

Application for Oncology Social Work Certification (OSW-C)

Revised May, 2008

Name _____

Degree _____

Mailing Address _____

Telephone Number (work) _____ (home) _____

Email Address _____

Please demonstrate and submit the following:

1. Copy of diploma from a Council on Social Work Education Accredited Program.

(Schools in candidacy not accepted)

2. All candidates must have three years post masters in oncology social work.

3a. Statement from your immediate supervisor that your role as an oncology social worker is a minimum of 50% of your workload and you have 3 years post masters in oncology social work (See *Attestation* form). **OR**

3b. For those members in the field of Education and Research, please demonstrate proof of three years post master's experience related to the field of Oncology, Palliative Care and/or End of Life Care. Submit 1 published peer reviewed article and a descriptive course curriculum specifically focused on Oncology, Palliative care or End of Life signed off by the Dean or Chair of Department. **OR**

3c. For those members in program development, a minimum of 50% will be spent in developing programs in Oncology, Palliative Care and/or End of Life Care. Submit syllabus of specific oncology, palliative care or end of life care focused you have developed and a statement from your immediate supervisor that your role is a minimum of 50% of your time.

3. Copy of your current state social work license.

4. Is your license presently in good standing? ___ Yes ___ No

If *no*, please explain:

5. Is your license currently suspended or revoked? ___ Yes ___ No

If *yes*, please explain:

6. Copy of your current AOSW or *APOSW* membership card.

7. Provide **three** Professional Statement of Support: **1 must be from your current supervisor and 2 from professional co-workers (MD, RN, MSW, PhD)** (see enclosed form. Please make extra copies as indicated). *Professional Statements of Support cannot be from past or present social work students/interns, supervisees or from non-degree colleagues.*

From the following grouping demonstrate that you meet at least **one** of the criteria by submitting proof of your involvement (i.e.: flyer, letter, brochure):

1. Community involvement through leadership or organizing programs offered through ACS, NBTF, Leukemia & Lymphoma, ALCASE, Wellness Community, etc.
2. Facilitate or co-facilitate a support group for individuals affected by cancer.
3. Demonstrate involvement in education by giving presentations in the community, at an AOSW *or* APOSW conference or to social work and interdisciplinary colleagues in your own settings.
4. Precept a master's level student in oncology, palliative or hospice care.
5. Participate in some aspect of research in oncology, cancer survivorship, palliative or end of life care.
6. Demonstrate active participation in AOSW *or* APOSW through committee activities (Board, SIGS, State Reps, etc).
7. Participate in the Cancer Care Committee and outreach screening programs sponsored by the Cancer Care Committee.

NOTE: RENEWAL INFORMATION

*30 hours of CEU's must be submitted every two years at renewal. 15 CEUs must have content and learning objectives specific to oncology, palliative care or end of life care. These oncology specific CEUs can be obtained from, but not limited to, AOSW (conference & online), ACS, APOSW, Cancer Care, ACCC, NHPCO, NASW, ONS, and APOS. Tumor Boards, Rounds and/or Cancer Care Committee meetings **do not** count towards CEU requirements. Certificates from these programs must be attached with the renewal application.*

I hereby agree to uphold the AOSW Standards of Practice and NASW Code of Ethics.

I attest this information to be accurate and understand that all application information is subject to verification by the Board of Oncology Social Work Certification. If my license is suspended or revoked and/or I am not able to practice social work for any reason, I will immediately notify the Board of Oncology Social Work Certification.

Name _____ Date _____

Submit fee of \$85.00 for the 2-year certification.

Make check or money order payable to Board of Oncology Social Work Certification.

Return application materials to:

BOSWC

PO Box 137

Tenants Harbor, Maine 04860

Please note the review process for oncology social work certification takes approximately 4-5 weeks.