**FOR OFFICE USE ONLY:**

Date received \_\_\_\_\_\_\_\_\_\_\_\_\_ Date reviewed: \_\_\_\_\_\_\_\_\_\_\_

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Incomplete: \_\_\_\_\_\_\_\_\_\_\_

Temporary permit license number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Issued date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason(s) incomplete / comments:

1. 201 KAR 23:160 Section 3 - A temporary permit to engage in the practice of clinical social work shall be granted, if requested, to an applicant who has applied for the permit and is licensed under the provisions of KRS 335.100 or equivalent and is not applying for licensure in Kentucky.
2. The applicant has paid the application fee.
3. The applicant has provided verification of independent license from another jurisdiction.
4. The applicant will maintain licensure in the other jurisdiction during the time period of this temporary license.

DEFINITIONS: 201 KAR 23:070, Section 1 (1) "Practice of clinical social work" means the practice of social work that focuses on the evaluation, diagnosis, and treatment of an emotional disorder and mental illness as related to the total health of the individual and that meets the requirements of Section 3 of this administrative regulation.

Applicant Name:       Email Address:       Phone:

Date of Application / / .

Address: Street       City       State       Zip

The applicant will be functioning as: Licensed Clinical Social Worker or equivalent at the location listed below and is validly licensed in       (Sate and license number) until the expiration of this permit. The temporary permit shall not extend more than 90 calendar days. During the period of this temporary permit, the social worker is subject to the laws and regulations of the Kentucky Board of Social Work. Any violations of the Kentucky laws and regulations will be reported to the board and reported to the jurisdiction listed as the issuer of the license to practice. The Kentucky Board of Social Work retains the right to rescind the permit due to any reportable violations within Kentucky or the individual’s licensing jurisdiction(s).

Current physical Office address       State       Zip

Providing telehealth? Yes No If yes, HIPAA-compliant platform utilized for telehealth

Copy of business associate agreement attached

Copy of telehealth consent form attached

Copy of current license attached

I hereby attest by my signature that all information is correct and that I have no complaints registered against my license in the issuing jurisdiction.

Signature of Applicant: Date: / /

**The applicant will receive notice of approval of the permit.**