

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

NASW Invites You to Apply for the

**Clinical Social Worker In Gerontology  
(CSW-G)**

(Advanced Clinical Level)



**NASW Credentials**

NASW Credentials Accounting, 750 First St. NE, Suite 800, Washington, DC 20002  
800-638-8799 x 447 • 202-408-8600 x 447 • SocialWorkers.org • credentialing@naswdc.org

# Contents

<b>CLINICAL SOCIAL WORKER IN GERONTOLOGY (CSW-G)</b>	<b>1</b>
Definition of Clinical Social Worker in Gerontology	1
Requirement Attestations	1
Frequently Asked Questions About Supervision	2
General Information	2
<b>APPLICATION AGREEMENT</b>	<b>3</b>
<b>APPLICATION FORM</b>	<b>5</b>
<b>EXPERIENCE REPORT</b>	<b>7</b>
<b>REFERENCES</b>	<b>9</b>
<b>REFERENCE EVALUATION</b>	<b>11</b>
Affirmation of Professional Standards	13
Statement of Understanding	14

# Clinical Social Worker In Gerontology (CSW-G)

## DEFINITION OF CLINICAL SOCIAL WORKER IN GERONTOLOGY

This certification specifies the following requisite competencies for the Clinical Social Worker in Gerontology (CSW-G):

- Comprehensive Bio-psychosocial Assessment
- Clinical Intervention
- Changes in Physiological and Neurological function
- Coordination with Care Providers
- Service Planning
- Maintaining appropriate records and documentation

Throughout history, the phase of life commonly known as “old age” has been continually redefined. As medical science pushes the limits of human longevity, the period of time from birth to death has gradually increased in industrialized nations. Our profession has refined our understanding of the stages of human development from infancy, through childhood, adolescence, and adulthood. However, the continuum from “middle age” to “old age” has not been well defined. Only recently have those who study human development acknowledged that older adults have distinct characteristics that can be differentiated from earlier stages of adulthood.

Clinical social work practice with older adults often encompasses a broad range of functions. Whether working in an organization, for an agency, or in private practice, the Clinical Social Worker in Gerontology (CSW-G) must be knowledgeable about current research and evidence-based best practices in the specialty area. Clinical social workers must remain aware of available formal and informal support systems that are available for their clients. In order to effectively advocate and support clients, the social work clinician must also understand existing policies and be able to link clients with accessible community-based services. Clinical social work practice with older adults requires advanced skill in the assessment and intervention of client-specific issues related to changes in all three of the major domains: biological, psychological, and social functioning. Specialized knowledge and expertise are required to address the specific challenges of the aging process and support client self-determination in key decisions promoting independence, autonomy, and dignity. All social workers in gerontology must be knowledgeable about the aging process and the issues that older adults and their caregivers face.

A holistic approach is required to manage the bio-psychosocial changes that are occurring in this population. The specific body of knowledge, a diverse skill

set, and understanding of the ethical issues particular to this age group are required to help older adults navigate the numerous transitions of this life stage.

## REQUIREMENT ATTESTATIONS

**I attest to having met the following requirements before submitting my application:**

- MSW degree from an accredited graduate school of social work (you will be asked to submit an official copy of the transcript if and when an audit of this application is initiated).
- Have no less than two (2) years equivalent (3,000 hours) of paid, post MSW, experience working with older adults under social work supervision by a clinical social worker or supervision from the following masters level mental health professionals; licensed psychologist, licensed psychiatrist, licensed registered nurse or higher, geriatric nurse practitioner. Individual or group supervision can be used. Experience working with older adults must be current, within the five years preceding submission of this application.
- Thirty (30) hours of continuing education relevant to work with older adults (taken within the two years immediately preceding your submission of this application). **Please submit copies of your continuing education certificates.**
- MSW programs completed within 5 years of this application with an aging/gerontology concentration that gives a designation or indicates a specialization can be used in lieu of the CE requirement for the initial application only.

**One of the following: (Please attach a current copy of your state issued license or exam score report.)**

- Current exam-based state issued clinical-level license or certification (**current copy with expiration date required**)
  - Passing score on the ASWB (Association of Social Work Boards) Clinical-level exam. **This option is intended for applicants who recently took the exam and are in the process of applying for licensure. A copy of the passing score document received at the exam site will be accepted. A copy of the master's-level license must also be submitted at the time of application.**
- Application fees:
    - NASW Member fee is \$165
    - Nonmember fee is \$450

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

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

## FREQUENTLY ASKED QUESTIONS ABOUT SUPERVISION

### ***My supervisor is deceased or unable to be reached.***

#### ***How do I document my supervision?***

The reference evaluation is general and can be completed by a supervisor or a colleague.

#### ***What if I am/was the supervisor?***

Fill in the bubble designated as “unsupervised” on page 8. Indicate that you are/were the supervisor on the line next to “your title” on page 8. Have a social work colleague complete the reference form.

#### ***What if I was never supervised?***

Fill in the bubble designated as “unsupervised” on page 8. Have a social work colleague complete the reference form.

#### ***Who is considered a qualified supervisor?***

Please refer to page 9.

## GENERAL INFORMATION

### ***Graduates of Foreign Schools***

If you earned a social work degree 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 for the 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.

### ***Continuing Education***

Go to [www.naswweb.org](http://www.naswweb.org) for free continuing education opportunities. Some of the courses that can qualify you for this credential are *Understanding Aging: The Social Worker's Role*; *Understanding End of Life Care: The Social Worker's Role*; *Understanding Cancer: The Social Worker's Role*; and *Understanding HIV/AIDS: The Social Worker's Role*.

### ***Approved Applications***

Applicants who successfully meet all criteria will receive an approval letter and certificate suitable for framing. If renewed successfully, certificate holders will receive a seal updating the certification for each renewal period. Replacement certificates can be issued for a small fee.

### ***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 application will be deemed ineligible.

### ***Refund Policy***

There is no refund for the application processing.

### ***Processing of Applications***

You will receive a notification email at the time we receive your application. Subsequent notification for missing documentation will be sent to the applicant. Please allow up to four weeks for processing once all requested missing documentation is received or four weeks from the date we receive a complete application.

### ***Renewal***

Renewal occurs every two years. Renewal applications and applicable fees are available online at [www.socialworkers.org](http://www.socialworkers.org). Thirty (30) contact hours of relevant continuing education are required (refer to the experience report for relevant continuing education topics) and a current exam based state clinical social work license or certification is required. The certification holder must comply with NASW's *Standards for Continuing Professional Education* (available online at [www.socialworkers.org](http://www.socialworkers.org)).

## MAILING ADDRESS

Mail completed application, fee, and references to:

**NASW Credentials Accounting  
750 First Street, NE, Suite 800  
Washington, DC 20002-4241**

**Your transcript must be sent directly to NASW:**

**NASW/Credentialing Center  
750 First Street, NE, Suite 800  
Washington, DC 20002-4241**

# Application Agreement

## Clinical Social Worker In Gerontology

*(Read and fill in the bubble for each section before signing and dating.)*

- In submitting this application, I fully understand that it is an application only and does not guarantee certification.
- I understand that the NASW Credentialing Center reserves the right to audit supporting documentation for the items attested to above at any time.
- I further understand that it is my responsibility to provide the NASW Credentialing Center with any requested documentation in connection with this application. Failure to do so will result in the revocation of the certification.

---

Signature

Date



# Experience Report

## Clinical Social Worker In Gerontology

NASW membership number (if applicable)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### I. History of work experience with older adults

- Unsupervised
- Supervised
- Paid

Name of Employer/Place of Employment

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Dates of Employment (From – To)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Your Title

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

- Full Time
- Part Time    Hours per week 

--	--

Street Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

Zip

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Supervisor(s), Degree (if applicable)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### 2. Information about your previous place of employment working with older adults.

Name of Employer

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Dates of Employment (From – To)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Your Title

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

- Full Time
- Part Time    Hours per week 

--	--

Street Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

Zip

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Supervisor(s), Degree (if applicable)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

*(Please duplicate and add pages if necessary)*





## Clinical Social Worker In Gerontology

(to be completed by the reference)

I am a:     supervisor (complete the form below)     colleague (skip to page 10)

### Supervisor Information

Name and credentials: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime phone number (including area code): \_\_\_\_\_

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

---

### Supervisor's Qualifications and History of Supervision with the Applicant

Do you hold a social work degree?

Yes     No

If Yes:

BSW     MSW     PhD/DSW

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)

Certified Nurse Specialist or Nurse Practitioner

Licensed Health Care Administrator (specific license)

Other

Date awarded: \_\_\_\_\_

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

Have you worked with the aging population?

Yes     No

Number of years \_\_\_\_\_

Your current position/title \_\_\_\_\_

Name and address of agency/organization where supervision

took place: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates of supervision (start) \_\_\_\_\_ to (end) \_\_\_\_\_

Type and length of supervision: *(must total 100 hours in a two-year period)*

Group     Individual \_\_\_\_\_

(hrs. per week)

Number of weeks: \_\_\_\_\_

Total number of hours \_\_\_\_\_

(hrs/week x no. of weeks)

---

I hereby affirm that I supervised the applicant and that 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 a Clinical Social Worker in Gerontology.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return the completed form to the applicant in a sealed envelope with your signature over the flap.

## Clinical Social Worker In Gerontology

(to be completed by the reference)

### Social Work Colleague Information

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime phone number (including area code): \_\_\_\_\_

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

---

### Colleague's Qualifications and Nature of the Colleague Relationship

Degree:       MSW       PhD       DSW

School(s) awarding degree(s): \_\_\_\_\_

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

Your current position/title: \_\_\_\_\_

Type of license if applicable: \_\_\_\_\_

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

Do you/did you (check 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 ability as a social worker in the field of gerontology and that the applicant has completed the employment described. To the best of my knowledge and belief, the applicant's social work practice conforms to the *NASW Code of Ethics* and the *NASW Standards for Continuing Professional Education*. The applicant also demonstrates an ability to incorporate, understand, and adhere to standards for cultural competence, long-term care facilities, and palliative and end-of-life care practice standards.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please return the completed form to the applicant in a sealed envelope with your signature over the flap.*

## Clinical Social Worker In Gerontology

Dear Supervisor or Colleague:

You have been selected to complete this reference form by a social worker applying for NASW's Certified Social Worker in Gerontology designation. The information that you provide on this form will help establish the applicant's eligibility for the Certified Social Worker in Gerontology designation.

References must be able to evaluate the applicant's social work with older adults across core knowledge and skills areas. References must be able to answer at least 23 of the 26 questions. (Only three of the questions can be marked "not applicable," "unable to rate," or "not acceptable.") Additional comments can be written at the bottom of the evaluation. NASW staff will contact you for clarification of items as necessary.

Please review the form before completing. If you are unable to complete the form as required, please notify the applicant. Otherwise, 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.

### Key:

- 0 - Not Applicable: Not part of services in your setting or not part of applicant's role/responsibilities
- 1 - Unable to Rate: Have not had the opportunity to directly observe applicant or discuss in supervision
- 2 - Not Acceptable: Below minimum Ability/Skills/Knowledge—needs improvement
- 3 - Acceptable: Acceptable/Skills/Knowledge—adequate for position
- 4 - Excellent: High level Ability/Skills/Knowledge

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. Ability to establish and maintain appropriate boundaries with clients/families   | 0 | 1 | 2 | 3 | 4 |
| 2. Demonstrates knowledge and skills related to diversity to engage in ethnic/gender/age/faith/sexual orientation-sensitive practice                | 0 | 1 | 2 | 3 | 4 |
| 3. Maintains confidentiality in all aspects of client care  | 0 | 1 | 2 | 3 | 4 |
| 4. Ability to advocate for clients and families   | 0 | 1 | 2 | 3 | 4 |
| 5. Ability to promote and support client/family self-sufficiency and self-determination   | 0 | 1 | 2 | 3 | 4 |
| 6. Demonstrates knowledge and understanding of bio-psychosocial aspects and theories of aging (e.g., normal aging process, ageism, and care giving) | 0 | 1 | 2 | 3 | 4 |
| 7. Demonstrates ability to effectively communicate with older adults with sensory and cognitive impairments and other special needs                 | 0 | 1 | 2 | 3 | 4 |
| 8. Ability to respond effectively in crisis situations  | 0 | 1 | 2 | 3 | 4 |
| 9. Demonstrates knowledge of aging policy and service systems and the role of social work in effecting change                                       | 0 | 1 | 2 | 3 | 4 |

10. Demonstrates knowledge and understanding of federal, state, and local laws and regulations as they relate to social work practice in the aging field (e.g., protective services, Medicare/Medicaid, etc.)  
0                    1                    2                    3                    4
11. Knowledge of history and major pieces of legislation regarding aging (e.g., Older American's Act, Social Security)  
0                    1                    2                    3                    4
12. Ability to work as part of a multidisciplinary team  
0                    1                    2                    3                    4
13. Ability to educate multidisciplinary staff and the community about issues related to bio-psychosocial aspects of aging  
0                    1                    2                    3                    4
14. Demonstrates ability to develop, coordinate, and maintain knowledge of community resources  
0                    1                    2                    3                    4
15. Demonstrates skill in maximizing use of both formal and informal resources such as family, friends, etc.  
0                    1                    2                    3                    4
16. Demonstrates knowledge of and actively participates in furthering the goals and objectives of the profession  
0                    1                    2                    3                    4
17. Ability to comply with the practice setting's policy and procedures  
0                    1                    2                    3                    4
18. 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.)  
0                    1                    2                    3                    4
19. Demonstrates ability to analyze and understand client/programmatic data to determine relevant outcomes  
(e.g., program evaluations, needs assessments)  
0                    1                    2                    3                    4
20. Ability to seek and use supervision appropriately  
0                    1                    2                    3                    4
21. Ability to incorporate understanding of the *NASW Code of Ethics* in practice  
0                    1                    2                    3                    4
22. Ability to incorporate, understand, and adhere to standards for cultural competence,  
long-term care facilities, and palliative and end-of-life care practice standards (see list of suggested reading)  
0                    1                    2                    3                    4
23. Ability to critically evaluate one's own practice  
0                    1                    2                    3                    4
24. Ability to use social work colleagues for peer consultation when appropriate  
0                    1                    2                    3                    4
25. Ability to treat colleagues professionally  
0                    1                    2                    3                    4
26. Knowledge of service systems  
0                    1                    2                    3                    4

## 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 Services in Long-Term Care Facilities*, 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 Services in Long-Term Care Facilities*, 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 non-compliant with the *NASW Standards for Social Work Services in Long-Term Care Facilities* 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.

---

Signature

Date

## STATEMENT OF UNDERSTANDING

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 Social Worker in Gerontology, Advanced Social Worker in Gerontology, or Clinical Social Worker in Gerontology designation depends on payment of the certification renewal fee, and such other requirements as NASW may stipulate. If at any time, my Social Worker in Gerontology, Advanced Social Worker in Gerontology, or Clinical Social Worker in Gerontology status is not active, I may not designate myself as a Social Worker in Gerontology, Advanced Social Worker in Gerontology, or Clinical Social Worker in Gerontology.

I hereby release, discharge, and exonerate NASW and 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