



Dear Applicant:

Congratulations on your decision to apply to become a Certified Clinical Transplant Social Worker! Please be sure that your application includes **all** of the following:

- Application Form
- Qualifying Experience Form(s) documenting at least two years of post-MSW work in a transplant field
- Two **sealed and signed** Professional Reference Forms
- Copy of your current license/registration
- Certified** transcript from a CSWE/CASWE/or equivalent accredited graduate school (envelope seal must not be broken)
- Documentation of 20 transplant-specific continuing education units (CEU's). Acceptable transplant-specific CEU's & documentation include:
 - STSW conference CEU's. (Copy of attendance certificate.)
 - Any CE article from *Progress in Transplantation*. (Copy of certificate.)
 - Any CEU's directly related to clinical transplant social work practice (e.g. chronic illness & depression, anxiety, grief). (Copy of attendance certificate & program.)
 - Any CEU's directly related to transplant itself (e.g. immunology, tissue typing). (Copy of attendance certificate & program.)
- Fee - \$75 payable to Society for Transplant Social Workers

Please also be sure that your membership in the Society is up to date. Mail completed application to:

Laurie McDonald, LCSW
Clinical Care Management
UNC Hospitals
101 Manning Drive
Chapel Hill, NC 27514
USA

Once your application is received you will be notified via email. Please allow up to twelve weeks for processing. Qualified applicants will receive a Certified Clinical Transplant Social Worker certificate by mail. This credential will be valid for three years as long as eligibility requirements continue to be met throughout the three-year period.

Sincerely,

STSW Credentialing Committee



APPLICATION
Certified Clinical Transplant Social Worker

Name: _____

Address: _____

Daytime phone, including country code: _____

E-mail: _____

Name as you would like it to appear on your certificate:

CSWE or CASWE Accredited Social Work Education

(Degrees earned outside of the U.S. or Canada must be determined to be equivalent.)

School: _____

Degree Awarded: _____ Date awarded: _____

Name under which transcript was issued, if different from current name:

Please include a certified transcript from your school of social work in a sealed, signed envelope.

License/Credentials

Current Clinical Licensure/Registration: _____

License/Registration Number: _____

Effective Date: _____ Expiration Date: _____

State/Province/Territory/Country of Issue: _____

Please include a copy of your current social work license/registration.

Affirmation of Professional Standards

Have you ever been found in violation of a social work licensing law or regulation? *If yes please explain.*

Are there any cases pending against you regarding violation of professional standards? *If yes please explain.*

I certify that my social work practice conforms to the National Association of Social Workers (NASW) Code of Ethics and the NASW Standards for Continuing Professional Education, Canadian Association of Social Workers (CASW) Guidelines for Ethical Practice, or recognized equivalent.

Signature: _____ **Date:** _____

Statement of Understanding

I hereby apply to become a Certified Clinical Transplant Social Worker.

I understand that my certification depends on successful completion of the application and my ability to meet all requirements and qualifications. I attest that the information contained in this application is true and correct to the best of my knowledge and is made with full disclosure and in good faith. I understand that if any information is later determined to be false, the Society for Transplant Social Workers (STSW) reserves the right to revoke any certification that has been granted. I further understand that STSW reserves the right to terminate the certification of any person who is found to be in violation of any state/province/territory or country social work laws or regulations.

I understand that continued use of the CERTIFIED CLINICAL TRANSPLANT SOCIAL WORKER designation depends on sustained eligibility for certification: continuous STSW membership and employment in a transplant field, maintenance of social work licensure/registration in good standing, sufficient continuing education in transplant related areas, and timely certification renewal. If at any time the STSW deems that my CERTIFIED CLINICAL TRANSPLANT SOCIAL WORKER status is not active, I may not designate myself as a CERTIFIED CLINICAL TRANSPLANT SOCIAL WORKER.

I hereby release, discharge, and exonerate the STSW, its Executive Board, and its members, including the Credentialing Committee, from any actions, suits, obligations, damages, claims or demands arising out of, or in connection with any aspect of the application process including results or decisions on the part of STSW and/or its agents, which may include a decision to not issue me a certificate.

Signature: _____ **Date:** _____

Payment

Please enclose a non-refundable processing fee. Check or money order for \$75.00 should be made payable to Society for Transplant Social Workers. Note "credentialing" in the memo section.



QUALIFYING EXPERIENCE FORM
Certified Clinical Transplant Social Worker

*Candidates must have served for a minimum of two years as a post-MSW social worker in the transplant field and remain in good professional standing. **Include ONLY transplant social work experience.** DO NOT send resumes.*

Name of Applicant: _____

Length of Employment: from (mo./yr.) _____ to (mo./yr.) _____

Name of Employer: _____

Address: _____

Colleague's Attestation:

I attest that the applicant's claim of transplant-related work experience detailed above is true.

Printed name: _____

Signature: _____

Job Title: _____

Transplant Program: _____

Daytime phone number, including country code: _____

E-mail: _____



PROFESSIONAL REFERENCE FORM
Certified Clinical Transplant Social Worker

This section is to be completed by applicant.

Printed name of applicant: _____

I, the undersigned applicant for the STSW Certified Clinical Transplant Social Worker credential, attest that the professional reference named:

_____ is knowledgeable about my practice and qualifications for certification. I understand and agree that the reference is providing this evaluation confidentially and has no obligation to reveal its contents to me. I further acknowledge that, by agreeing to supply this evaluation, the reference does not thereby assume responsibility for STSW's decision regarding my application.

Applicant's Signature: _____ Date: _____

When the above section is completed, give the entire form to two members of your transplant team for completion. If possible, one reference should be from a clinical social worker. Your colleague must return the completed reference to you in a sealed envelope with his or her signature across the seal. Unsealed or unsigned envelopes will not be accepted and will be returned to the applicant.

The remainder of this form must be completed by Professional Reference.

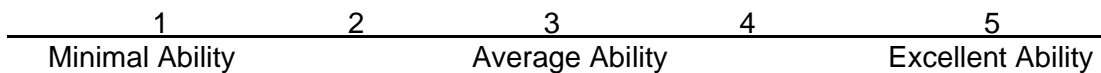


Dear Colleague:

You have been selected to complete this reference form by a social worker applying for Certified Clinical Transplant Social Worker credential. The information that you provide on this form will help establish the applicant's eligibility for this certification. Please return the completed form to the applicant in a sealed envelope with your signature over the flap. Thank you for your contribution to maintaining high professional standards for the social work profession.

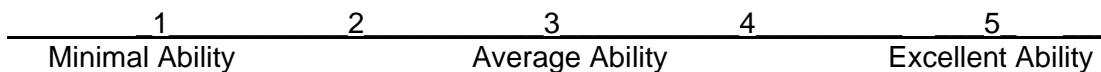
Circle the number on the scale below that best describes this social worker's practice. Space is provided for any additional comments you might have.

1. Social worker demonstrates the ability to provide accurate psychosocial assessments and diagnoses of transplant recipients and living donors.



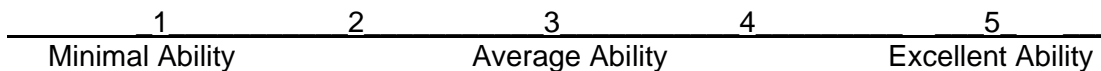
Comments:

2. Social worker demonstrates the ability to plan and implement effective treatment strategies and interventions for transplant recipients and living donors.



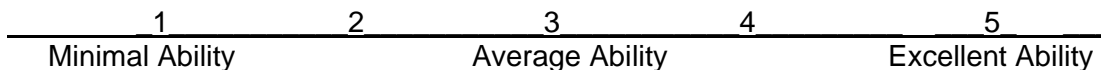
Comments:

3. Social worker demonstrates knowledge of the psychosocial impact of disability, illness and end of life issues when counseling patients and families.



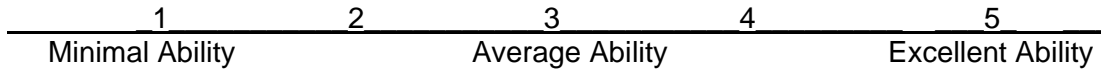
Comments:

4. Social worker demonstrates the ability to provide effective crisis intervention techniques with patients and families.



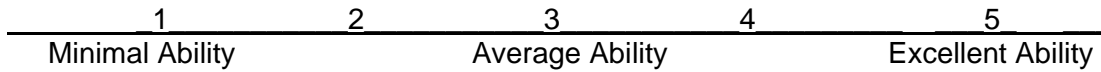
Comments:

5. Social worker demonstrates the ability to promote patient self-sufficiency and self-determination.



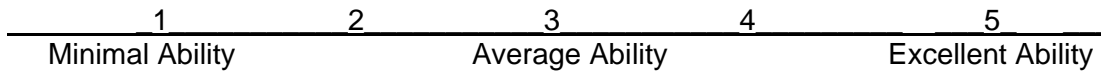
Comments:

6. Social worker demonstrates the ability to provide ongoing education and support related to patient wellness and graft survival.



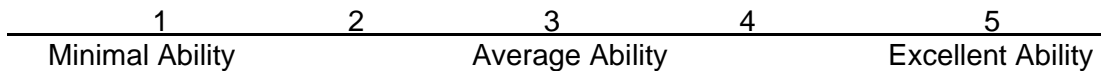
Comments:

7. Social worker demonstrates the ability to seek interdisciplinary collaboration and consultation when appropriate.



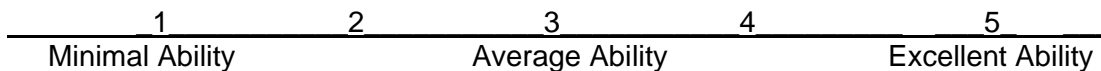
Comments:

8. Social worker demonstrates the ability to work as an effective member of a multidisciplinary team.



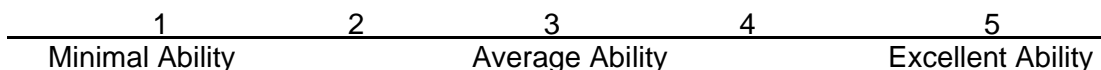
Comments:

9. Social worker demonstrates proficiency in all requisite skills and expertise essential for transplant social workers in this practice setting.



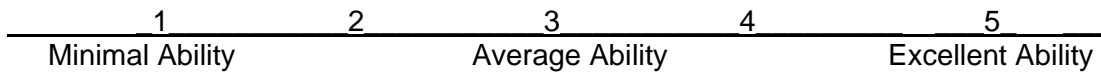
Comments:

10. Social worker demonstrates the ability to initiate program and resource development on behalf of patients and families.



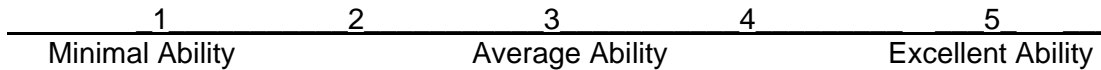
Comments:

11. Social worker demonstrates the ability to advocate for patients and families.



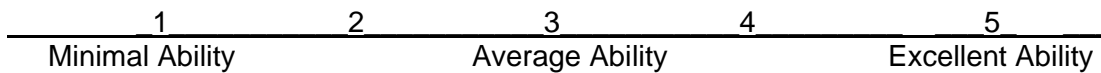
Comments:

12. Social worker demonstrates the ability to establish and maintain appropriate boundaries with patients and families.



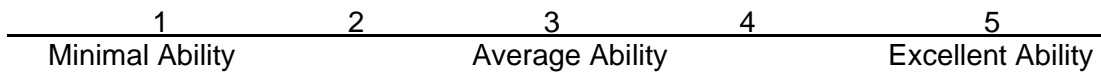
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13. Social worker demonstrates the ability to adhere to the highest standards of confidentiality and respect for patient's privacy rights.



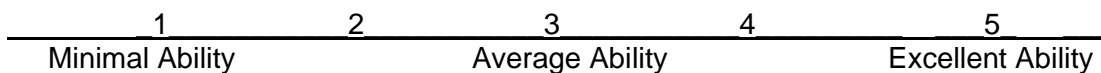
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14. Social worker demonstrates the ability to avoid all actual or potential conflicts of interest.



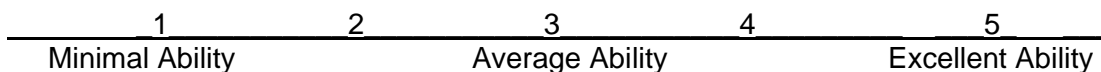
Comments:

15. Social worker demonstrates the ability to maintain an ethical and professional practice.



Comments:

16. Social worker demonstrates a commitment to engage in a cultural, gender, age and faith sensitive practice.



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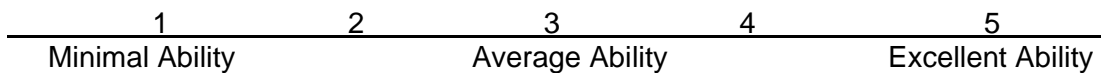


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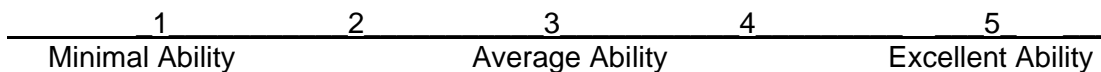
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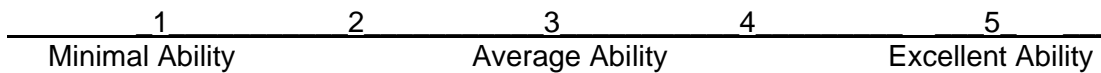
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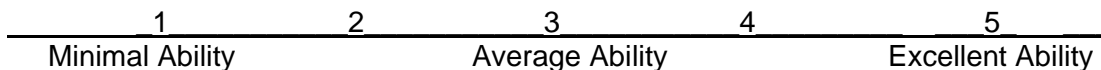
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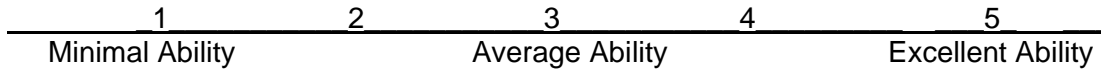
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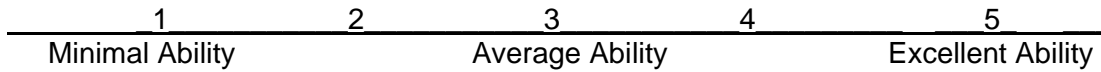
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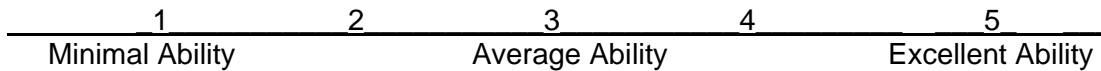
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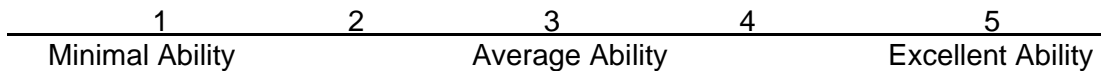
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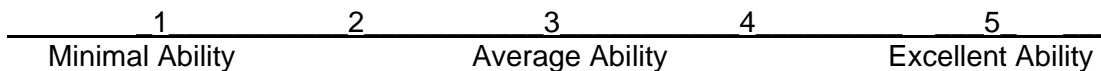
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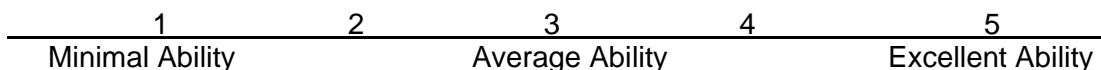
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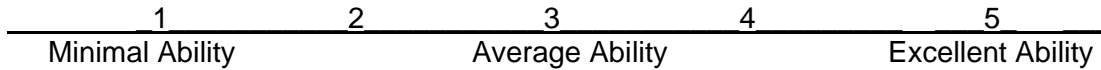
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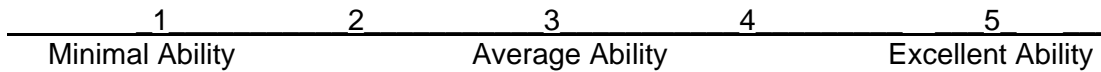
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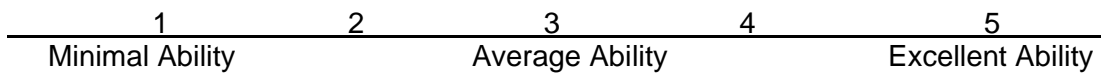
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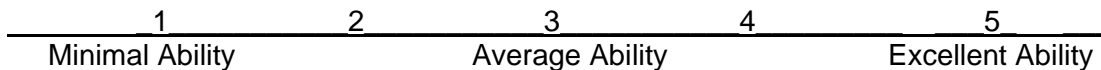
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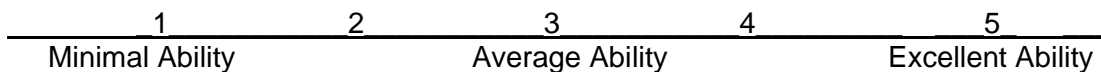
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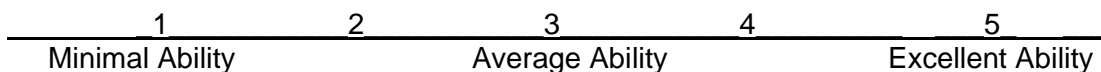
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