

# **Information Booklet with Application and Reference Forms**

## **Certified Social Worker in Health Care (C-SWHC)**



### **NASW Specialty Certifications**

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

[www.socialworkers.org](http://www.socialworkers.org) • [credentialing@naswdc.org](mailto:credentialing@naswdc.org)

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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 social workers
- Association with a select group of specialized social workers who have attained national distinction.

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

NASW 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.

## SOCIAL WORK IN HEALTH CARE

Health care is a dynamic field, influenced by changes in patient characteristics and needs, lifestyle, new technology, popular belief, social, and health policy, national and local economies, cost, competition and regulation. Changes in the health care field directly affect the practice of social work in health care settings. As new technologies for the diagnosis and treatment are developed, they impact the quality and duration of the lives of our patients. Social workers respond to these changing care needs by modifying and expanding methods for providing services.

Social work in health care can be defined broadly as the professional continuum of services designed to help

individuals, groups, and families improve or maintain optimal functioning in relation to their health. Social work activities are focused on the biopsychosocial components of health and/or mental health from a strengths-based perspective. Social work services are available to all patients and their families, particularly those at high risk such as the frail elderly, children or adults with chronic illnesses, victims of maltreatment, those with life altering illnesses or accidents, and patients who are uninsured or underinsured.

In addition to providing direct care services to patients and their families, social workers provide leadership in their health care organizations through the development of new resources, services, and programs to meet patient needs. Social work professionals use their practice experience and knowledge to develop standards of practice, recommend health policy, improve health programs, and ensure patients, families, and organizations receive high quality and state of the art social work services.

## CORE FUNCTIONS

- **Psychosocial Assessment**—assessment, goal planning, evaluation, intervention
- **Resource Management**—financial counseling, coordinating/developing/maintaining community resources
- **Continuity of Care Planning**—admission diversion, discharge planning, transitions
- **Psychosocial Interventions**—counseling, adaptation to illness/loss, support groups, end of life issues, advance directives
- **Crisis Intervention**—life span violence, neglect, trauma, new life altering diseases
- **Health Education**—patient/family, interdisciplinary training, community education
- **Interdisciplinary Collaboration**—advocacy, teamwork, leadership, consultation/liaison/institutional/community committees.

# Certified Social Worker in Health Care (C-SWHC)

## Specialty Certification for the Experienced MSW Social Worker in Health Care

### 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 membership must be established before an application for the C-SWHC is submitted.

#### 2. EDUCATION

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

An original transcript is required and must be sent in a sealed envelope directly to NASW (see instructions on page 3). 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 have two years (3,000 hours, not counting administrative duties, approximately 30 hours per week of direct client-level health related social work tasks) of post-MSW degree, full-time, paid, appropriately supervised (see SUPERVISION) work experience as a health care social worker.

Health care social work functions as described in this booklet (page 1) must constitute the primary job responsibilities. Experience must be completed at the time of the application and must have been completed in no less than 24 months. Health care social work practice must also be current.

#### 4. SUPERVISION AND SUPERVISORY EVALUATION

Supervisory evaluation reference(s) must correspond in time to the qualifying experience that is submitted.

Supervision must cover a minimum of two years (3,000 hours, not counting administrative duties, of approximately 30 hours per week of direct client-level tasks) of post-MSW degree, full-time, paid work experience as a health care social worker in an agency or institutional setting. The supervisor(s) must be able to evaluate the applicant's health care social work skills, knowledge, and abilities across the core functions described in this booklet.

#### **Social Work Supervision is Preferred**

- Supervision from an MSW health care social worker with at least two years post-MSW experience as a health care social worker

*References will not be accepted from non-social work degreed persons who have been granted social work licenses by individual states.*

#### **Alternate Supervisors**

If MSW supervision as described above has not been available, a supervisory evaluation and documentation of hours of supervision will be accepted from one of the following:

- Licensed MD
- Licensed registered nurse or higher
- Licensed health care administrator (specific license)
- Licensed clinical psychologist (PhD)
- Licensed psychologist (PhD)

#### **Hours of Supervision**

Supervision should occur at a rate of one hour of direct supervision for each 30 hours of direct client-level health care social work practice, or one hour weekly.

#### 5. SOCIAL WORK REFERENCE

Confidential reference from an MSW social work colleague. The colleague reference cannot be from someone you supervise. 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)  
*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 or one additional year and 20 CEUs.*
- A 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 have not yet received the actual social work license.

## 7. AFFIRMATION OF PROFESSIONAL STANDARDS AND STATEMENT OF UNDERSTANDING

### CERTIFICATES

Applicants who meet all eligibility criteria and successfully qualify for the C-SWHC 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 health care social work are required.
- The current ACSW, DCSW, or current MSW level state social work licensure is required.

## 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-SWHC is sub-mitted. 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 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. 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.

### **Why did NASW create a certification in health care?**

- While many disciplines in health care have advanced certifications and credentials, there is no other certification available exclusively for social workers specific to health care.
- Social workers in health care want to be recognized for the unique skills and abilities required to work in this setting.
- Health care is extremely dynamic and is influenced by a multitude of factors that affect the practice of social work in health care settings and impact the quality and duration of life. This certification will provide the proof of competency for social workers that many health care institutions require of all disciplines.

### **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 regular NASW member in good standing. For more information about membership, call (800) 742-4089 or visit our Web site: [www.socialworkers.org](http://www.socialworkers.org)

## **SOCIAL WORK EDUCATION**

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

- Yes. Applicants must have an MSW 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 “grandparented” into a state social work license with a non-social work degree or with a social work degree that was not accredited by the CSWE at the time the degree was earned.

## **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 under the following circumstances ONLY:*
- Those who were admitted to NASW's ACSW (*Academy of Certified Social Workers*) in 1989 or later or 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 an MSW from a CSWE-accredited school. Not all states require CSWE-accredited social work degrees for licensure. Some states have “grandparented in” state social work licensing applicants who do not have 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 those NASW members’ 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 original 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 Certified Social Worker in Health Care 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 functions of social work in health care, you should be able to submit the same trainings for the renewal of your NASW Certified Social Worker in Health Care.

***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 members complete 48 hours of continuing education over a two-year period. However, for the purposes of renewing the Certified Social Worker in Health Care Certification, proof of 20 hours specifically relevant to your health care social work 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

## Certified Social Worker in Health Care

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

### Current NASW Regular Membership (see page 2, #1)

NASW Membership number: 8 8 \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: H \_\_\_\_\_ W \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Date MSW degree awarded: \_\_\_\_\_ School: \_\_\_\_\_

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

### License/Credentials

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*)
- State issued *exam-based* school social work certification or license (*include current copy showing expiration date 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* and the NASW *Standards for Continuing Professional Education*. I further agree to adhere to the NASW *Code of Ethics* 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 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](http://www.socialworkers.org)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## STATEMENT OF UNDERSTANDING

I hereby apply for specialty certification as a Certified Social Worker in Health Care

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 WORKER IN HEALTH CARE 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 WORKER IN HEALTH CARE status are not active, I may not designate myself as a CERTIFIED SOCIAL WORKER IN HEALTH CARE.

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* health care social work experience. List current or most recent experience. 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: \_\_\_\_\_

What are your primary job responsibilities?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

What are your primary job responsibilities?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 health care social work experience. List current or most recent experience. 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: \_\_\_\_\_

What are your primary job responsibilities?: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

What are your primary job responsibilities?: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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 Worker in Health Care

### 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 Worker in Health Care, 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 Certified Social Worker in Health Care. The information that you provide on this form will help establish the applicant's eligibility for the Certified Social Worker in Health Care. References must be able to evaluate the applicant's social work in health care practice across core knowledge and skills areas of social work in health care and must be able to answer at least 31 of the 35 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 Social Worker in Health Care must be supervised by an MSW social worker with at least two years health care experience. For a limited time where the applicant has not had access to a qualified MSW supervisor, an alternate supervisor can complete the supervisory evaluation (See Alternate Supervisor pg. 2).

# C-SWHC 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 patients/family in the treatment 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 professional boundaries**

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 conducting psychosocial assessments**

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 patients and families at risk**

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 develop a treatment/intervention plan with the patient and family when appropriate**

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 patient/family with complex health care 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. Maintains confidentiality in all aspects of patient care**

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 assess mental health status, and identify pre-existing health or mental health care 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"/>

**10. Ability to advocate for patients and families**

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: \_\_\_\_\_

**11. Demonstrates skill in ongoing reassessment of the patient/family needs and progress in meeting the objectives to ensure the adequate provision of services**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

**12. Ability to promote and support patient/family self-sufficiency and self-determination**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

**13. Demonstrates ability to provide continuity of care planning (e.g. admission, transition, coordination of services, discharge planning)**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

**14. Ability to appropriately and timely document interventions and services provided to patients and families**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

**15. Demonstrates ability to develop and implement appropriate psychosocial interventions (e.g. counseling, advance directives, adaptation to illness/loss, end of life issues, etc.)**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

**16. Provides health education to patients and families to optimize health care interventions**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

**17. Utilizes relevant theories to guide practice (e.g. systems, crisis, grief & loss, etc.)**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

**18. Ability to adapt practice to change in health care**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

**19. Ability to develop and facilitate groups (e.g. support, psycho-educational, therapy & team etc.)**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

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

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

**21. Ability to respond effectively in crisis situations**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability

- 22. Demonstrates knowledge of health care policy and the role of social work in effecting change**
- Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability
- 
- 23. Demonstrates knowledge and understanding of federal, state, and local laws and regulations as they relate to social work practice in the health care setting (e.g., mandatory reporting, protective services, Medicare/Medicaid, etc.)**
- Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability
- 
- 24. Demonstrates a working knowledge of medical terminology, medications, and disease processes related to social worker's areas of practice**
- Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability
- 
- 25. Ability to work as part of an interdisciplinary team (e.g. treatment planning)**
- Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability
- 
- 26. Ability to educate interdisciplinary staff and the community issues related to psychosocial aspects of health care**
- Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability
- 
- 27. Demonstrates ability to develop, coordinate, and maintain knowledge of community resources**
- Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability
- 
- 28. Demonstrates skill in maximizing use of both formal and informal resources (such as family, friends, etc.)**
- Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability
- 
- 29. Demonstrates knowledge of and actively participates in furthering the organization's goals and objectives**
- Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability
- 
- 30. Ability to comply with the organization's policy and procedures**
- Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability
- 
- 31. Ability to collect and report data as required by the organization's setting (e.g. statistics as part of program evaluation or as part of funding compliance, etc.)**
- Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability
- 
- 32. Demonstrates ability to analyze and understand programmatic data (e.g. utilization management reports, care maps, etc.)**
- Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability
-

Name of applicant: \_\_\_\_\_

**33. Ability to seek and use supervision appropriately**

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

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

Not Applicable      Unable to Rate      Minimal Ability      Average Ability      Excellent Ability  
                                                                                       

**35. Ability to critically evaluate one's own practice**

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:    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 clinical psychologist (PhD)
- Licensed psychologist (PhD)
- Registered nurse or higher
- Licensed health care administrator (specify license) \_\_\_\_\_

Degree and discipline: \_\_\_\_\_ Date awarded: \_\_\_\_\_

School awarding degree: \_\_\_\_\_

Years of post-degree health care social work experience: \_\_\_\_\_

Are you or have you been a health care social worker?    YES    NO

If YES, when: \_\_\_\_\_

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 health related social work 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: \_\_\_\_\_

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- 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 Worker in Health Care.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

# MSW Social Work Colleague Reference Form

## Certified Social Worker in Health Care

### 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 Worker in Health Care 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 Certified Social Worker in Health Care. The information that you provide on this form will help establish the applicant's eligibility for the Certified Social Worker in Health Care. 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 health care social worker**

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 patient self-sufficiency and support patient self-determination**

Minimal Ability      Average Ability      Excellent Ability  
                                           

**9. Ability to advocate for patients 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 patients**

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 health care social worker 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 health care social work practice conforms to the *NASW Code of Ethics* and the *NASW Standards for Continuing Professional Education*.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

