

South Carolina Society for Clinical Social Work

Membership Application

SCSCSW is going GREEN see below for incentives and details

Name _____

Work Title/Position _____ Preferred Email _____

Organization _____

Preferred mailing address _____

City, State, Zip _____

Work phone _____ Home phone _____

Demographic information:

Level and # of S.C. license: # _____ LMSW # _____ LISW-CP or AP? (Please circle one)
_____ not licensed in S.C. _____ Agency or _____ Private Practice ?

Other credentials, licenses, and certifications held: _____

Practice modality or special interests (to be included in membership directory): _____

Required information:

A. Describe your current practice and work history: (May attach resume)

List agency or setting, dates, position, job description.

B. Education: School, address, degrees, year, name on diploma (if different from current name), description of field placement and course sequence. **Include a photocopy of your highest degree diploma.**

C. Supervision: Describe supervision received: dates, hours per week, and supervisor's name(s), credentials, and business address. (Group or individual?)

(If applying for Full Membership status)
