



RECERTIFICATION APPLICATION
Certified Clinical Social Worker - Mechanical Circulatory Support

Name: _____

Address: _____

Daytime phone, including country code: _____

E-mail: _____

Date original CCSW-MCS certification issued: _____

My STSW membership is current.

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:** _____

Continuing Education

Include list of CEUs from last 3 years. See checklist for details.

Payment

A *non-refundable* processing fee must be mailed to the STSW treasurer or paid online. See checklist for details.



AFFIRMATION OF EMPLOYMENT IN MECHANICAL CIRCULATORY SUPPORT
Certified Clinical Social Worker - Mechanical Circulatory Support

Name of applicant: _____

Length of employment: from (mo./yr.) _____ to (mo./yr.) _____

Name of employer: _____

Job title: _____

Manager or Supervisor Attestation:

I attest that the applicant has been employed in mechanical circulatory support for the period listed above.

Printed name: _____

Signature: _____ Date: _____

Job title and credentials: _____

Relationship to applicant: _____

Daytime phone number, including country code: _____

E-mail: _____