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STATE OF DELAWARE
BOARD OF CLINICAL SOCIAL WORK EXAMINERS

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REQUEST FOR INACTIVE STATUS

INSTRUCTIONS

When to File

If you are *not* practicing in Delaware, you may request to place your license on inactive status (Section 8.0 of the Board's [Rules and Regulations](#)). File this form to request inactive status to

- change from *active* status to *inactive* status, or
- renew *inactive* status for another year

If you wish to resume practicing in Delaware at a later date, you must reactivate your license (Section 8.4).. If you request reactivation, you will be required to provide documentation of the continuing education (CE) you completed for the period your license was inactive.

Requirements for Renewals

These are the requirements when you are

- changing your status from active to inactive during the renewal period from 12/1 of even years through 1/31 of odd years, **or**
- renewing your inactive license

Complete all Sections and sign the CERTIFICATION.

Enclose the [renewal fee](#) of \$40 by check or money order made payable to 'State of Delaware'.

Requirements for Status Change Between Renewals

When you are changing from active to inactive at any time other than between 12/1 of even years and 1/31 of odd years, complete Section 1 and sign the CERTIFICATION. No fee is required until your next renewal.

SECTION 1: IDENTIFYING AND CONTACT INFORMATION – Complete this section for **all** requests.

1. Delaware License Number: Q1 - _____

2. Full Name: _____
Last First Middle

3. Date of Birth (month/day/year): _____ Gender: Male Female

4. Have you been issued a U.S. Social Security Number? Yes No **If yes, enter your SSN:** _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

5. Mailing Address: _____

City State Zip

6. Phone: _____ Email: _____

SECTION 2: RENEWAL QUESTIONS – Complete this section **only if** you are

- changing your status from active to inactive during the renewal period from 12/1 of even years through 1/31 of odd years, **or**
- renewing your inactive license

Important: The licensee must provide the answers to the following questions. If responding to these questions is delegated to someone else, the licensee is nonetheless responsible for the accuracy of all answers given. Delegation of the licensee's responsibility to personally complete the renewal application is done at the licensee's own risk.

If your answer to any question requires you to submit documentation, your license will not be renewed until the Board office receives and reviews the documentation.

7. Do you need to change the name on your license record? Yes No *If yes, submit a copy of the legal document changing your name (e.g., marriage certificate, divorce decree).*
8. Have you been charged with, been convicted of or entered a plea of *nolo contendere* (no contest) related to any felony, misdemeanor, or any other criminal offense in any jurisdiction since your last renewal? Yes No *If yes, submit a copy of your criminal history record.*
9. Has your license to practice been suspended, revoked, otherwise disciplined, or under investigation in any jurisdiction since your last renewal in Delaware? Yes No *If yes, submit an explanation or documentation.*
10. Are you now, or have you been, dependent on the use of alcohol, stimulants, or habit-forming drugs since your last renewal in Delaware? Yes No
11. To renew your license, you must certify that you understand that you are required to file a written report with the Board of Medical Licensure and Discipline if you have any reason to believe that a medical practitioner is (or may be)
- medically incompetent
 - guilty of unprofessional conduct
 - mentally or physically unable to engage safely in the practice of medicine.

Have you read [24 Del. C. § 1731A](#) and do you understand your *duty to report*? Yes No

12. To renew your license, you must certify that you understand that you have a **mandatory** obligation to make an immediate oral report to the Department of Services for Children, Youth and Their Families if you know of, or you suspect, child abuse or neglect under Chapter 9 of Title 16 and to follow up with any requested written reports.

Have you read [16 Del. C. §903](#) and do you understand your *duty to report*? Yes No

13. You have a **mandatory** duty to report your knowledge of a colleague's impairment, incompetence or unethical conduct to the Board of Clinical Social Work Examiners when the colleague has not addressed the problem or when a client's welfare appears to be in danger.

Have you read Section 9.3.5 of the [Rules and Regulations](#) and do you understand your *duty to report*?

Yes No

14. I certify that I have completed the required continuing education (CE), including at least three hours in the area of ethics for mental health professionals, in Section 7.0 of the Board's [Rules and Regulations](#). Yes No

CERTIFICATION

I certify that I have personally completed this information and that the information provided herein is accurate and complete to the best of my knowledge. I understand that I cannot practice in Delaware while my license is in inactive status.

Signature: _____ **Date:** _____

Requests that are incomplete, unsigned or not accompanied by the required fee will be rejected.