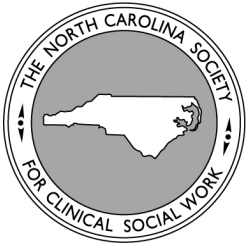


# North Carolina Society for Clinical Social Work



PO Box 30006 Raleigh, NC 27622  
919-850-3328 [admin@ncscsw.org](mailto:admin@ncscsw.org) [www.ncscsw.org](http://www.ncscsw.org)

NCSCSW, the only organization in North Carolina dedicated to the profession of clinical social work. **It is our mission to promote clinical social work as a discipline, which provides superior clinical treatment and ethical practice.** It was the volunteer efforts of NCSCSW and NASW that was successful in lobbying the NC Legislature for a licensure law enabling clinical social workers to practice independently. The mission to safeguard clinical social work practice, provide support and mentoring for clinical social workers, and networking and peer support activities for members continues.

## NCSCSW led the successful drive for Certification / Licensure in NC

Why social workers join and support NCSCSW:

- Opportunities to network with other members via our online Directory, email list, seminars
- Educational programs for continuing learning and CE credits, discounted for members
- Bi-annual newsletter with free advertising
- Mentoring for new professionals
- Consultation about ethical and legal concerns
- Free annual ethics workshop
- Advocacy for clinicians and consumers through representation on the Professional Association Council and the Joint Insurance Committee
- Student treatment referral program
- A state affiliation with the Clinical Social Work Association providing us with timely national alerts regarding legislative, insurance, and clinical practice issues
- Opportunity to subscribe to the "Clinical Social Work Journal" at a significant discount
- And finally, an opportunity for you to contribute to your colleagues and your profession

We encourage you to participate and take an active role in your society. Let us know how the Society can be helpful to you. We look forward to meeting you in person soon.

Membership Chair

Patty Key, LCSW

*NCSCSW is a 501(c)(6) nonprofit professional association.*

Dear Social Work Colleague;

Please read carefully below to complete the membership process for the NCSCSW. Thank you for your interest in this organization; we look forward to your participation. Membership in the NCSCSW is available to social workers who fall into these three categories:

1. Full membership: An MSW from an accredited School of Social Work and an active LCSW through the NC Certification Board. Membership dues: \$100/year
2. Transitional membership: An MSW from an accredited School of Social Work and a LCSW-P through the NC Certification Board. Membership dues: \$75/year
3. Retired/Student/Unemployed membership: For social workers that have retired, are unemployed or students in an MSW graduate program. Membership dues: \$35/year

Please complete information below:

Name \_\_\_\_\_ Title / Degree \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Phone \_\_\_\_\_ Email \_\_\_\_\_  
(please print legibly)

Business Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
(if different from above)

Business Phone \_\_\_\_\_ Website \_\_\_\_\_  
(if different from above)

Practice Specialties:  Adult  Adolescents  Children  Couples  Family  Group  Geriatric  Medical   
Other (specify): \_\_\_\_\_

Modalities used (ie hypnosis, DBT, EMDR, etc): \_\_\_\_\_

How did you hear about the NCSCSW? \_\_\_\_\_

**Full \$ 100.00      Transitional (LCSW-P) \$ 75.00      Student / retired / unemployed \$ 35.00**

**For FULL members:**

Yes, I am currently licensed as an LCSW in North Carolina. If not, please explain:

**For TRANSITIONAL members:**

I am currently licensed as an LCSW-P in North Carolina. If not, please explain:

I affirm to the best of my knowledge that the information provided is true, correct and complete. I further declare that I have never been convicted on malpractice and am not currently under investigation of charges of malpractice. A part of my membership I agree to sign a statement that I will abide by the NCSCSW Code of Ethics and Adjudication Procedures outlined by the Society.

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail to NCSCSW, PO Box 30006 Raleigh NC 27622-0006 and include:

**1) application 2) a copy of your license and 3) a check made out to: NCSCSW**