**FOR OFFICE USE ONLY:**

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

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

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

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

Reason(s) incomplete / comments:

A temporary permit can be issued for social work practice in Kentucky is for not more than ninety consecutive days in any one calendar year as prescribed, when:

1. A person who is currently licensed, certified, or regulated pursuant to another jurisdiction or pursuant to the laws of a federally recognized tribe and who provides social work services within the person's scope of practice,
2. The person seeks permission to practice social work within the state of Kentucky,
3. The person is not a resident of Kentucky.
4. The person pays the required fee,
5. The person completes the application incorporated by reference
6. The person ceases practice when the permit expires.
7. The person has no complaints filed against their license in their current jurisdiction.
8. The person informs the client of the limited nature of their services and that the person is not currently licensed in this state.

Applicant Name:       Email Address:       Phone:

Date of Initial Application for Licensure / / . Address: Street       City       State       Zip

The applicant will be functioning as: Licensed Social Work Certified Social Worker or equivalent at the location listed below and shall be valid for 90 days from the date of approval. 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 in Kentucky or the licensee’s jurisdiction(s).

**SOCIAL WORK SETTING**

Facility Name where social work practice will occur:

Phone:       Date of Hire:

Facility Address: Street       City      State       Zip Code

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 required

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.**