

CERTIFICATION OF CLINICAL CLOCK HOURS for LICSW

SECTION 1: LICSW APPLICANT INFORMATION

LAST NAME:		FIRST NAME:		MIDDLE NAME: (full)				
LICENSE NUMBER: (if applicable)		CURRENT LICENSE: (if applicable, circle one)		LGSW	LISW	DATE OF BIRTH:		
CLINICAL KNOWLEDGE AREAS	Differential diagnosis and biopsychosocial assessment <i>108 hrs required</i>	Assessment-based clinical treatment planning <i>36 hrs required</i>	Clinical intervention methods <i>108 hrs required</i>	Evaluation methodologies <i>18 hrs required</i>	Social work ethics and values <i>72 hrs required</i>	Culturally specific clinical assessment and intervention <i>18 hrs required</i>		
REQUIRED COURSES*							Total clock hrs	Course taken (mark w/ X)
<i>GRSW 500: Hist & Philos. of Social Work</i>					36		36	
<i>GRSW 501/502: Theory/Pract of SW I & II</i>					15	10	25	
<i>GRSW 505/506: Field Seminar I & II</i>	2				3		5	
<i>GRSW 540: Human Beh & Soc Environ.</i>	21					9	30	
<i>GRSW 580: Methods of SW Research</i>		2		15			17	
<i>GRSW 603/604: Methods/Clin. SW I & II</i>	20	15	47			8	90	
<i>GRSW 607/608: Field Seminar III & IV</i>	12	4	12		4	2	34	
<i>GRSW 625/691: Soc Policy & Prog Devel</i>					36		36	
<i>GRSW 645: Psychopath. & Human Behav.</i>	45						45	
<i>GRSW 620/650: Supervision & Prog Mgmt</i>						18	18	
<i>GRSW 681: SW Practice Research</i>		3		18			21	
HRS obtained from REQUIRED courses:								
HRS obtained from ELECTIVE courses (listed on back-side):								
TOTAL for each knowledge area:								

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CLINICAL KNOWLEDGE AREAS	Differential diagnosis and biopsychosocial assessment	Assessment-based clinical treatment planning	Clinical intervention methods	Evaluation methodologies	Social work ethics and values	Culturally specific clinical assessment and intervention		
	<i>108 hrs required</i>	<i>36 hrs required</i>	<i>108 hrs required</i>	<i>18 hrs required</i>	<i>72 hrs required</i>	<i>18 hrs required</i>		
ELECTIVE COURSES*							TOTAL	Course taken (x)
514: School Social Work		15	10	5	2.5	5	37.5	
515: Social Work & the Law			7.5			3	10.5	
523: Practice w/ Older Adults & Fam	5				15		20	
541: Family Resiliency/ Diversity: IR	4	15	5			10	34	
516/590: Child Welfare		2	2		4	2	10	
545: Chem Dep/Cultural Diversity	5	5			2	15	27	
534/590: Prac w/Service/Vets/Family	5			5	15	5	30	
609: Spirit. Dimension/SW Pract	6	5	13			20	44	
611: Clin. Pract w/ Addict. Behav.	3	6	30	3		3	45	
612: Grief Counseling and Therapy	7	4	32			2	45	
613: Ethics/Bound in Prof Relation.		5	35		5		45	
614: Clinical Practice with Children	9	4	32				45	
615: Clin Prac w/ Couples/Families	5	4	32			4	45	
616: Clinical Practice with Groups	5	5	31			4	45	
618: Cognitive Interventions	6	6	30	1	1	1	45	
619: Integrative Psychotherapy	5	5	32			3	45	
621: Brief Dynamic Psychotherapy	15	5	25				45	
622: Clin Prac w/ Adolescents	15	5	22			3	45	
623: Clinical Practice with Elderly	15	8	15			7	45	
624: Mental Illness-Issues/Practice	10	4	22.5			6	42.5	
626: Clinical Practice / Trauma	8	6	29			2	45	
627: Clinical Practice in Schools	17.5	4	14		5.5	4	45	
628: Clin Prac-Immigrant/Refugees	10	6	19			10	45	
641: Human Div & Family System	4				2	26	32	
629/690: Clin Pract Integrated Health	10	5	15	3	5	7	45	
690: DBT Therapy	13	8	20			4	45	
634/690: Clin Practice in Military SW		10	15			20	45	
HRS obtained from ELECTIVE courses :								
SECTION 2: CERTIFICATION BY CSWE ACCREDITED GRADUATE DEGREE PROGRAM OFFICIAL								
I hereby certify that through graduate coursework from a graduate degree program accredited by the Council on Social Work Education, the above named applicant completed clock hours (one semester credit hour = 15 clock hours) in the clinical knowledge areas listed above.								
SIGNATURE: (CSWE Accredited Graduate Degree Program Official):						DATE:		
TYPE OR PRINT NAME:					TITLE OR OFFICIAL POSITION:			
INSTITUTION: St. Catherine University/University of St. Thomas				ADDRESS: 2115 Summit Ave, St. Paul, MN 55105				
TELEPHONE: (651) 962-5800				EMAIL:				