Application for Oncology Social Work Certification (OSW-C) PLEASE PRINT LEGIBLY

Name	_Degree(s)
Mailing Address	
Telephone Number (work)	(home)
Email Address	

Please demonstrate and submit written documentation of the following check-list items:

□ Master of Social Work Diploma

Provide a copy of Master of Social Work Diploma (MSW) from a Council on Social Work Education accredited (CSWE) program. Non-CSWE accredited MSW program degrees and MSW schools/programs in candidacy are NOT eligible for OSW-C certification. Transcripts which are BOTH certified with a university seal/stamp AND which indicate that a degree was conferred are acceptable documentation of an MSW diploma.

D Paid Oncology Social Work Experience

 <u>All candidates must have three years of paid full-time MSW social work experience post</u> <u>master's degree</u> (defined as 32-40 hours per week) <u>specifically in Oncology Social Work</u>, <u>Palliative Care and/or End of Life Care within the most recent 5 years</u>. Non-oncology social work experience, per diem work, volunteer work, internships and any other nonemployed work experience **do not count** toward this three year accrual of the required full time oncology social work experience.

□ **Current Oncology Social Work Position:** Verify that you meet the following criteria. Oncology social work loads of less than 20 paid hours per week do not meet the criteria for OSW-C.

Please indicate ONE of the following appropriate categories which describes your current oncology social work employment:

□ My oncology social work position is a **minimum of 50% of my current full-time work** (Full Time is defined as 32-40 hours/week) <u>OR</u>

□ My oncology social work position is 100% of my current part-time work (Part time is defined as 20-31 hours per week).

□ Immediate Supervisor Attestation of Oncology Specific Workload Requirements

For clinical/direct care applicants, provide a signed statement from <u>your immediate</u> <u>supervisor</u> attesting that you have: (1) completed at least three years post MSW degree paid

Application for Oncology Social Work Certification (OSW-C)

full-time work experience **specifically** in Oncology Social Work, Palliative Care and/or End of Life Care **AND** (2) that if employed full time, a minimum of your current social work position is specifically 50% oncology social work **OR** if employed part-time, 100% of your current part-time position is specifically in oncology social work. Full and part time workload definitions are provided above.

□ Non-Direct/Non-Clinical Applicants Only: Verify that you meet the following criteria. Non-direct/non-clinical social work oncology specific workloads less than 32 hours per week DO NOT qualify for OSW-C.

For those members in <u>non-direct/non-clinical work</u> such as program development, clinical supervision, research and/or teaching, <u>a minimum of 50% of your current full-time workload</u> (defined as 32-40 hours per week) must be spent in work/programs specifically focused on Oncology, Palliative Care and/or End of Life Care **in the last THREE years prior to application.** Please submit formal documentation and description of projects, supervision provided and/ or course syllabus specific to Oncology, Palliative Care and/or End of Life Care developed and a statement from your supervisor attesting to your specific involvement in oncology specific work.

State License

Provide a copy of your current state-issued social work license required to practice in your current oncology social work position must be submitted. The social work license must be for the level of social work practice required by your current job/employer.

Gamma Status of State Social Work License

Is your license presently in good standing <u>Yes</u> No If *no*, please explain circumstances and/or any pending legal or ethical complaints, lawsuits or concerns that may impact your Social Work license in the next year?

□ Has your license been suspended or revoked in the last 2 years? ____ Yes ___ No If *yes*, please explain:

AOSW or **APOSW** membership card

Provide a copy of your current AOSW or APOSW membership card. AOSW membership card can be obtained at <u>www.aosw.org</u> in the membership section.

□ Provide three Professional Statements of Support: <u>One must be from your current</u> supervisor and two additional statements from current professional co-workers (MD, <u>RN, MSW, PhD, etc.</u> in your current employment/location. *Professional Statements of*

Application for Oncology Social Work Certification (OSW-C)

Support cannot be from past or present social work students/interns or supervisees nor from non-degreed colleagues. (See enclosed form. Please make extra copies as indicated). It may be helpful to provide your professional references with copies of the AOSW Standards of Practice (http://www.aosw.org/professional-development/standards-of-practice/) and the NASW Code of Ethics (http://socialwork.sdsu.edu/student-resources/references/nasw-code-of-ethics/).

□ Thoroughly review your application and documentation verification papers. Applications which are incomplete and/or lack supporting required documentation will be returned to the applicant after 30 days of receipt by the reviewer and any request for missing required application information and will require re-submission.

□ Submit fee of \$100.00 for the 2-year certification. A \$25 application fee will be charged and deducted from submitted application fee if application is denied.

Please note the review process for fully and accurately completed Oncology Social Work Certification takes approximately 4-5 weeks. If applications are incomplete, there will be resulting delays in processing.

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

Return application materials to: BOSWC PO Box 157 McCordsville, IN 46055-0157

From the following grouping demonstrate that you have meet AT LEAST ONE of the activities in the LAST 2 YEAR renewal cycle, by submitting FORMAL DOCUMENTATION of your individual involvement (i.e.: flyer, letter, brochure indicating <u>your name and specific involvement</u>):

Proof of Community involvement through leadership or organizing programs offered through ACS, Leukemia & Lymphoma Society, Cancer Support Community, etc.
Proof of Facilitation or co-facilitation a support group for individuals impacted by cancer
Proof of individual involvement in ongoing formal oncology related educational presentations in the community and non-CEU oncology related presentations
Proof of oncology specific formal presentations to social work and/or interdisciplinary colleagues in your own settings (care rounds, case conferences do not apply)

Application for Oncology Social Work Certification (OSW-C)

□ Proof of demonstrated preceptorship of a MSW level social work student in an oncology, palliative or hospice care setting

□ Proof of demonstrated participation in some aspect of research in oncology, cancer survivorship, palliative or end of life care

□ Proof of demonstrated active leadership role in AOSW *or APOSW* through committees/SIG activities, Board, State Representative, etc.

□ Proof of participation in your institution's Cancer Care Committee

□ Proof of active individual participation in oncology community prevention and screening programs

□ Proof of oncology related publication in oncology related newsletters, lay magazines, newspapers

□Proof of new program development to meet a new need or enhance patient care

NOTE: PLAN NOW FOR RENEWAL

- Proof of a minimum of 30 hours of CEU's must be earned and submitted within each two years renewal cycle. 15 of the total required CEUs must have <u>specific oncology</u>, <u>palliative care or end of life care content and learning objectives</u>. Please see on-line renewal application for further specific details regarding qualified CEUs. Oncology specific CEUs can be obtained from, but not limited to, AOSW conference, ACS, APOSW, Cancer Care, ACCC, NHPCO, NASW, ONS, and APOS.
- *General topics regarding depression, anxiety, coping, etc. do not count toward oncology specific CEUs.*
- *CEU Certificates from these programs in English must be attached with the renewal application and are the only acceptable documentation to verify required CEU criteria.*
- Annual hospital safety programs, Tumor Boards, journal clubs, care conferences, staff meetings, team meetings, Rounds (including Schwartz Rounds unless with CEU credits) and/or Cancer Care Committee meetings <u>do not</u> count towards CEU requirements.
- **Notification:** Future renewal notification letters are mailed 45 days prior to renewal deadline to applicant's current on-file address.
- ADDRESS CHANGES: <u>It is the applicant's responsibility to keep BOSWC</u> <u>informed of address changes.</u> Renewal applications **not received** due to unknown change in address <u>are the responsibility of the applicant and standard renewal</u> <u>deadline policies will apply without exception.</u>

Application for Oncology Social Work Certification (*OSW-C***)** By initialing each box below, I affirm that:

□ I have read this document and that the information I have provided in this application is true and accurate to the best of my knowledge.

□ I understand that knowingly submitting misleading, altered or false information will result in denial and may result in ineligibility for future OSW-C application.

□ I understand that it is the applicant's responsibility to be aware of OSW-C CEU requirements for renewal to ensure that appropriate CEU accrual within the specific 2 year time frame is met. Detailed CEU information is provided on the renewal application.

□ I hereby agree to uphold the AOSW Standards of Practice and NASW Code of Ethics. I understand that all application information is subject to verification by the Board of Oncology Social Work Certification.

□ If my MSW license is suspended or revoked, if I no longer meet all criteria of the BOSW-C and/or if I become unable to practice oncology social work for any reason, I will immediately notify the Board of Oncology Social Work Certification and will cease to use the OSW-C credential.

Applicant's Printed Name	

Applicant's Signature

Date

Revision 5/2016