



APPLICATION
Certified Clinical Transplant Social Worker

Name: _____

Address: _____

Daytime phone, including country code: _____

E-mail: _____

Name as you would like it to appear on your certificate:

CSWE or CASWE Accredited Social Work Education

(Degrees earned outside of the U.S. or Canada must be determined to be equivalent.)

School: _____

Degree awarded: _____ Date awarded: _____

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

Please ask your school of social work to send a certified transcript to credentialing@stsw.org.

License/Registration

Current clinical licensure/registration: _____

License/registration number: _____

Effective date: _____ Expiration date: _____

State/province/territory/country of issue: _____

Please include a copy of your current social work license/registration.

Affirmation of Professional Standards

Have you ever been found in violation of a social work licensing law or regulation? *If yes, please explain.*

Are there any cases pending against you regarding violation of professional standards? *If yes, please explain.*

I certify that my social work practice conforms to the National Association of Social Workers (NASW) Code of Ethics and the NASW Standards for Continuing Professional Education, Canadian Association of Social Workers (CASW) Guidelines for Ethical Practice, or recognized equivalent.

Signature: _____ **Date:** _____

Statement of Understanding

I hereby apply to become a Certified Clinical Transplant Social Worker.

I understand that my certification depends on successful completion of the application and my ability to meet all requirements and qualifications. I attest that the information contained in this application is true and correct to the best of my knowledge and is made with full disclosure and in good faith. I understand that if any information is later determined to be false, the Society for Transplant Social Workers (STSW) reserves the right to revoke any certification that has been granted. I further understand that STSW reserves the right to terminate the certification of any person who is found to be in violation of any state/province/territory or country social work laws or regulations.

I understand that continued use of the CERTIFIED CLINICAL TRANSPLANT SOCIAL WORKER designation depends on timely, successful application for recertification. If at any time my CERTIFIED CLINICAL TRANSPLANT SOCIAL WORKER status is not active, I may not designate myself as a CERTIFIED CLINICAL TRANSPLANT SOCIAL WORKER.

I hereby release, discharge, and exonerate the STSW, its Executive Board, and its members, including the Credentialing Committee, 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 STSW and/or its agents, which may include a decision to not issue me a certificate.

Signature: _____ **Date:** _____

Payment

A non-refundable processing fee must be mailed to the STSW treasurer or paid online.