false, NASW reserves the right to revoke any certification that has been granted on the basis thereof. I further understand that NASW reserves the right to terminate the certification of any person who is found to be in violation of the NASW *Code of Ethics*, or state social work laws or regulations.

I understand that continued use of the CERTIFIED SOCIAL WORK CASE MANAGER or CERTIFIED ADVANCED SOCIAL WORK CASE MANAGER designation depends on continued NASW membership, payment of the certification renewal fee, and such other requirements as NASW may stipulate, and if at any time, both my NASW and my CERTIFIED SOCIAL WORK CASE MANAGER or CERTIFIED ADVANCED SOCIAL WORK CASE MANAGER status are not active, I may not designate myself as a CERTIFIED SOCIAL WORK CASE MANAGER or CERTIFIED ADVANCED SOCIAL WORK CASE MANAGER.

I hereby release, discharge, and exonerate NASW, its directors, officers, members, examiners, representatives, and agents, including the Competence Certification Commission, from any actions, suits, obligations, damages, claims or demands arising out of, or in connection with any aspect of the application process including results, or decisions on the part of NASW and/or its agents which may include a decision to not issue me a certificate.

Signature: _____ Date: _____

Qualifying Experience Form

Include *ONLY* case management experience. List current or most recent case management experience first. Do *NOT* send resumes.

Name of applicant: _____

Length of employment: FROM (mo./yr.) _____ TO (mo./yr.) _____

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

Name of supervisor: _____ Supervisor's degree: MSW _____

Dates of employment under this supervisor: from (mo./yr.) _____ to (mo./yr.) _____

Name of supervisor: _____ Supervisor's degree: MSW _____

Dates of employment under this supervisor: from (mo./yr.) _____ to (mo./yr.) _____

Your job title: _____

Is case management your primary job function in this position? YES NO

Which core functions of case management are part of your job functions? (see page 2)

- Engagement Assessment Planning Implementation/Coordination
 Advocacy Reassessment Disengagement Other _____

Number of hours per week—Only direct contact and related clinical duties. Do not count administrative duties.

- Full-time (must be at least 30 hours per week direct contact to be credited as full time)
 Part-time (minimum allowable: 20 hours per week direct contact) _____ hours per week

Length of employment: FROM (mo./yr.) _____ TO (mo./yr.) _____

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

Name of supervisor: _____ Supervisor's degree: MSW _____

Dates of employment under this supervisor: from (mo./yr.) _____ to (mo./yr.) _____

Name of supervisor: _____ Supervisor's degree: MSW _____

Dates of employment under this supervisor: from (mo./yr.) _____ to (mo./yr.) _____

Your job title: _____

Is case management your primary job function in this position? YES NO

Which core functions of case management are part of your job functions? (see page 2)

- Engagement Assessment Planning Implementation/Coordination
 Advocacy Reassessment Disengagement Other _____

Number of hours per week—Only direct contact and related clinical duties. Do not count administrative duties.

- Full-time (must be at least 30 hours per week direct contact to be credited as full time)
 Part-time (minimum allowable: 20 hours per week direct contact) _____ hours per week

Qualifying Experience Form

Include ONLY case management experience. List current or most recent case management experience first. Do NOT send resumes.

Length of employment: FROM (mo./yr.) _____ TO (mo./yr.) _____

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

Name of supervisor: _____ Supervisor's degree: MSW _____

Dates of employment under this supervisor: from (mo./yr.) _____ to (mo./yr.) _____

Name of supervisor: _____ Supervisor's degree: MSW _____

Dates of employment under this supervisor: from (mo./yr.) _____ to (mo./yr.) _____

Your job title: _____

Is case management your primary job function in this position? YES NO

Which core functions of case management are part of your job functions? (see page 2)

- Engagement Assessment Planning Implementation/Coordination
 Advocacy Reassessment Disengagement Other _____

Number of hours per week—Only direct contact and related clinical duties. Do not count administrative duties.

- Full-time (must be at least 30 hours per week direct contact to be credited as full time)
 Part-time (minimum allowable: 20 hours per week direct contact) _____ hours per week

Length of employment: FROM (mo./yr.) _____ TO (mo./yr.) _____

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

Name of supervisor: _____ Supervisor's degree: MSW _____

Dates of employment under this supervisor: from (mo./yr.) _____ to (mo./yr.) _____

Name of supervisor: _____ Supervisor's degree: MSW _____

Dates of employment under this supervisor: from (mo./yr.) _____ to (mo./yr.) _____

Your job title: _____

Is case management your primary job function in this position? YES NO

Which core functions of case management are part of your job functions? (see page 2)

- Engagement Assessment Planning Implementation/Coordination
 Advocacy Reassessment Disengagement Other _____

Number of hours per week—Only direct contact and related clinical duties. Do not count administrative duties.

- Full-time (must be at least 30 hours per week direct contact to be credited as full time)
 Part-time (minimum allowable: 20 hours per week direct contact) _____ hours per week

Supervisory Reference Evaluation Form

Certified Social Work Case Manager BSW Applicants

THIS SECTION ONLY TO BE COMPLETED BY APPLICANT

Name of applicant: _____

Address: _____

City: _____ State: _____ Zip code: _____

Daytime phone number, including area code: _____

I, the undersigned applicant for the NASW Certified Social Work Case Manager Specialty Certification, attest that the supervisory reference named _____, is a social work / _____ professional and has knowledge about my practice and qualifications for certification. I understand and agree that the reference is providing this evaluation confidentially and has no obligation to reveal its contents to me. I further acknowledge that, by agreeing to supply this evaluation, the reference does not thereby assume responsibility for NASW's decisions regarding my application.

Signature: _____ Date: _____

Print name: _____

When this section is completed, give the entire form to the SUPERVISOR for completion. The supervisor must return the completed reference to you in a sealed envelope with his or her signature across the seal. Unsealed or unsigned envelopes will not be accepted and will be returned to the applicant.

THE REMAINDER OF THIS FORM MUST BE COMPLETED BY SUPERVISORY REFERENCE

Dear Supervisor:

You have been selected to complete this reference form by a social worker applying for NASW's Specialty Certification in Case Management. The information that you provide on this form will help establish the applicant's eligibility for the Certified Social Work Case Manager Specialty Certification. References must be able to evaluate the applicant's social work case management practice across the seven core functions of case management and must be able to answer at least 24 of the 27 questions. (Only three of the questions can be marked "not applicable" or "unable to rate"). Please review the form before completing. If you are unable to complete the form as required, please notify the applicant. Otherwise, please return the completed form in an envelope with your signature over the sealed flap to the applicant. Thank you for your contribution to maintaining high professional standards for the social work profession.

Supervision Requirements

Supervisor Qualifications

Applicants for the Certified Social Work Case Manager Specialty Certification must be supervised by either a BSW social worker with at least five years post-BSW degree social work experience or by an MSW social worker with at least two years post-MSW degree social work experience. In cases where the applicant has not had access to a qualified BSW or MSW supervisor, a supervisory reference will be accepted from one of the following: licensed psychiatrist, licensed clinical psychologist (PhD), licensed psychologist (PhD), licensed professional counselor (LPC), or a licensed registered nurse or higher.

C-SWCM SUPERVISORY REFERENCE EVALUATION FORM INSTRUCTIONS

NASW appreciates your reading each item carefully and evaluating the applicant according to the scale provided. Please include comments/explanation on any item marked “minimal” such as “improving”, “additional training planned”, etc.

KEY:

- Not Applicable: *Not part of services in your setting or not part of applicant’s role/responsibilities*
- Unable to Rate: *Have not had the opportunity to directly observe applicant or discuss in supervision*
- Minimal: *Minimum Ability/Skills/Knowledge—could use improvement*
- Average: *Average Ability/Skills/Knowledge—adequate for position*
- Excellent: *High level Ability/Skills/Knowledge*

1. Ability to engage clients in the case management process

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Ability to establish and maintain appropriate boundaries with clients

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Demonstrates skills to engage in ethnic/gender/age/faith-sensitive practice

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Demonstrates skills in incorporating clients’ self-assessment of strengths and weaknesses in a psychosocial assessment

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Demonstrates skill in identifying at-risk factors

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Ability to work as part of a multidisciplinary team

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Ability to maintain ongoing contact with clients and providers to ensure that services continue to meet the client’s needs

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Ability to conduct initial intake and screening to determine eligibility and appropriateness for case management

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Ability to seek and use supervision appropriately

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Name of applicant: _____

10. Demonstrates up-to-date knowledge of local resources available to clients

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

11. Ability to incorporate understanding of the NASW Code of Ethics in practice

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

12. Ability to obtain completed agency-required paperwork (informed consent, releases of information, etc.) from client

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

13. Ability to coordinate service delivery to ensure the continuity and complementarity of the services

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

14. Ability to respond promptly to changes in needs and alter the delivery of services appropriately

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

15. Ability to respond effectively in client crisis situations

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

16. Ability to carry out agency's programs and operating procedures

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

17. Demonstrates knowledge and understanding of federal, state, and local laws, regulations and mandates as they relate to social work case management and provision of services to clients (i.e. Tarasoff, child protective services regulations, etc.)

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

18. Ability to evaluate client's needs (functional and psychosocial) and resources of the client's identified support system, including family, friends, and organizational memberships

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

19. Ability to plan for termination with client (including development of plan for ongoing informal supports when appropriate), to judge when termination is appropriate, and to facilitate termination of services

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

20. Ability to advocate for clients/families to facilitate receipt of entitlements or other needed services

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

21. Demonstrates skill in maximizing use of both formal resources and informal resources, such as the clients identified support system

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

22. Demonstrates skill in identifying client strengths and weaknesses and their impact on level of functioning

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

23. Demonstrates skill in ongoing reassessment of the client's needs and progress in meeting the objectives to ensure the timely provision of services

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

24. Ability to collect and report data as required (i.e. by employment setting, as part of program evaluation, or as part of funding compliance.)

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

25. Ability to promote client self-sufficiency and support client self-determination

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

26. Ability to perform necessary agency requirements for discharge planning

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

27. Ability to develop a treatment/intervention plan in concert with the client (and his or her family, when appropriate)

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

INFORMATION ABOUT SUPERVISOR

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Daytime phone number, including area code: _____

E-mail address: _____

Do you hold a social work degree? YES NO

If YES: BSW year _____ MSW year _____ PhD/DSW year _____

School(s) awarding degree(s): _____

Years of post-degree social work experience: _____

Name of applicant: _____

If NO, degree/discipline/license:

- Licensed MD psychiatrist
- Licensed registered nurse or higher
- Licensed Ph.D. clinical psychologist
- Licensed Ph.D. psychologist
- Licensed professional counselor (LPC)
(specify license) _____

Degree and discipline: _____ Date awarded: _____

School awarding degree: _____

Years of post-degree case management experience: _____

Your current position/title: _____

Name/address of agency/organization where supervision took place:

City: _____ State: _____ Zip code: _____

Documentation of Supervision

For the first two years post-BSW, this certification requires that direct face-to-face supervision meetings with the applicant occurred at a rate of one hour for each 15 hours of direct client-level case management tasks and requires a minimum total of 100 hours of supervision. For the subsequent two years post-BSW, the required rate is one hour for each 30 hours of direct client-level case management tasks and requires a minimum of 50 hours of supervision. From the fifth year post-BSW and later, supervision and consultation meetings should occur at a minimum on an as-needed basis.

- Dates you provided supervision for the applicant: From (mo./yr.) _____ To (mo./yr.) _____
- Number of hours per week the applicant worked under your supervision: _____
- Frequency of individual supervision meetings:
 - Semi-weekly (2x weeks)
 - Weekly
 - Other—specify nature, frequency and length (# of hours) of supervision: _____
- Length of individual supervision meetings:
 - 1 hour
 - Other: _____
- Total number of hours of supervision you provided for the applicant: _____

I hereby affirm that I directly supervised the applicant and the information I have provided on this form is correct to the best of my knowledge and belief. I hereby recommend that the applicant be certified as Certified Social Work Case Manager.

Signature: _____ Date: _____

PLEASE RETURN THE COMPLETED FORM TO THE APPLICANT
IN A SEALED ENVELOPE WITH YOUR SIGNATURE OVER THE FLAP.

Social Work Colleague Reference Form

Certified Social Work Case Manager BSW Applicants

THIS SECTION ONLY TO BE COMPLETED BY APPLICANT

Name of applicant: _____

Address: _____

City: _____ State: _____ Zip code: _____

Daytime phone number, including area code: _____

E-mail address: _____

I, the undersigned applicant for the NASW Certified Social Work Case Manager Specialty Certification, attest that the colleague reference named, _____ is a professional knowledgeable about my practice and qualifications for certification. I understand and agree that the reference is providing this evaluation confidentially and has no obligation to reveal its contents to me. I further acknowledge that, by agreeing to supply this evaluation, the reference does not thereby assume responsibility for NASW's decisions regarding my application.

Signature: _____ Date: _____

Print name: _____

When the above section is completed, give the entire form to the COLLEAGUE for completion. The colleague must return completed reference to you in a sealed envelope with his or her signature across the seal. Unsealed or unsigned envelopes will not be accepted and will be returned to the applicant.

THE REMAINDER OF THIS FORM MUST BE COMPLETED BY SOCIAL WORK COLLEAGUE

Dear Colleague:

You have been selected to complete this reference form by a social worker applying for NASW's Specialty Certification in Case Management. The information that you provide on this form will help establish the applicant's eligibility for the Certified Social Work Case Manager Specialty Certification. Please review the form before completing. If you are unable to complete the form or are unable to respond to any of the items, please notify the applicant. Otherwise, please return the completed form in an envelope with your signature over the sealed flap to the applicant. Thank you for your contribution to maintaining high professional standards for the social work profession.

1. Ability to incorporate understanding of the NASW Code of Ethics in practice

Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Ability to use social work colleagues for peer consultation when appropriate

Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Ability to treat colleagues with courtesy and respect

Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Demonstrates skill in striving to enhance interprofessional, intraprofessional, and interagency cooperation on behalf of the client

Minimal Ability Average Ability Excellent Ability

5. Ability to critically evaluate own practice as a social work case manager

Minimal Ability Average Ability Excellent Ability

6. Demonstrates commitment to continuing professional development

Minimal Ability Average Ability Excellent Ability

7. Ability to work as part of a multidisciplinary team

Minimal Ability Average Ability Excellent Ability

8. Ability to promote client self-sufficiency and support client self-determination

Minimal Ability Average Ability Excellent Ability

9. Ability to advocate for clients and families

Minimal Ability Average Ability Excellent Ability

10. Demonstrates commitment to engage in ethnic/gender/age/faith-sensitive practice

Minimal Ability Average Ability Excellent Ability

11. Ability to establish and maintain appropriate boundaries with clients

Minimal Ability Average Ability Excellent Ability

INFORMATION ABOUT COLLEAGUE

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Daytime phone number, including area code: _____

E-mail address: _____

Do you hold a social work degree? YES NO

If YES: BSW year _____ MSW year _____ PhD/DSW year _____

School(s) awarding degree(s): _____

Years of post-degree social work experience: _____

If NO, degree/discipline/license:

Licensed psychiatrist

Licensed psychologist (PhD)

Licensed registered nurse or higher

Licensed professional counselor (LPC)

Licensed clinical psychologist (PhD)

Name of applicant: _____

Degree and discipline: _____ Date awarded: _____

School awarding degree: _____

Years of post-degree case management experience: _____

Your current position/title: _____

How long have you known the applicant? _____ year(s) _____ months

Do you/did you (circle one) work in the same setting as the applicant? YES NO

If NO, in what capacity or professional relationship do you know the applicant? _____

I hereby affirm to the applicant's competence as a social work case manager and that the applicant has completed the employment described on the reverse side of this form. To the best of my knowledge and belief, the applicant's social work practice conforms to the *NASW Code of Ethics*, the *NASW Standards for Social Work Case Management* and the *NASW Standards for Continuing Professional Education*. (*The applicant can make these standards available to you for review.*)

Signature: _____ Date: _____

**PLEASE RETURN THE COMPLETED FORM TO THE APPLICANT
IN A SEALED ENVELOPE WITH YOUR SIGNATURE OVER THE FLAP.**

Supervisory Reference Evaluation Form

Certified Advanced Social Work Case Manager MSW Applicants

THIS SECTION ONLY TO BE COMPLETED BY APPLICANT

Name of applicant: _____

Address: _____

City: _____ State: _____ Zip code: _____

Daytime phone number, including area code: _____

I, the undersigned applicant for the NASW Certified Advanced Social Work Case Manager Specialty Certification, attest that the supervisory reference named _____, is a social work / _____ professional and has knowledge about my practice and qualifications for certification. I understand and agree that the reference is providing this evaluation confidentially and has no obligation to reveal its contents to me. I further acknowledge that, by agreeing to supply this evaluation, the reference does not thereby assume responsibility for NASW's decisions regarding my application.

Signature: _____ Date: _____

Print name: _____

When this section is completed, give the entire form to the SUPERVISOR for completion. The supervisor must return the completed reference to you in a sealed envelope with his or her signature across the seal. Unsealed or unsigned envelopes will not be accepted and will be returned to the applicant.

THE REMAINDER OF THIS FORM MUST BE COMPLETED BY SUPERVISORY REFERENCE

Dear Supervisor:

You have been selected to complete this reference form by a social worker applying for NASW's Specialty Certification in Case Management. The information that you provide on this form will help establish the applicant's eligibility for the Certified Advanced Social Work Case Manager Specialty Certification. References must be able to evaluate the applicant's social work case management practice across the seven core functions of case management and must be able to answer at least 35 of the 39 questions. (Only four of the questions can be marked "not applicable" or "unable to rate"). Please review the form before completing. If you are unable to complete the form as required, please notify the applicant. Otherwise, please return the completed form in an envelope with your signature over the sealed flap to the applicant. Thank you for your contribution to maintaining high professional standards for the social work profession.

Supervision Requirements

Supervisor Qualifications

Applicants for the Certified Advanced Social Work Case Manager Specialty Certification must be supervised by an MSW social worker with at least two years post-MSW degree social work experience. In cases where the applicant has not had access to a qualified MSW supervisor, a supervisory reference will be accepted from one of the following: licensed psychiatrist, licensed clinical psychologist (PhD), licensed psychologist (PhD), licensed professional counselor (LPC) or a licensed registered nurse or higher.

C-ASWCM SUPERVISORY REFERENCE EVALUATION FORM INSTRUCTIONS

NASW appreciates your reading each item carefully and evaluating the applicant according to the scale provided. Please include comments/explanation on any item marked “minimal” such as “improving”, “additional training planned”, etc.

KEY:

- Not Applicable: *Not part of services in your setting or not part of applicant’s role/responsibilities*
- Unable to Rate: *Have not had the opportunity to directly observe applicant or discuss in supervision*
- Minimal: *Minimum Ability/Skills/Knowledge—could use improvement*
- Average: *Average Ability/Skills/Knowledge—adequate for position*
- Excellent: *High level Ability/Skills/Knowledge*

1. Ability to engage clients in the case management process

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Ability to establish and maintain appropriate boundaries with clients

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Demonstrates skill to engage in ethnic/gender/age/faith-sensitive practice

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Demonstrates skill in incorporating clients’ self-assessment of his or her strengths and weaknesses in a psychosocial assessment

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Demonstrates skill in identifying at-risk factors

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Ability to work as part of a multidisciplinary team

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Ability to work with clients with complex needs, such as dual or multi-diagnosed clients

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Ability to maintain ongoing contact with clients and providers to ensure that services continue to meet the client’s needs

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Demonstrates ability to conduct multi-axial assessment and understands major DSM IV diagnoses

Not Applicable	Unable to Rate	Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Name of applicant: _____

10. Ability to conduct initial intake and screening to determine eligibility and appropriateness for case management

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

11. Ability to seek and use supervision appropriately

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

12. Demonstrates up-to-date knowledge of local resources available to clients

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

13. Ability to incorporate understanding of the NASW Code of Ethics in practice

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

14. Ability to obtain completed agency-required paperwork (i.e. informed consent, releases of information, etc.)

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

15. Ability to assess mental health status, pre-existing health or mental health problems

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

16. Demonstrates knowledge of systems theory

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

17. Demonstrates knowledge of community organizing principles

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

18. Ability to coordinate service delivery to ensure the continuity and complementarity of the interventions

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

19. Ability to respond promptly to changes in needs and alter the delivery of services appropriately

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

20. Ability to facilitate groups (i.e. support, psychoeducational, etc.)

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

21. Demonstrates knowledge of theories of human development for making in-depth biopsychosocial assessments

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

22. Ability to respond effectively in client crisis situations

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

23. Demonstrates knowledge of social policy development and the role of social work in effecting policy change

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

24. Ability to critically evaluate one's own practice

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

25. Ability to carry out agency's programs and operating procedures

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

26. Demonstrates knowledge and understanding of federal, state and local laws, regulations and mandates as they relate to social work case management and provision of services to clients (i.e. Tarasoff, child protective services, etc.)

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

27. Ability to evaluate client's needs (functional and psychosocial) and resources of the client's informal support system, including family, friends, and organizational memberships

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

28. Demonstrates ability to analyze and understand data (i.e. needs assessment, client survey, program evaluation, etc.)

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

29. Ability to plan for termination with client, (including plans for ongoing informal supports when appropriate), to judge when termination is appropriate and to facilitate termination of services

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

30. Ability to advocate for clients and families

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

31. Demonstrates skill in maximizing use of both formal and informal resources (i.e. family, friends, etc.)

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

32. Demonstrates skill in identifying client strengths and needs and their impact on level of functioning

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

Name of applicant: _____

33. Demonstrates skill in ongoing reassessment of the client's needs and progress in meeting the objectives to ensure the timely provision of services

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

34. Ability to collect and report data as required (i.e., by employment setting, as part of program evaluation, or as part of funding compliance)

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

35. Demonstrates working knowledge of major psychopharmacological medications and primary conditions for which they are commonly prescribed

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

36. Ability to promote client self-sufficiency and support client self-determination

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

37. Demonstrates knowledge of program evaluation

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

38. Ability to perform necessary agency requirements for discharge planning

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

39. Ability to develop a treatment/intervention plan in concert with the client (and his or her family, when appropriate)

Not Applicable Unable to Rate Minimal Ability Average Ability Excellent Ability

INFORMATION ABOUT SUPERVISOR

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Daytime phone number, including area code: _____

E-mail address: _____

Do you hold a social work degree? YES NO

If YES: BSW year _____ MSW year _____ PhD/DSW year _____

School(s) awarding degree(s): _____

Years of post-degree social work experience: _____

If NO, degree/discipline/license:

- Licensed psychiatrist
- Licensed registered nurse or higher
- Licensed clinical psychologist (PhD)
- Licensed psychologist (PhD)
- Licensed professional counselor (LPC)

Degree and discipline: _____ Date awarded: _____

School awarding degree: _____

Years of post-degree case management experience: _____

Your current position/title: _____

Name/address of agency/organization where supervision took place:

City: _____ State: _____ Zip code: _____

Documentation of Supervision

For the first two years post-MSW, this certification requires that direct face-to-face supervision meetings with the applicant occurred at a rate of one hour for each 30 hours of direct client-level case management tasks and requires a minimum total of 50 hours of supervision. From the third year post-MSW and later, supervision and consultation meetings should occur at a minimum on an as-needed basis.

- Dates you provided supervision for the applicant: From (mo./yr.) _____ To (mo./yr.) _____
- Number of hours per week the applicant worked under your supervision: _____
- Frequency of individual supervision meetings:
 - Weekly
 - Bi-weekly (every other week or twice a month)
 - Other—specify nature, frequency and length (# of hours) of supervision: _____
- Length of individual supervision meetings:
 - 1 hour
 - Other: _____
- Total number of hours of supervision you provided for the applicant: _____

I hereby affirm that I directly supervised the applicant and the information I have provided on this form is correct to the best of my knowledge and belief. I hereby recommend that the applicant be certified as Certified Advanced Social Work Case Manager.

Signature: _____ Date: _____

**PLEASE RETURN THE COMPLETED FORM TO THE APPLICANT
IN A SEALED ENVELOPE WITH YOUR SIGNATURE OVER THE FLAP.**

Social Work Colleague Reference Form

Certified Advanced Social Work Case Manager MSW Applicants

THIS SECTION ONLY TO BE COMPLETED BY APPLICANT

Name of applicant: _____

Address: _____

City: _____ State: _____ Zip code: _____

Daytime phone number, including area code: _____

E-mail address: _____

I, the undersigned applicant for the NASW Certified Advanced Social Work Case Manager Specialty Certification, attest that the MSW social work colleague reference named, _____ is a professional knowledgeable about my practice and qualifications for certification. I understand and agree that the reference is providing this evaluation confidentially and has no obligation to reveal its contents to me. I further acknowledge that, by agreeing to supply this evaluation, the reference does not thereby assume responsibility for NASW's decisions regarding my application.

Signature: _____ Date: _____

Print name: _____

When the above section is completed, give the entire form to the COLLEAGUE for completion. The colleague must return completed reference to you in a sealed envelope with his or her signature across the seal. Unsealed or unsigned envelopes will not be accepted and will be returned to the applicant.

THE REMAINDER OF THIS FORM MUST BE COMPLETED BY SOCIAL WORK COLLEAGUE

Dear Colleague:

You have been selected to complete this reference form by a social worker applying for NASW's Specialty Certification in Case Management. The information that you provide on this form will help establish the applicant's eligibility for the Certified Advanced Social Work Case Manager Specialty Certification. Please review the form before completing. If you are unable to complete the form or are unable to respond to any of the items, please notify the applicant. Otherwise, please return the completed form in an envelope with your signature over the sealed flap to the applicant. Thank you for your contribution to maintaining high professional standards for the social work profession.

1. Ability to incorporate understanding of the NASW Code of Ethics in practice

Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Ability to use social work colleagues for peer consultation when appropriate

Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Ability to treat colleagues with courtesy and respect

Minimal Ability	Average Ability	Excellent Ability
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Demonstrates skill in striving to enhance interprofessional, intraprofessional, and interagency cooperation on behalf of the client

Minimal Ability Average Ability Excellent Ability

5. Ability to critically evaluate own practice as a social work case manager

Minimal Ability Average Ability Excellent Ability

6. Demonstrates commitment to continuing professional development

Minimal Ability Average Ability Excellent Ability

7. Ability to work as part of a multidisciplinary team

Minimal Ability Average Ability Excellent Ability

8. Ability to promote client self-sufficiency and support client self-determination

Minimal Ability Average Ability Excellent Ability

9. Ability to advocate for clients and families

Minimal Ability Average Ability Excellent Ability

10. Demonstrates commitment to engage in ethnic/gender/age/faith-sensitive practice

Minimal Ability Average Ability Excellent Ability

11. Ability to establish and maintain appropriate boundaries with clients

Minimal Ability Average Ability Excellent Ability

INFORMATION ABOUT COLLEAGUE

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Daytime phone number, including area code: _____

E-mail address: _____

INFORMATION ABOUT YOUR SOCIAL WORK DEGREE

MSW year _____ PhD/DSW year _____

School(s) awarding degree(s): _____

Years of post-degree social work experience: _____

Your current position/title: _____

How long have you known the applicant? _____ year(s) _____ months

Name of applicant: _____

Do you/did you (circle one) work in the same setting as the applicant? YES NO

If NO, in what capacity or professional relationship do you know the applicant? _____

I hereby affirm to the applicant's competence as a social work case manager and that the applicant has completed the employment described on the reverse side of this form. To the best of my knowledge and belief, the applicant's social work practice conforms to the *NASW Code of Ethics*, the *NASW Standards for Social Work Case Management* and the *NASW Standards for Continuing Professional Education*. (*The applicant can make these standards available to you for review.*)

Signature: _____ Date: _____

**PLEASE RETURN THE COMPLETED FORM TO THE APPLICANT
IN A SEALED ENVELOPE WITH YOUR SIGNATURE OVER THE FLAP.**

