

**BEHAVIORAL SCIENCES REGULATORY BOARD
SOCIAL WORK ADVISORY COMMITTEE
Tuesday, August 16, 2022**

Due to COVID-19, the Board office is practicing social distancing. The office space does not allow for a meeting while practicing social distancing, therefore, the meeting will be conducted virtually on the Zoom platform. The Behavioral Sciences Regulatory Board may take items out of order as necessary to accommodate the time restrictions of Board members and visitors. All times and items are subject to change

You may view the meeting here: <https://youtu.be/eEWIW8COj7U>

To join the meeting by conference call: **877-278-8686 (Pin: 327072)**

If there are any technical issues during the meeting, you may call the Board office at, 785-296-3240.

Tuesday, August 16, 2022

1:00 p.m. - Call to order and Roll Call

- I. Opening Remarks, Advisory Committee Chair**
- II. Agenda Approval**
- III. Welcome New Board Member**
 - A. Cynthia Schendel**
- IV. Public Comment**
 - A. Becky Fast, Executive Director for the Kansas Chapter of the National Association of Social Workers (NASW)**
- V. Presentation on the Social Work Compact – Keith Buckhout, Research Associate, Council of State Governments; Steven Pharris, Director for the Oklahoma Chapter of the National Association of Social Workers (NASW)**
- VI. Review and Approval of Minutes from Previous Advisory Committee Meeting on June 21, 2022**
- VII. Executive Director’s Report**
- VIII. Old Business**
 - A. Continued Consideration of Regulatory Language for Implementation of SB 453, Standards for LSCSW Applicants with No Clinical Practicum**
 - B. Consideration of Changes to “in Residence” Requirement for Licensure in KAR 102-2-6**
 - C. Discussion on Workforce Issues**
 - i. Associate Social Worker License**
 - D. Update on Clinical Supervision**
 - i. Supervisor Training**
 - ii. Board-Approved Supervisor Status**
 - E. Update on Continuing Education – Diversity, Equity, and Inclusion**

- IX. New Business**
 - A. Discussion of Draft Language for Social Work Compact**
 - B. K.A.R. 102-1-15(g) Licensed Psychology Regulation on Continuing Education**
 - C. 2022 Association of Social Work Boards (ASWB) Exam Pass Rate Analysis**
- X. Committee Discussion on Items for Next Meeting**
- XI. Next Meetings: Tuesday, Oct. 18, 2022; and Tuesday, Dec. 20**
- XII. Adjournment**

SOCIAL WORK LICENSURE COMPACT

SECTION 1: PURPOSE

The purpose of this Compact is to facilitate interstate practice of regulated Social Workers with the goal of improving public access to competent Social Work services. The Compact seeks to preserve the regulatory authority of States to protect public health and safety through the current system of State licensure.

This Compact is designed to achieve the following objectives:

- A. Increase public access to Social Work Services by providing for the mutual recognition of other Member State licenses;
- B. Enhance the Member States' ability to protect the public's health and safety;
- C. Encourage the cooperation of Member States in regulating multistate practice;
- D. Support military families;
- E. Facilitate the exchange of licensure and disciplinary information among Member States;
- F. Authorize all Member States to hold a Regulated Social Worker accountable for abiding by the Member State's Scope of Practice in the Member State in which the client is located at the time care is rendered;
- G. Allow for the use of telehealth to facilitate increased access to regulated Social Work Services;
- H. Support the uniformity of Social Work licensure requirements throughout the States to promote public safety and access to services; and
- I. Promote mobility and address workforce shortages by eliminating the necessity for licenses in multiple States.

SECTION 2. DEFINITIONS

As used in this Compact, and except as otherwise provided, the following definitions shall apply:

- A. **"Active Duty Military"** means any individual in full-time duty status in the active uniformed service of the United States including members of the National Guard and Reserve.
- B. **"Adverse Action"** means any administrative, civil, equitable or criminal action permitted by a State's laws which is imposed by a Licensing Authority or other authority against a Regulated Social Worker, including actions against an individual's license or Multistate Authorization to Practice such as revocation, suspension, probation, monitoring of the licensee, limitation on the licensee's

36 practice, or any other Encumbrance on licensure affecting a Regulated Social
37 Worker's authorization to practice, including issuance of a cease and desist
38 action.

39 C. **"Alternative Program"** means a non-disciplinary monitoring or practice
40 remediation process approved by a Social Work Licensing Authority to address
41 Impaired Practitioners

42 D. **"Compact Commission" or "Commission"** means the national administrative
43 body whose membership consists of all Member States that have enacted the
44 Compact.

45 E. **"Current Significant Investigative Information"** means:

- 46 1. Investigative information that a Licensing Authority, after a preliminary
47 inquiry that includes notification and an opportunity for the Regulated
48 Social Worker to respond has reason to believe is not groundless and, if
49 proved true, would indicate more than a minor infraction as may be
50 defined by the Commission; or
- 51 2. Investigative information that indicates that the Regulated Social Worker
52 represents an immediate threat to public health and safety, as may be
53 defined by the Commission, regardless of whether the Regulated Social
54 Worker has been notified and has had an opportunity to respond.

55 F. **"Data System"** means a repository of information about Licensees, including,
56 but not limited to, continuing education, examination, licensure, Current
57 Significant Investigative Information, Disqualifying Event, Interstate Compact
58 License(s) and Adverse Action information or other information as required by
59 the Commission.

60 G. **"Domicile"** means the jurisdiction in which the licensee resides and intends to
61 remain indefinitely.

62 H. **"Disqualifying Event"** means any Adverse Action or incident which results in an
63 encumbrance that disqualifies or makes the Licensee ineligible to either obtain,
64 retain or renew an Interstate Compact License.

65 I. **"Encumbered License"** means a license in which an Adverse Action restricts
66 the practice of Social Work by the Licensee and said Adverse Action and is
67 reportable to the National Practitioners Data Bank (NPDB).

68 J. **"Encumbrance"** means a revocation or suspension of, or any limitation on, the
69 full and unrestricted practice of Social Work licensed and regulated by a
70 Licensing Authority.

71 K. **"Executive Committee"** means a group of directors elected or appointed to act
72 on behalf of, and within the powers granted to them by, the compact and
73 Commission.

- 74 L. **“Home State”** means the Member State that is the Licensee’s primary Domicile.
- 75 M. **“Impaired Practitioner”** means an individual who has a condition(s) that may
76 impair their ability to engage in full and unrestricted practice as a Regulated
77 Social Worker without some type of intervention and may include, but are not
78 limited to, alcohol and drug dependence, mental health impairment, and
79 neurological or physical impairments.
- 80 N. **“Licensee(s)”** means an individual who currently holds an authorization from the
81 State to practice as a Regulated Social Worker.
- 82 O. **“Licensing Authority”** means the board or agency of a Member State, or
83 equivalent, that is responsible for the licensing and regulation of Regulated
84 Social Workers.
- 85 P. **“Member State”** means a state, commonwealth, district, or territory of the United
86 States of America that has enacted the Compact.
- 87 Q. **“Multistate Authorization to Practice”** means a legal authorization, which is
88 equivalent to a license, associated with an Interstate Compact License permitting
89 the practice of Social Work in a Remote State.
- 90 R. **“Interstate Compact License”** means a license to practice as a Regulated
91 Social Worker issued by a Home State Licensing Authority that authorizes the
92 Regulated Social Worker to practice in all party states under a Multistate
93 Authorization to Practice.
- 94 S. **“Qualifying National Exam”** means a national licensing examination developed
95 and administered by a national association of Social Work Licensing Authorities
96 or other competency assessment approved by the Commission.
- 97 T. **“Regulated Social Worker”** means any clinical, master’s or bachelor’s Social
98 Worker licensed by a Member State regardless of the title used by that Member
99 State.
- 100 U. **“Remote State”** means a Member State other than the Home State, where a
101 Licensee is exercising or seeking to exercise the Multistate Authorization to
102 Practice.
- 103 V. **“Rule(s) of the Commission”** means a regulation or regulations duly
104 promulgated by the Commission, as authorized by the compact, that has the
105 force of law.
- 106 W. **“Scope of Practice”** means the procedures, actions, and processes a
107 Regulated Social Worker in a state is permitted to undertake in that state and the
108 circumstances under which the Regulated Social Worker is permitted to
109 undertake those procedures, actions and processes. Such procedures, actions
110 and processes and the circumstances under which they may be undertaken may
111 be established through official means, including, but not limited to, statute, rules

and regulations, case law, and other processes available to the State Regulatory Authority or other government agency.

- X. **“Single State License”** means a Social Work license issued by any state that authorizes practice only within the issuing State and does not include a Multistate Authorization to Practice in any Member State.
- Y. **“Social Work” or “Social Work Services”** means the application of social work theory, knowledge, methods, ethics, and the professional use of self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families, groups, organizations, and communities through the care and services provided by a Regulated Social Worker as set forth in the Member State’s statutes and regulations in the State where the services are being provided.
- Z. **“State”** means any state, commonwealth, district, or territory of the United States of America that regulates the practice of Social Work
- AA. **“Unencumbered License”** means a license that authorizes a Regulated Social Worker to engage in the full and unrestricted practice of Social Work.

SECTION 3. STATE PARTICIPATION IN THE COMPACT

- A. To be eligible to participate in the compact, a potential Member State must currently meet all of the following criteria:
 - 1. License and regulate clinical, master’s, or bachelor’s categories of Social Work practice.
 - 2. Require applicants for licensure to pass a corresponding Qualifying National Exam for the category of licensure sought as outlined in Section 4.
 - 3. Require applicants for licensure to graduate from a program that is accredited by an accrediting agency recognized by the Council for Higher Education Accreditation, or its successor, or by the United States Department of Education and operated by a college or university recognized by the Licensing Authority and that corresponds to the licensure sought as outlined in Section 4.
 - 4. Require applicants for clinical licensure to complete a period of supervised practice.
 - 5. Have a mechanism in place for receiving, investigating, and adjudicating complaints about Licensees.
- B. To maintain membership in the Compact a Member State shall:
 - 1. Participate fully in the Commission’s Data System, including using the Commission’s unique identifier as defined in Rules;
 - 2. Notify the Commission, in compliance with the terms of the Compact and

151 rules, of any Adverse Action or the availability of Current Significant
152 Investigative Information regarding a Licensee;

- 153 3. Implement or utilize procedures for considering the criminal history
154 records of applicants for an initial Interstate Compact License. These
155 procedures shall include the submission of fingerprints or other biometric-
156 based information by applicants for the purpose of obtaining an
157 applicant's criminal history record information from the Federal Bureau of
158 Investigation and the agency responsible for retaining that State's criminal
159 records for the sole purpose of affirming or denying eligibility for
160 participation in the Compact;

161 a. A member state must utilize or fully implement a criminal
162 background check requirement, within a time frame
163 established by rule of the Commission, by receiving the results
164 of the Federal Bureau of Investigation record search and shall
165 use the results in making licensure decisions/determining
166 eligibility for participation in the Compact.

167 b. Communication between a Member State, the Commission
168 and among Member States, through the Data System or
169 otherwise, regarding the verification of any information
170 received from the Federal Bureau of Investigation relating to a
171 federal criminal records check performed by a Member State
172 under Public Law 92-544.

- 173 4. Comply with the Rules of the Commission;

- 174 5. Require an applicant to obtain or retain a license in the Home State and
175 meet the Home State's qualifications for licensure or renewal of licensure,
176 as well as all other applicable Home State laws;

- 177 6. Authorize a Licensee holding an Interstate Compact License in any
178 Member State to practice in accordance with the terms of the Compact
179 and Rules of the Commission; and

- 180 7. Designate a delegate to participate in the Commission meetings.

181 C. Home States may charge a fee for granting the Interstate Compact License.

182 D. An Interstate Compact License issued by a Home State to a resident in that State
183 shall be recognized by all Compact Member States as authorizing Social Work
184 Practice under a Multistate Authorization to Practice corresponding to each
185 category of licensure regulated in the Member State.
186

187 **SECTION 4. REGULATED SOCIAL WORKER PARTICIPATION IN THE** 188 **COMPACT**

- 189 A. To be eligible for an Interstate Compact License under the terms and provisions of
190 the compact, a Regulated Social Worker, regardless of category must:

1. Hold an active, Unencumbered License in the Home State;
 2. Have an active United States Social Security Number, Qualifying National Exam Number, or an identifier as determined by the Commission;
 3. Pay any applicable fees, including any State fee, for the Interstate Compact License;
 4. Meet any continuing competence requirements established by the Home State;
 5. Notify the Home State of any Adverse Action, Encumbrance, or restriction on any professional license taken by any Member State or non-Member State within 30 days from the date the action is taken.
 6. Abide by the laws, regulations, and Scope of Practice in the Member State where the client is located.
- B. A Regulated Social Worker who is a clinical-category Social Worker must meet the following requirements:
1. Passed a clinical-category Qualifying National Exam. Regulated Social Workers holding an active and unencumbered license, who were licensed in a state before a qualifying national exam was required, may be exempted from this requirement, as provided for by the Rules of the Commission; and
 2. Graduated with a master's degree, or higher, in Social Work, from a program that is accredited by an accrediting agency recognized by the Council for Higher Education Accreditation, or its successor, or by the United States Department of Education and operated by a college or university recognized by the Licensing Authority; and
 3. Completed a period of three thousand hours or two years of full-time postgraduate supervised clinical practice.
- C. For a Regulated Social Worker who is a master's-category Social Worker:
1. Passed a master's-category Qualifying National Exam. Regulated Social Workers holding an active and unencumbered license, who were licensed in a state before a qualifying national exam was required, may be exempted from this requirement, as provided for by the Rules of the Commission; and
 2. Graduated with a master's degree, or higher, in Social Work, from a program that is accredited by an accrediting agency recognized by the Council for Higher Education Accreditation, or its successor, or by the United States Department of Education and operated by a college or university recognized by the Licensing Authority.
- D. For a Regulated Social Worker who is a bachelor's-category Social Worker:
1. Passed a bachelor's-category Qualifying National Exam. Regulated Social Workers holding an active and unencumbered license, who were licensed in a state before a qualifying national exam was required, may be exempted from this requirement, as provided for by the Rules of the Commission; and

- 231 2. Graduated with a bachelor's degree, or higher, in Social Work, from a program
232 that is accredited by an accrediting agency recognized by the Council for Higher
233 Education Accreditation, or its successor, or by the United States Department of
234 Education and operated by a college or university recognized by the Licensing
235 Authority.
- 236 E. The Interstate Compact License for a Regulated Social Worker is subject to the
237 renewal requirements of the Home State. The Regulated Social Worker must
238 maintain compliance with the requirements of Section 4(A).
- 239 F. The Regulated Social Worker's services in a Remote State are subject to that
240 Member State's regulatory authority. A Remote State may, in accordance with due
241 process and that Member State's laws, remove a Regulated Social Worker's
242 Multistate Authorization to Practice in the Remote State for a specific period of
243 time, impose fines, and/or take any other necessary actions to protect the health
244 and safety of its citizens.
- 245 G. If a Home State license is encumbered, the regulated Social Worker's Multistate
246 Authorization to Practice shall be deactivated in all Remote States until the Home
247 State license is no longer encumbered.
- 248 H. If a Multistate Authorization to Practice is encumbered in a Remote State, the
249 regulated Social Worker's Multistate Authorization to Practice may be deactivated
250 in that State until the Multistate Authorization to Practice is no longer encumbered.
- 251 I. Nothing in this Compact shall affect the requirements established by a Member
252 State for the issuance of a Single State License.
253

254 **SECTION 5: OBTAINING A NEW HOME STATE LICENSE BASED ON AN**
255 **INTERSTATE COMPACT LICENSE**

- 256 A. If qualified, a Regulated Social Worker may hold an Interstate Compact License
257 issued by a Home State Licensing Authority, which authorizes the Regulated Social
258 Worker to practice in all Member States under a Multistate Authorization to Practice.
- 259 B. If an Interstate Compact License holder with Multistate Authorization to Practice
260 changes primary State of Domicile by moving between two Member States:
- 261 1. The Interstate Compact License holder shall file an application for
262 obtaining a new Home State license based on their Interstate Compact
263 License which grants a Multistate Authorization to Practice, pay all
264 applicable fees, and notify the current and new Home Member State in
265 accordance with applicable Rules adopted by the Commission.
- 266 2. Upon receipt of an application for obtaining a new Home State license
267 based on the Interstate Compact License which grants a Multistate
268 Authorization to Practice, the new Home Member State may verify that
269 the Regulated Social Worker meets the pertinent criteria outlined in
270 Section 4 via the Data System, without need for primary source
271 verification except for:

- i. a Federal Bureau of Investigation fingerprint based criminal background check if not previously performed or updated pursuant to applicable rules adopted by the Commission in accordance with Public Law 92-544;
- ii. other criminal background check as required by the new Home State; and
- iii. completion of any requisite jurisprudence requirements of the new Home State.

3. The former Home State may convert the former Home State license into a Multistate Authorization to Practice once the new Home State has activated the new Home State license in accordance with applicable Rules adopted by the Commission.

4. Notwithstanding any other provision of this Compact, if the Regulated Social Worker cannot meet the criteria in Section 4, the new Home State may apply its requirements for issuing a new Single State License.

5. The Regulated Social Worker shall pay all applicable fees to the new Home State in order to be issued a new Home State license.

C. If a Regulated Social Worker changes primary State of Domicile by moving from a Member State to a non-Member State, the non-member State criteria shall apply for issuance of a Single State License in the new non-Member State.

D. Nothing in this Compact shall interfere with a Regulated Social Worker's ability to hold a Single State License in multiple States, however for the purposes of this Compact, a Regulated Social Worker shall have only one Home State license.

E. Nothing in this Compact shall affect the requirements established by a Member State for the issuance of a Single State License.

SECTION 6. MILITARY FAMILIES

Active Duty Military personnel, or their spouse, shall designate a Home State where the individual has a current license in good standing. The individual may retain the Home State designation during the period the service member is on active duty. Subsequent to designating a Home State, the individual may only change their Home State through application for licensure in the new State, or through the process outlined in Section 5.

SECTION 7. ADVERSE ACTIONS

A. In addition to the other powers conferred by State law, a Remote State shall have the authority, in accordance with existing State due process law, to:

- 1. Take Adverse Action against a Regulated Social Worker's Multistate Authorization to Practice within that Member State, and issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses as well as the production of evidence. Subpoenas issued by a Licensing Authority in a Member State for the attendance and testimony of

witnesses or the production of evidence from another Member State shall be enforced in the latter State by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the State in which the witnesses or evidence are located.

2. Only the Home State shall have the power to take Adverse Action against a Regulated Social Worker's Home State license

B. For purposes of taking Adverse Action, the Home State shall give the same priority and effect to reported conduct received from a Member State as it would if the conduct had occurred within the Home State. In so doing, the Home State shall apply its own State laws to determine appropriate action.

C. The Home State shall complete any pending investigations of a Regulated Social Worker who changes primary State of Domicile during the course of the investigations. The Home State shall also have the authority to take appropriate action(s) and shall promptly report the conclusions of the investigations to the administrator of the Data System. The administrator of the Data System shall promptly notify the new Home State of any Adverse Actions.

D. A Member State, if otherwise permitted by State law, may recover from the affected Regulated Social Worker the costs of investigations and dispositions of cases resulting from any Adverse Action taken against that Regulated Social Worker.

E. A Member State may take Adverse Action based on the factual findings of another Member State, provided that the Member State follows its own procedures for taking the Adverse Action.

F. Joint Investigations:

1. In addition to the authority granted to a Member State by its respective Regulated Social Work practice act or other applicable State law, any Member State may participate with other Member States in joint investigations of Licensees.

2. Member States shall share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the Compact.

G. If Adverse Action is taken by the Home State against the Interstate Compact License of a Regulated Social Worker, the Regulated Social Worker's Multistate Authorization to Practice in all other Member States shall be deactivated until all Encumbrances have been removed from the Interstate Compact License. All Home State disciplinary orders that impose Adverse Action against the license of a Regulated Social Worker shall include a statement that the Regulated Social Worker's Multistate Authorization to Practice is deactivated in all Member States until all conditions of the decision, order or agreement are satisfied.

352 H. If a Member State takes Adverse Action, it shall promptly notify the administrator of
353 the Data System. The administrator of the Data System shall promptly notify the
354 Home State and all other Member State's of any Adverse Actions by Remote
355 States.

356 I. Nothing in this Compact shall override a Member State's decision that participation
357 in an Alternative Program may be used in lieu of Adverse Action.

358 **SECTION 8. ESTABLISHMENT OF SOCIAL WORK LICENSURE COMPACT** 359 **COMMISSION**

360 A. The Compact Member States hereby create and establish a joint government
361 agency whose membership consists of all member states that have enacted the
362 compact known as the Social Work Compact Commission. The Commission is an
363 instrumentality of the Compact States acting jointly and not an instrumentality of
364 any one state. The Commission shall come into existence on or after the effective
365 date of the Compact as set forth in Section 12.

366 B. Membership, Voting, and Meetings

367 1. Each Member State shall have and be limited to one (1) delegate selected by
368 that Member State's Licensing Authority.

369 2. The delegate shall be either:

370 a. A current member of the State Licensing Authority at the time of
371 appointment, who is a Regulated Social Worker or public member of the
372 Licensing Authority; or

373 b. An administrator of the Licensing Authority or their designee.

374 3. The Commission shall by Rule or bylaw establish a term of office for delegates
375 and may by Rule or bylaw establish term limits.

376 4. The Commission may recommend removal or suspension of any delegate
377 from office.

378 5. A Member State's State Licensing Authority shall fill any vacancy of its
379 delegate occurring on the Commission within 60 days of the vacancy.

380 6. Each delegate shall be entitled to one vote on all matters before the
381 Commission requiring a vote by Commission delegates.

382 7. A delegate shall vote in person or by such other means as provided in the
383 bylaws. The bylaws may provide for delegates' to meet by telecommunication,
384 videoconference or other means of communication.

385 8. The Commission shall meet at least once during each calendar year.
386 Additional meetings may be held as set forth in the bylaws. The Commission
387 may meet by telecommunication, video conference or other similar electronic
388 means.

389 C. The Commission shall have the following powers and duties:

390 1. Establish the fiscal year of the Commission;

- 391 2. Establish code of conduct and conflict of interest policies
- 392 3. Establish and amend Rules and bylaws;
- 393 4. Maintain its financial records in accordance with the bylaws;
- 394 5. Meet and take such actions as are consistent with the provisions of this
- 395 Compact, the Commission's rules and the bylaws;
- 396 6. Initiate and conclude legal proceedings or actions in the name of the
- 397 Commission, provided that the standing of any State Licensing Board to sue
- 398 or be sued under applicable law shall not be affected;
- 399 7. Maintain and certify records and information provided to a Member State as
- 400 the authenticated business records of the Commission and designate an
- 401 agent to do so on the Commission's behalf;
- 402 8. Purchase and maintain insurance and bonds;
- 403 9. Borrow, accept, or contract for services of personnel, including, but not limited
- 404 to, employees of a Member State;
- 405 10. Conduct an annual financial review;
- 406 11. Hire employees, elect or appoint officers, fix compensation, define duties,
- 407 grant such individuals appropriate authority to carry out the purposes of the
- 408 Compact, and establish the Commission's personnel policies and programs
- 409 relating to conflicts of interest, qualifications of personnel, and other related
- 410 personnel matters;
- 411 12. Assess and collect fees;
- 412 13. Accept any and all appropriate gifts, donations, grants of money, other
- 413 sources of revenue, equipment, supplies, materials, and services, and to
- 414 receive, utilize, and dispose of the same; provided that at all times the
- 415 Commission shall avoid any appearance of impropriety or conflict of interest;
- 416 14. Lease, purchase, retain, or otherwise to own, hold, improve or use, any
- 417 property, real, personal or mixed; or any undivided interest therein;
- 418 15. Sell convey, mortgage, pledge, lease, exchange, abandon, or otherwise
- 419 dispose of any property real, personal, or mixed;
- 420 16. Establish a budget and make expenditures;
- 421 17. Borrow money;
- 422 18. Appoint committees, including standing committees composed of members,
- 423 State regulators, State legislators or their representatives, and consumer
- 424 representatives, and such other interested persons as may be designated in
- 425 this Compact and the bylaws;
- 426 19. Provide and receive information from, and cooperate with, law enforcement
- 427 agencies;
- 428 20. Establish and elect an Executive Committee, including chair and a vice chair;

- 429 21. Determine whether a State's adopted language is materially different from the
430 model compact language such that the State would not qualify for participation
431 in the Compact; and
- 432 22. Perform such other functions as may be necessary or appropriate to achieve
433 the purposes of this Compact.

434 D. The Executive Committee

- 435 1. The Executive Committee shall have the power to act on behalf of the
436 Commission according to the terms of this Compact. The powers, duties, and
437 responsibilities of the Executive Committee shall include:
- 438 a. Oversee the day-to-day activities of the administration of the compact
439 including enforcement and compliance with the provisions of the compact,
440 its Rules and bylaws, and other duties as deemed necessary;
- 441 b. Recommend to the Commission changes to the Rules or bylaws,
442 changes to this Compact legislation, fees charged to Compact Member
443 States such as fees charged to licensees, and other fees;
- 444 c. Ensure Compact administration services are appropriately provided,
445 including by contract;
- 446 d. Prepare and recommend the budget
- 447 e. Maintain financial records on behalf of the Commission;
- 448 f. Monitor Compact compliance of Member States and provide compliance
449 reports to the Commission;
- 450 g. Establish additional committees as necessary;
- 451 h. Exercise the powers and duties of the Commission during the interim
452 between Commission meetings, except for adopting or amending Rules,
453 adopting or amending bylaws, and exercising any other powers and
454 duties expressly reserved to the Commission by Rule or bylaw; and
- 455 i. Other duties as provided in the Rules or bylaws of the Commission.
- 456 2. The Executive Committee shall be composed of up to nine (9) members:
- 457 a. The chair and vice chair of the Commission shall be voting members of
458 the Executive Committee
- 459 b. Five voting members who are elected by the Commission from the
460 current membership of the Commission; and
- 461 c. Up to two (2) ex-officio, nonvoting members from two (2) recognized
462 national social worker organizations.
- 463 d. The ex-officio members will be selected by their respective organizations
464 (and which will rotate terms in alphabetical order of the organizations).
- 465 3. The Commission may remove any member of the Executive Committee as
466 provided in the Commission's bylaws.

- 467 4. The Executive Committee shall meet at least annually.
- 468 a. Executive Committee meetings shall be open to the public, except that
- 469 the Executive Committee may meet in a closed, non-public meeting as
- 470 provided in subsection F-2 below.
- 471 b. The Executive Committee shall give seven days' notice of its meetings,
- 472 posted on its website and as determined to provide notice to persons with
- 473 an interest in the business of the Commission.
- 474 c. The Executive Committee may hold a special meeting in accordance with
- 475 subsection F-1-b below.
- 476 E. The Commission shall adopt and provide to the Member States an annual report.
- 477 F. Meetings of the Commission
- 478 1. All meetings shall be open to the public, except that the Commission may meet
- 479 in a closed, non-public meeting as provided in subsection F-2 below.
- 480 a. Public notice for all meetings of the full Commission of meetings shall be
- 481 given in the same manner as required under the Rulemaking provisions in
- 482 Section 11, except that the Commission may hold a special meeting as
- 483 provided in subsection F-1-b below.
- 484 b. The Commission may hold a special meeting when it must meet to
- 485 conduct emergency business by giving 48 hours' notice to all
- 486 commissioners, on the Commission's website, and other means as
- 487 provided in the Commission's rules. The Commission's legal counsel
- 488 shall certify that the Commission's need to meet qualifies as an
- 489 emergency.
- 490 2. The Commission or the Executive Committee or other committees of the
- 491 Commission may convene in a closed, non-public meeting for the Commission
- 492 or Executive Committee or other committees of the Commission to receive
- 493 legal advice or to discuss:
- 494 a. Non-compliance of a Member State with its obligations under the
- 495 Compact;
- 496 b. The employment, compensation, discipline or other matters, practices or
- 497 procedures related to specific employees;
- 498 c. Current or threatened discipline of a Licensee by the Commission or by a
- 499 Member State's Licensing Authority;
- 500 d. Current, threatened, or reasonably anticipated litigation;
- 501 e. Negotiation of contracts for the purchase, lease, or sale of goods,
- 502 services, or real estate;
- 503 f. Accusing any person of a crime or formally censuring any person;
- 504 g. Trade secrets or commercial or financial information that is privileged or
- 505 confidential;

- 506 h. Information of a personal nature where disclosure would constitute a
507 clearly unwarranted invasion of personal privacy;
- 508 i. Investigative records compiled for law enforcement purposes;
- 509 j. Information related to any investigative reports prepared by or on behalf
510 of or for use of the Commission or other committee charged with
511 responsibility of investigation or determination of compliance issues
512 pursuant to the Compact; or
- 513 k. Matters specifically exempted from disclosure by federal or Member State
514 law; or
- 515 l. Other matters as promulgated by the Commission by Rule.
- 516 3. If a meeting, or portion of a meeting, is closed, the presiding officer shall state
517 that the meeting will be closed and reference each relevant exempting
518 provision, and such reference shall be recorded in the minutes.
- 519 4. The Commission shall keep minutes that fully and clearly describe all matters
520 discussed in a meeting and shall provide a full and accurate summary of
521 actions taken, and the reasons therefore, including a description of the views
522 expressed. All documents considered in connection with an action shall be
523 identified in such minutes. All minutes and documents of a closed meeting shall
524 remain under seal, subject to release only by a majority vote of the
525 Commission or order of a court of competent jurisdiction.
- 526 G. Financing of the Commission
- 527 1. The Commission shall pay, or provide for the payment of, the reasonable
528 expenses of its establishment, organization, and ongoing activities.
- 529 2. The Commission may accept any and all appropriate revenue sources, as
530 provided in C-12.
- 531 3. The Commission may levy on and collect an annual assessment from each
532 Member State and impose fees on licensees of Member States to whom it
533 grants an Interstate Compact License to cover the cost of the operations and
534 activities of the Commission and its staff, which must be in a total amount
535 sufficient to cover its annual budget as approved each year for which revenue
536 is not provided by other sources. The aggregate annual assessment amount
537 for Member States shall be allocated based upon a formula that the
538 Commission, shall promulgate by Rule.
- 539 4. The Commission shall not incur obligations of any kind prior to securing the
540 funds adequate to meet the same; nor shall the Commission pledge the credit
541 of any of the Member States, except by and with the authority of the Member
542 State.
- 543 5. The Commission shall keep accurate accounts of all receipts and
544 disbursements. The receipts and disbursements of the Commission shall be
545 subject to the financial review and accounting procedures established under its

546 bylaws. However, all receipts and disbursements of funds handled by the
547 Commission shall be subject to an annual financial review by a certified or
548 licensed public accountant, and the report of the financial review shall be
549 included in and become part of the annual report of the Commission.

550 H. Qualified Immunity, Defense, and Indemnification

- 551 1. The members, officers, executive director, employees and representatives of
552 the Commission shall be immune from suit and liability, both personally and in
553 their official capacity, for any claim for damage to or loss of property or
554 personal injury or other civil liability caused by or arising out of any actual or
555 alleged act, error or omission that occurred, or that the person against whom
556 the claim is made had a reasonable basis for believing occurred within the
557 scope of Commission employment, duties or responsibilities; provided that
558 nothing in this paragraph shall be construed to protect any such person from
559 suit or liability for any damage, loss, injury, or liability caused by the intentional
560 or willful or wanton misconduct of that person. The procurement of insurance
561 of any type by the Commission shall not in any way compromise or limit the
562 immunity granted hereunder
- 563 2. The Commission shall defend any member, officer, executive director,
564 employee and representative of the Commission in any civil action seeking to
565 impose liability arising out of any actual or alleged act, error, or omission that
566 occurred within the scope of Commission employment, duties, or
567 responsibilities, or as determined by the Commission that the person against
568 whom the claim is made had a reasonable basis for believing occurred within
569 the scope of Commission employment, duties, or responsibilities; provided that
570 nothing herein shall be construed to prohibit that person from retaining their
571 own counsel at their own expense; and provided further, that the actual or
572 alleged act, error, or omission did not result from that person's intentional or
573 willful or wanton misconduct.
- 574 3. The Commission shall indemnify and hold harmless any member, officer,
575 executive director, employee, and representative of the Commission for the
576 amount of any settlement or judgment obtained against that person arising out
577 of any actual or alleged act, error, or omission that occurred within the scope of
578 Commission employment, duties, or responsibilities, or that such person had a
579 reasonable basis for believing occurred within the scope of Commission
580 employment, duties, or responsibilities, provided that the actual or alleged act,
581 error, or omission did not result from the intentional or willful or wanton
582 misconduct of that person.
- 583 4. Nothing herein shall be construed as a limitation on the liability of any licensee
584 for professional malpractice or misconduct, which shall be governed solely by
585 any other applicable state laws.
- 586 5. Nothing in this Compact shall be interpreted to waive or otherwise abrogate a
587 Member State's state action immunity or state action affirmative defense with

588 respect to antitrust claims under the Sherman Act, Clayton Act, or any other
589 state or federal antitrust or anticompetitive law or regulation.

- 590 6. Nothing in this Compact shall be construed to be a waiver of sovereign
591 immunity by the Member States or by the Commission.
592

593 **SECTION 9. DATA SYSTEM**

- 594 A. The Commission shall provide for the development, maintenance, operation, and
595 utilization of a coordinated database and reporting system containing licensure,
596 Adverse Action, and the presence of Current Significant Investigative Information on
597 all licensed individuals in Member States.
- 598 B. Notwithstanding any other provision of State law to the contrary, a Member State
599 shall submit a uniform data set to the Data System on all individuals to whom this
600 Compact is applicable as required by the Rules of the Commission, including:
- 601 1. Identifying information;
- 602 2. Licensure data;
- 603 3. Adverse Actions against a license or an Interstate Compact License and
604 information related thereto;
- 605 4. Non-confidential information related to Alternative Program participation, the
606 beginning and end dates of such participation, and other information related to
607 such participation not made confidential under Member State law;
- 608 5. Any denial of application for licensure, and the reason(s) for such denial;
- 609 6. The presence of Current Significant Investigative Information; and
- 610 7. Other information that may facilitate the administration of this Compact or the
611 protection of the public, as determined by the Rules of the Commission.
- 612 C. The records and information provided to a Member State pursuant to this Compact
613 or through the Data System, when certified by the Commission or an agent thereof,
614 shall constitute the authenticated business records of the Commission, and shall be
615 entitled to any associated hearsay exception in any relevant judicial, quasi-judicial
616 or administrative proceedings in a Member State.
- 617 D. Current Significant Investigative Information pertaining to a Licensee in any Member
618 State will only be available to other Member States.
- 619 E. It is the responsibility of the Member States to report any Adverse Action against a
620 Licensee and to monitor the database to determine whether Adverse Action has
621 been taken against a Licensee. Adverse Action information pertaining to a Licensee
622 in any Member State will be available to any other Member State.
- 623 F. Member States contributing information to the Data System may designate
624 information that may not be shared with the public without the express permission of
625 the contributing State.
- 626 G. Any information submitted to the Data System that is subsequently expunged

pursuant to federal law or the laws of the Member State contributing the information shall be removed from the Data System.

SECTION 10. RULEMAKING

- A. The Commission shall promulgate reasonable Rules in order to effectively and efficiently implement and administer the purposes and provisions of the Compact. A Rule shall be invalid and have no force or effect only if a court of competent jurisdiction holds that the Rule is invalid because the Commission exercised its rulemaking authority in a manner that is beyond the scope and purposes of the Compact, or the powers granted hereunder, or based upon another applicable standard of review.
- B. The Rules of the Commission shall have the force of law in each Member State, provided however that where the Rules of the Commission conflict with the laws of the Member State that establish the Member State's Scope of Practice as held by a court of competent jurisdiction, the Rules of the Commission shall be ineffective in that State to the extent of the conflict.
- C. The Commission shall exercise its Rulemaking powers pursuant to the criteria set forth in this Section and the Rules adopted thereunder. Rules shall become binding as of the date specified in each Rule.
- D. If a majority of the legislatures of the Member States rejects a Rule or portion of a Rule, by enactment of a statute or resolution in the same manner used to adopt the Compact within four (4) years of the date of adoption of the Rule, then such Rule shall have no further force and effect in any Member State.
- E. Rules shall be adopted at a regular or special meeting of the Commission.
- F. Prior to adoption of a proposed Rule, the Commission shall hold a public hearing and allow persons to provide oral and written comments, data, facts, opinions, and arguments.
- G. Prior to adoption of a proposed Rule by the Commission, and at least thirty (30) days in advance of the meeting at which the Commission will hold a public hearing on the proposed Rule, the Commission shall provide a Notice of Proposed Rulemaking:
1. On the website of the Commission or other publicly accessible platform;
 2. To persons who have requested notice of the Commission's notices of proposed rulemaking, and
 3. In such other way(s) as the Commission may by Rule specify.
- H. The Notice of Proposed Rulemaking shall include:
1. The time, date, and location of the public hearing at which the Commission will hear public comments on the proposed Rule and, if different, the time, date, and location of the meeting where the Commission will consider and vote on the

- 667 proposed Rule;
- 668 2. If the hearing is held via telecommunication, video conference, or other electronic
669 means, the Commission shall include the mechanism for access to the hearing in
670 the Notice of Proposed Rulemaking;
- 671 3. The text of the proposed Rule and the reason therefor;
- 672 4. A request for comments on the proposed Rule from any interested person; and
- 673 5. The manner in which interested persons may submit written comments.
- 674 I. All hearings will be recorded. A copy of the recording and all written comments and
675 documents received by the Commission in response to the proposed Rule shall be
676 available to the public.
- 677 J. Nothing in this section shall be construed as requiring a separate hearing on each
678 Rule. Rules may be grouped for the convenience of the Commission at hearings
679 required by this section.
- 680 K. The Commission shall, by majority vote of all members, take final action on the
681 proposed Rule based on the Rulemaking record and the full text of the Rule.
- 682 1. The Commission may adopt changes to the proposed Rule provided the changes
683 do not enlarge the original purpose of the proposed Rule.
- 684 2. The Commission shall provide an explanation of the reasons for substantive
685 changes made to the proposed Rule as well as reasons for substantive changes
686 not made that were recommended by commenters.
- 687 3. The Commission shall determine a reasonable effective date for the Rule. Except
688 for an emergency as provided in Section 11.L, the effective date of the rule shall
689 be no sooner than 30 days after issuing the notice that it adopted or amended
690 the Rule.
- 691 L. Upon determination that an emergency exists, the Commission may consider and
692 adopt an emergency Rule with [24 or 48] hours' notice, with opportunity to
693 comment, provided that the usual Rulemaking procedures provided in the Compact
694 and in this section shall be retroactively applied to the Rule as soon as reasonably
695 possible, in no event later than ninety (90) days after the effective date of the Rule.
696 For the purposes of this provision, an emergency Rule is one that must be adopted
697 immediately in order to:
- 698 1. Meet an imminent threat to public health, safety, or welfare;
- 699 2. Prevent a loss of Commission or Member State funds;
- 700 3. Meet a deadline for the promulgation of a Rule that is established by federal law
701 or rule; or
- 702 4. Protect public health and safety.
- 703 M. The Commission or an authorized committee of the Commission may direct
704 revisions to a previously adopted Rule for purposes of correcting typographical
705 errors, errors in format, errors in consistency, or grammatical errors. Public notice of

any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a Rule. A challenge shall be made in writing and delivered to the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

N. No Member State's rulemaking requirements shall apply under this compact.

SECTION 11. OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

A. Oversight

1. The executive and judicial branches of State government in each Member State shall enforce this Compact and take all actions necessary and appropriate to implement the compact.
2. Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings. Nothing herein shall affect or limit the selection or propriety of venue in any action against a licensee for professional malpractice, misconduct or any such similar matter
3. The Commission shall be entitled to receive service of process in any proceeding regarding the enforcement or interpretation of the Compact and shall have standing to intervene in such a proceeding for all purposes. Failure to provide the Commission service of process shall render a judgment or order void as to the Commission, this Compact, or promulgated Rules.

B. Default, Technical Assistance, and Termination

1. If the Commission determines that a Member State has defaulted in the performance of its obligations or responsibilities under this Compact or the promulgated Rules, the Commission shall provide written notice to the defaulting State. The notice of default shall describe the default, the proposed means of curing the default, and any other action that the Commission may take, and shall offer training and specific technical assistance regarding the default.
2. The Commission shall provide a copy of the notice of default to the other Member States.

- C. If a State in default fails to cure the default, the defaulting State may be terminated from the Compact upon an affirmative vote of a majority of the delegates of the Member States, and all rights, privileges and benefits conferred on that State by this Compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending State of obligations or liabilities incurred

during the period of default.

- D. Termination of membership in the Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the Commission to the governor, the majority and minority leaders of the defaulting State's legislature, the defaulting State's State Licensing Authority and each of the Member States' State Licensing Authority.
- E. A State that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.
- F. Upon the termination of a State's membership from this Compact, that State shall immediately provide notice to all Licensees within that State of such termination. The terminated State shall continue to recognize all licenses granted pursuant to this Compact for a minimum of six (6) months after the date of said notice of termination.
- G. The Commission shall not bear any costs related to a State that is found to be in default or that has been terminated from the Compact, unless agreed upon in writing between the Commission and the defaulting State.
- H. The defaulting State may appeal the action of the Commission by petitioning the U.S. District Court for the District of Columbia or the federal district where the Commission has its principal offices. The prevailing party shall be awarded all costs of such litigation, including reasonable attorney's fees.
- I. Dispute Resolution
 - 1. Upon request by a Member State, the Commission shall attempt to resolve disputes related to the Compact that arise among Member States and between Member and non-Member States.
 - 2. The Commission shall promulgate a Rule providing for both mediation and binding dispute resolution for disputes as appropriate.
- J. Enforcement
 - 1. By majority vote as provided by Rule, the Commission may initiate legal action against a Member State in default in the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices to enforce compliance with the provisions of the Compact and its promulgated Rules. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorney's fees. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or the defaulting Member State's law.
 - 2. A Member State may initiate legal action against the Commission in the U.S. District Court for the District of Columbia or the federal district where the

Commission has its principal offices to enforce compliance with the provisions of the Compact and its promulgated Rules. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorney's fees.

3. No person other than a Member State shall enforce this compact against the Commission.

SECTION 12. EFFECTIVE DATE, WITHDRAWAL, AND AMENDMENT

- A. The Compact shall come into effect on the date on which the Compact statute is enacted into law in the seventh Member State. The provisions, which become effective at that time, shall be limited to the powers granted to the Commission relating to assembly and the promulgation of Rules. Thereafter, the Commission shall meet and exercise Rulemaking powers necessary to the implementation and administration of the Compact. All actions taken for the benefit of the Commission and/or in furtherance of the purposes of the administration of the Compact prior to the effective date of the Compact and/or the Commission coming into existence shall be considered to be actions of the Commission unless specifically repudiated by the Commission.
- B. Any State that joins the Compact subsequent to the Commission's initial adoption of the Rules and bylaws shall be subject to the Rules and bylaws as they exist on the date on which the Compact becomes law in that State. Any Rule that has been previously adopted by the Commission shall have the full force and effect of law on the day the Compact becomes law in that State.
- C. Any Member State may withdraw from this Compact by enacting a statute repealing the same.
 1. A Member State's withdrawal shall not take effect until 180 days after enactment of the repealing statute.
 2. Withdrawal shall not affect the continuing requirement of the withdrawing State's Licensing Authority to comply with the investigative and Adverse Action reporting requirements of this Compact prior to the effective date of withdrawal.
- D. Upon the enactment of a statute withdrawing from this compact, a State shall immediately provide notice of such withdrawal to all Licensees within that State. Notwithstanding any subsequent statutory enactment to the contrary, such

withdrawing State shall be continue to recognize all licenses granted pursuant to this compact for a minimum of six (6) months after the date of such notice of withdrawal.

E. Nothing contained in this Compact shall be construed to invalidate or prevent any Social Work licensure agreement or other cooperative arrangement between a Member State and a non-Member State that does not conflict with the provisions of this Compact.

F. This Compact may be amended by the Member States. No amendment to this Compact shall become effective and binding upon any Member State until it is enacted into the laws of all Member States.

SECTION 13. CONSTRUCTION AND SEVERABILITY

A. This Compact and the Commission's rulemaking authority shall be liberally construed so as to effectuate the purposes, and the implementation and administration of the Compact. Provisions of the Compact expressly authorizing or requiring the promulgation of Rules shall not be construed to limit the Commission's rulemaking authority solely for those purposes.

B. The provisions of this Compact shall be severable and if any phrase, clause, sentence or provision of this Compact is held by a court of competent jurisdiction to be contrary to the constitution of any Member State, a State seeking participation in the Compact, or of the United States, or the applicability thereof to any government, agency, person or circumstance is held to be unconstitutional by a court of competent jurisdiction, the validity of the remainder of this Compact and the applicability thereof to any other government, agency, person or circumstance shall not be affected thereby.

C. Notwithstanding subsection B of this section, the Commission may deny a State's participation in the Compact or, in accordance with the requirements of Section 12.B, terminate a Member State's participation in the Compact, if it determines that a constitutional requirement of a Member State is, or would be with respect to a State seeking to participate in the Compact, a material departure from the Compact. Otherwise, if this Compact shall be held to be contrary to the constitution of any Member State, the Compact shall remain in full force and effect as to the remaining Member States and in full force and effect as to the Member State affected as to all severable matters.

SECTION 14. BINDING EFFECT OF COMPACT AND OTHER LAWS

- 859 A. A Licensee providing services in a Remote State under the Privilege to Practice
860 shall adhere to the laws and regulations, including Scope of Practice, of the
861 Remote State.
- 862 B. Nothing herein prevents the enforcement of any other law of a Member State that
863 is not inconsistent with the Compact.
- 864 C. Any laws in a Member State in conflict with the Compact are superseded to the
865 extent of the conflict.
- 866 D. Any lawful actions of the Commission, including all Rules and bylaws properly
867 promulgated by the Commission, are binding upon the Member States.
- 868 E. All permissible agreements between the Commission and the Member States are
869 binding in accordance with their terms.
- 870 F. In the event any provision of the Compact exceeds the constitutional limits
871 imposed on the legislature of any Member State, the provision shall be ineffective
872 to the extent of the conflict with the constitutional provision in question in that
873 Member State.
874

**Behavioral Sciences Regulatory Board
Social Work Advisory Committee
June 21, 2022, at 1:00 p.m.
DRAFT Minutes**

- I. Call to Order.** The meeting was called to order by Co-Chair Andrea Perdomo-Morales at 1:00 p.m.

Social Work Advisory Committee Members. Advisory Committee members present by Zoom included Andrea Perdomo-Morales, Carolyn Szafran, Mary Gill, Lee Ann Gingery, Angi Heller-Workman, Jane Holzrichter, Catherine Rech, Eric Schoenecker, Cristin Stice, and Robin Unruh.

BSRB Staff. Staff members present by Zoom included David Fye and Leslie Allen

- II. Agenda Approval.** Angi Heller-Workman moved to approve the agenda as written. Carolyn Szafran seconded. The motion passed.
- III. Minutes Approval.** Eric Schoenecker moved to approve the minutes from the Advisory Committee meeting on April 19, 2022. Jane Holzrichter seconded. The motion passed.
- IV. Executive Director's Report.** David Fye, Executive Director for the BSRB, reported on the following topics:
- A. Agency Updates.** The BSRB is still under the Governor's direction to avoid in-person meetings. The Executive Director noted he will update the Advisory Committee when that direction is changed. Until the limitation is lifted, the BSRB will continue to hold most Board and Advisory Committee meetings virtually. The Executive Director provided an update on the BSRB Fee Fund, which has a balance of about \$2.0 million. As part of the yearly performance evaluation process from the Department of Administration, all state employees should have a mid-year check-in to allow supervisors to provide feedback on their performance, allow questions from staff, and consider changes to work responsibilities. The Executive Director noted that the BSRB will provide mid-year check-in meetings for all employees later this month.
- B. Board Meeting on May 9.** The Board discussed the pre-approval of continuing education (CE) hours and the pre-approval of CE providers. All Advisory Committees were asked to discuss whether their profession would want pre-approved CEs, as currently only the social work profession has pre-approved CE providers and pre-approved CE classes. At the Board meeting, there was a split as some Advisory Committees requested this change while other Advisory Committees did not. Also at the Board meeting, 15 Advisory Committee members were reappointed to new two-year terms and those terms will start in July, as the state fiscal year begins on July 1. The Board recognized three Advisory Committee members that had served the maximum number of years of service on the Advisory Committees. The Board passed

a delegation motion allowing for alternate presiding officer in the event that the Chair and the Vice-Chair of the Board are unavailable for a meeting; reviewed draft language for regulations discussed at past meetings; and considered a model from Minnesota to provide a temporary license to students who graduate from schools that are in candidacy for Council for Social Work Education (CSWE) accreditation. The Board received a report from the Executive Director with potential changes to the Board's Investigation Policy and creation of subcommittees were requested by the Professional Counselor Advisory Committee (unprofessional conduct regulation review) and the Marriage and Family Therapy Advisory Committee (creation of a supervision manual similar to the existing manual for the social work).

C. Other Meetings and Events. The Executive Director attended an Educator meeting for the Association of Social Work Boards (ASWB) and the Mid-Year Meeting from the Association of State and the Provincial Psychology Boards (ASPPB). The Executive Director provided a summary of items discussed at these meetings, including an announcement from the American Psychology Association (APA) that the body is working on accreditation standards for Master's Level Psychology programs and hopes to have these standards available for comment in the fall of 2023. The Executive Director noted that several of the conversations at several of the national meetings have included discussions on multi-state compacts. The Executive Director will be attending a conference on August 3, 2022, hosted by the National Board for Certified Counselors in Philadelphia. The Executive Director provided information on Legislative committees with a health focus that would be meeting in the fall.

V. Old Business

A. Continued Discussion on Unprofessional Conduct Regulations. At the past Advisory Committee meeting, Committee members discussed possible changes to the regulations. At that meeting, Committee members noted the term "supervisor" and asked whether that could include employment supervisors. The Executive Director noted he consulted with legal counsel for the Board who clarified that, absent language indicating employment supervision, the term supervisor should apply to the practice of social work, rather than as a function of employment. The Advisory expressed support of adding a definition of the term supervisor, especially concerning relationships between supervisors and supervisees. The Advisory Committee members discussed KAR 102-2-7(y) concerning sexual activities or engaging in physical intimacies with current clients, supervisees, or students and KAR 102-2-7(z) concerning those activities with a former client within 24 months of ending the therapeutic relationship. Advisory Committee members asked how long those regulations have been in place. The Executive Director stated KAR 102-2-7(y) has existed since 1982, but KAR 102-2-7(z) was put in place in 2000. Advisory Committee members discussed the benefit of having uniformity across all profession's unprofessional conduct regulations and also for consistency with the unprofessional conduct standards for the profession's code of ethics. It was noted that the code of ethics by the national association states a practitioner should never have a

sexual relationship with a client or former client. Some Advisory Committee members expressed support for changing the standard in KAR 102-2-7(z) from 24 months to never having sexual relationships with former clients. Advisory Committee members expressed support for updating language concerning technology standards, based on changes in technology over time. The Advisory Committee noted it will receive any additional comments on possible changes to the unprofessional conduct regulations through the end of the year, then those proposed changes will be submitted to the Board for consideration.

- B. Continuing Education Requirements in the Area of Diversity, Equity, and Inclusion.** Andrea Perdomo-Morales, Co-Chair of the Advisory Committee, noted the BSRB survey sent to social workers in December 2021 showed that social workers supported a continuing education requirement in the areas of Diversity, Equity, and Inclusion (DEI). The Advisory Committee discussed whether to recommend that the full Board continue to look at this topic and include it as a discussion item on the Board's agenda. Advisory Committee members expressed support for education in this area and how to avoid confusion on this topic. Advisory Committee members discussed the proposal from the Licensed Psychology profession to include continuing education requirements in DEI that was removed by the Legislature from the BSRB bill introduced to the 2022 Legislature and the difficulty in regulating DEI requirements. Lee Ann Gingery moved for this topic to be taken to the Board and for the Advisory Committee to continue to discuss this topic as well. Carolyn Szafran seconded. The motion passed.
- C. Proactive Approaches to Public Protection.** The Executive Director noted the BSRB stopped licensing new applicants at the Associate Social Work level many years ago, but he continued to allow individuals with that level of license to renew their licenses. The Advisory Committee previously discussed potentially reopening that level of license, so the Executive Director provided information on similar associate-level licenses in other states and jurisdictions as well as recent bills from other jurisdictions that were exploring new levels of licensure. There is a recommendation that this topic be further discussed at future meetings. The Advisory Committee noted it would like to discuss this topic in more detail at a future meeting.
- D. Discussion on Workforce Issues.** Advisory Committee members did not reference any new items on this topic.
- E. Discussion on Clinical Supervision.** The Executive Director noted the BSRB survey to social workers asked several questions on the topic of supervision, the Board has recently discussed whether there are adequate trainings for supervisors, and the Advisory Committee would be discussing the topic of whether to require Board-approved supervisors. Advisory Committee members discussed the benefit of having Board-approved supervisors, the benefit of training of supervisors, and the history of this topic in Kansas. It was noted two other professions currently require Board-approved supervisors, the marriage and family therapy profession and the professional counseling profession. Lee Ann Gingery moved to take this topic to the

Board and to continue to discuss this topic as an Advisory Committee. Jane Holzrichter seconded. The motion passed.

VI. New Business

- A. Implementation of SB 453 - Regulatory Language Considerations for LCSW Applicants with no Clinical Practicum.** The Executive Director summarized an amendment made to 2021 HB 2208 which removed language that previously allowed the BSRB to consider applicants for the clinical-level social work license even if those applicants had not obtained a clinical practicum. The method previously used to evaluate those applicants was included in K.A.R. 102-2-12. Following that language being struck from statute in 2021, the BSRB submitted a change to delete the language in corresponding to that authority in regulation. In 2022 SB 453, the Legislature added back the ability for the BSRB to evaluate those applicants, but now that the statute has been enacted, the BSRB will need to submit new regulation language clarifying how to evaluate these applicants. This topic will be discussed by the Advisory Committee members at the next meeting
- B. Temporary Licenses for Graduates of Programs in Candidacy for CSWE Accreditation.** The Executive Director noted the BSRB reviews education for all applicants according to the statutes and regulations. Some applicants received their education from a program accredited by a recognized national accrediting body and others attended a non-accredited program. Applicants from non-accredited programs must meet a separate set of standards in regulations. Currently, the standards for non-accredited programs state that half of an applicant's education must be completed "in residence," which is defined as physically at the school. The accreditation process can take three and half years to complete, so it is possible that students may graduate from a school deemed to be "in candidacy" for accreditation, but those students would receive their education prior to their school becoming accredited. New online schools would be unable to meet the "in residence" standard, so those graduates would not meet the BSRB requirements for licensure, until their programs became accredited. The Executive Director noted that the state of Minnesota provides a temporary license to applicants who graduate from programs that are in candidacy for accreditation, then once those schools become accredited, the students can convert to a permanent license. The Executive Director noted he provided materials on this potential change to the Board, but also wanted to receive comments from the Advisory Committee on this potential change as well. Advisory Committee members expressed support for offering a temporary license for these applicants.
- C. "In Residence" Requirement for Licensure.** The Executive Director noted that most Advisory Committees are considering removing the physical presence requirement from the "in residence" definition for educational requirements, which is included in KAR 102-2-6 for the social work profession. The current "in residence" definition states that the student is at the physical location of the school with the student and one or more core faculty members are in face-to-face contact. The Executive Director noted the physical presence requirement is not consistent with the national accrediting body's standards and when he has spoken to other states, he has found no other state with a similar requirement. Consideration of changes to this regulation will be considered at the next meeting.

D. Social Work Compact. The Executive Director noted a multi-state compact for the social work profession is close to being released in draft form by representatives from the Department of Defense and other parties. It is expected the language will be viewable sometime in July. The Executive Director will provide the draft language to the members of the Advisory Committee when it is available for review.

VII. Special Recognition for Carolyn Szafran. Members of the Advisory Committee and staff of the BSRB thanked Carolyn Szafran for her service to the Board and the Advisory Committee.

VIII. Information on New Social Work Board Member. The Executive Director announced that the Governor has appointed Cynthia Schendel to serve as the new Board member for social work, beginning on July 1, 2022.

IX. Next Meeting. The next meeting of the Advisory Committee will be on Tuesday, August 16, 2022.

VIII. Adjournment. Carolyn Szafran moved to adjourn the meeting. Lee Ann Gingery seconded. The motion passed.

**Summary of Recent Statutory Changes in KSA 65-6306(d)(1)(C)
Relevant to LSCSW Applicants with No Clinical Practicum**

Language of K.S.A. 65-6306(d)(1)(C) that was changed in 2021 HB 2208:

K.S.A. 65-6306(d)(1) The board shall issue a license as a specialist clinical social worker to an applicant who:

...

(C) has completed a graduate level supervised clinical practicum of supervised professional experience including psychotherapy and assessment, integrating diagnosis and treatment of mental disorders with use of the American psychiatric association's diagnostic and statistical manual, ~~with not less than 350 hours of direct client contact~~ **or additional postgraduate supervised experience as determined by the board;**

Language of K.S.A. 65-6306(d)(C) that was changed in 2022 SB 453:

K.S.A. 65-6306(d)(1) The board shall issue a license as a specialist clinical social worker to an applicant who:

...

(C) has completed a graduate level supervised clinical practicum of supervised professional experience, including psychotherapy and assessment, integrating diagnosis and treatment of mental disorders with use of the American psychiatric association's diagnostic and statistical manual **or additional postgraduate supervised experience as determined by the board;**

Select Text From K.A.R. 102-2-12. Licensed Specialist Clinical Social Work Licensure Requirements

The current K.A.R. 102-2-12 (in the process of being struck due to passage of 2021 HB 2208) is included below:

(b) Each applicant for licensure as a specialist clinical social worker who earns a degree on or after July 1, 2003 shall meet the following requirements:

(1) Satisfactory completion of 15 graduate-level credit hours supporting diagnosis or treatment of mental disorders using the diagnostic and statistical manual of mental disorders as specified in K.A.R. 102-2-14. Three of the 15 credit hours shall consist of a discrete academic course whose primary and explicit focus is upon psychopathology and the diagnosis and treatment of mental disorders as classified in the diagnostic and statistical manual of mental disorders. The 15 graduate-level credit hours shall be from a social work program accredited by the council on social work education or a social work program in substantial compliance as prescribed in K.A.R. 102-2-6 and approved by the board; and

(2) completion of one of the following experience requirements:

(A) A graduate-level, supervised clinical practicum of professional experience that includes psychotherapy and assessment. The practicum shall integrate diagnosis and treatment of mental disorders with use of the diagnostic and statistical manual of mental disorders as identified in K.A.R. 102-2-14 and shall include not less than 350 hours of direct client contact; or

(B) postgraduate supervised experience including psychotherapy and assessment. The experience shall integrate diagnosis and treatment of mental disorders with use of the diagnostic and statistical manual of mental disorders, as specified in K.A.R. 102-2-14. The experience shall consist of not less than 700 hours of supervised experience, including not less than 350 hours of direct client contact. This experience shall be in addition to the 4,000 hours of postgraduate, supervised experience required for each licensed specialist clinical social worker, as specified in subsection (c). The applicant shall provide documentation of this postgraduate experience on board-approved forms. The supervision shall comply with K.A.R. 102-2-8 and K.A.R. 102-2-12(c) and shall be in addition to the supervision requirements in K.A.R. 102-2-12(c)(4).

102-2-6. Program approval.

(a) Definitions. The following terms shall be defined as follows:

(1) "Core faculty member" means an individual who is part of the program's teaching staff and who meets the following conditions:

(A) Is an individual whose education, training, and experience are consistent with the individual's role within the program and are consistent with the published description of the goals, philosophy, and educational purpose of the program;

(B) is an individual whose primary professional employment is at the institution in which the program is housed; and

(C) is an individual who is identified with the program and is centrally involved in program development, decision making, and student training as demonstrated by consistent inclusion of the individual's name in public and departmental documents.

(2) "In residence," when used to describe a student, means that the student is present at the physical location of the institution for the purpose of completing coursework during which the student and one or more core faculty members are in face-to-face contact.

(3) "Primary professional employment" means a minimum of 20 hours per week of instruction, research, any other service to the institution in the course of employment, and the related administrative work.

(b) To be recognized and approved by the board, an undergraduate or graduate social work program shall be accredited by the council on social work education or shall be in substantial compliance with all of the following standards:

(1) The program shall have a curriculum plan that has been or will be fully implemented during the current academic year.

(2) The program shall have graduated a class of students or shall graduate a class of students during the current academic year.

(3) The social work program shall meet the following conditions:

(A) Have autonomy with respect to an identified budget and an established governance and administrative structure;

(B) have responsibility for participation in personnel recruitment, retention, promotion, and tenure decisions;

(C) have support staff assigned to the program; and

(D) have other necessary resources and authority required for the achievement of specified program objectives.

(4) The program shall have a field education program that is clearly incorporated as an integral component of the curriculum and the social work degree requirements. The field education program shall engage the student in supervised social work practice and experiential opportunities that apply classroom learning in the field setting.

(5) The program shall have a clear plan for the organization, implementation, and evaluation of the class and field curricula.

(6) The program shall have social work faculty advisors who are sufficiently knowledgeable about the social work program and who are available to advise social work students.

(7) The program's written policies shall make explicit the criteria for evaluation of student academic and field performance.

(8) The program's written policies shall include procedures for the termination of student participation in the professional social work degree program, and each student

shall be informed of these termination procedures.

(9) The social work program shall be contained within a college or university that is regionally accredited.

(10) No less than 50% of the required program coursework shall be completed “in residence” at one institution, and the field education program shall be completed at the same institution.

(c) In addition to the standards in subsection (b) of this regulation, each undergraduate social work program that is not accredited by the council on social work education shall meet all of the following standards:

(1) The program shall specify in the university or college course catalog that its primary educational objective is preparation for beginning professional social work practice.

(2) The program coursework shall be identified and described in the course catalog of the university or college.

(3) The program shall have a designated director whose educational credentials include either a baccalaureate or a graduate degree in social work and who holds a full-time appointment in the educational institution.

(4) Each program faculty member who teaches the content on social work practice and each program faculty member who coordinates the field education program shall fulfill these requirements:

(A) Hold a graduate degree in social work; and

(B) have had two or more years of professional social work practice experience.

(5) The core faculty shall be responsible for essential program functions, including the following duties:

(A) Regular design, modification, approval, implementation, and evaluation of the program curriculum and educational policies;

(B) systematic and continual evaluation of program results in view of the specified objectives of the program;

(C) teaching of social work practice courses and other social work courses;

(D) coordination of field education program experiences and provision of instruction for the field education program; and

(E) establishment and maintenance of program integrity and attainment of program visibility.

(6) The program director shall have primary responsibility for the coordination and educational leadership of the program and shall be provided with the time and financial resources needed to fulfill those responsibilities.

(7) The program shall have a minimum of two full-time, core faculty members whose primary assignment is to the program.

(8) The field education program provided as part of the program shall consist of a minimum of 400 clock hours successfully completed in the field setting. Except as provided by paragraph (b)(3)(ii) of K.A.R. 102-2-2a, each student participating in the field education program shall be directly supervised by an individual either licensed or academically eligible for licensure in social work in the jurisdiction in which the supervised field education program is completed.

(d) In addition to the standards of subsection (b) of this regulation, each graduate social work education program that is not accredited by the council on social work education shall meet all of the following standards:

(1) The program shall be an integral part of an educational institution that is institutionally accredited to award the master's or doctoral degree in social work.

(2) The program shall specify in the university or college course catalog that it prepares graduate students for advanced social work practice.

(3) The educational level for which accreditation has been received shall be specified in any program documents referring to accreditation.

(4) The program shall have a full-time dean or director as its chief executive officer.

(5) The graduate program shall offer, as its basic program design, two full-time academic years of professional education that leads to a graduate degree in social work. A minimum of one academic year of the program shall be in full-time status, as defined by the educational institution.

(6) Each program faculty member who teaches the content on social work practice and each program faculty member who coordinates the field education program shall fulfill these requirements:

(A) Hold a master's degree in social work;

(B) have had post-master's professional social work practice experience; and

(C) be qualified for licensure to practice social work in the state of Kansas.

(7) The program faculty shall have responsibility for curriculum design, modification, approval, and implementation and for systematic, continual evaluation of the program.

(8) The faculty shall be responsible for educational policy in matters of admission, advising, retention, and graduation of students.

(9) The faculty shall be responsible for continual and systematic guidance of students through the professional educational program.

(e) Upon request of the board, each school shall present documentation to the board that it has satisfactorily met the standards of subsection (b) and the standards of either subsection (c) or (d), as applicable.

(Authorized by K.S.A. 2005 Supp. 74-7507; K.S.A. 65-6306; implementing K.S.A. 65-6306; effective May 1, 1982; amended May 1, 1987; amended Oct. 24, 1997; amended Oct. 27, 2006.)

102-1-15. Continuing education.

(a) Each applicant for renewal of licensure shall have earned 50 continuing education hours in the two years preceding an application for renewal. The required number of continuing education hours shall be prorated for periods of renewal that are less than the full two years, using the ratio of one- third of the continuing education hours for each six months since the date of licensure or most recent renewal. Continuing education hours for each type of continuing education activity as specified below in subsection (d) shall be prorated accordingly for those persons whose periods of renewal are less than the full two years. Each person who is licensed within six months of the current expiration period shall be exempt from the continuing education requirement for that person's first renewal period.

(b) The content of each continuing education activity shall be clearly related to the enhancement of psychology practice, values, skills, or knowledge.

(c) During each two-year renewal cycle and as part of the required continuing education hours, each licensed psychologist shall complete at least three continuing education hours of training on professional ethics and at least six continuing education hours related to diagnosis and treatment of mental disorders. These hours shall be obtained from any of the activities specified in paragraphs (d)(1), (d)(2), (d)(4), and (d)(6) of this regulation.

(d) Acceptable continuing education activities, whether taken within the state or outside the state, shall include the following:

(1) Attendance at workshops, seminars, and presentations that are sponsored, accredited, or conducted by educational institutions, professional associations, or private institutions. These activities shall be sponsored, accredited, or conducted by educational institutions, professional associations, or private institutions that are nationally or regionally accredited for training. Activities conducted by agencies, groups, or individuals that do not meet the requirements of national or regional accreditation shall be acceptable, if the content is clearly related to the enhancement of psychology skills, values, and knowledge. Actual contact hours, excluding breaks and lunch, shall be credited. A maximum of 50 continuing education hours shall be allowed;

(2) the first-time preparation and initial presentation of courses, workshops, or other formal training activities, for which a maximum of 15 continuing education hours shall be allowed;

(3) documented completion of a self-study program. A maximum of 12 continuing education hours shall be allowed;

(4) documented completion of a self-study program with a posttest that is conducted by a continuing education provider as described in paragraph (d)(1). A maximum of 40 continuing education hours shall be allowed;

(5) publication and professional presentation. Fifteen continuing education hours may be claimed for the publication or professional presentation of each scientific or professional paper or book chapter authored by the applicant. A maximum of 45 continuing education hours shall be allowed;

(6) completion of an academic course, for which a maximum of 15 continuing education hours shall be allowed for each academic semester credit hour;

(7) providing supervision as defined in K.A.R. 102-1-1, for which a maximum of 15 continuing education hours shall be allowed;

(8) receiving supervision as defined in K.A.R. 102-1-1, except in connection with any disciplinary action, for which a maximum of 15 continuing education hours shall be allowed;

(9) initial preparation for a specialty board examination, for which a maximum of 25 continuing education hours shall be allowed;

(10) participation in quality care, client or patient diagnosis review conferences, treatment utilization reviews, peer review, case consultation with another licensed psychologist, or other quality assurance committees or activities, for which a maximum of 15 continuing education hours shall be allowed;

(11) participation, including holding office, in any professional organization related to the applicant's professional activities, if the organization's activities are clearly related to the enhancement of psychology or mental health practice, values, skills, or knowledge. A maximum of 12 continuing education hours shall be allowed; and

(12) receiving personal psychotherapy that is provided by a licensed or certified mental health provider and is a part of a designated training program. A maximum of 20 continuing education hours shall be allowed.

(e) Each licensed psychologist shall be responsible for maintaining personal continuing education records. Each licensee shall submit to the board the licensee's personal records of participation in continuing education activities if requested by the board.

(f) In determining whether or not a claimed continuing education activity will be allowed, the licensed psychologist may be required by the board to demonstrate that the content was clearly related to psychology or to verify that psychologist's participation in any claimed or reported activity. If a psychologist fails to comply with this requirement, the claimed credit may be disallowed by the board.

(g) Any applicant who submits continuing education documentation that fails to meet the required 50 continuing education hours may request an extension from the board. The request shall include the applicant's reason for requesting an extension and a plan outlining the manner in which the applicant intends to complete the continuing education requirements. For good cause shown, the applicant may be granted an extension, which shall not exceed six months.

(Authorized by and implementing K.S.A. 74-7507; effective May 1, 1984; amended, T-85-35, Dec. 19, 1984; amended May 1, 1985; amended May 1, 1986; amended May 1, 1987; amended July 24, 1989; amended Oct. 27, 2000; amended July 11, 2003.)

Exam Program

November 22, 2021

ASWB's Board of Directors approves initiative to release examination performance data

Tags: Exam development

On November 9, ASWB's Board of Directors unanimously approved a motion to gather, analyze, and release examination performance data. The motion directs ASWB staff and its consultants to develop a plan to implement this important information-sharing initiative.

ASWB anticipates that the new analysis will include performance data broken down by demographic group for our member jurisdictions as well as schools of social work. In this process, we are working with independent psychometric consultants. While we are moving forward as quickly as we can, we are committed to ensuring accurate reporting.

Of the Board vote, ASWB's CEO Dwight Hymans said, "Investing in this review of test-taker-reported data breaks new ground. By making this commitment, the ASWB Board of Directors is contributing to the profession's larger discussion about diversity, equity, and inclusion. We look forward to taking this new step in the association's commitment to participating in conversations around data and social work values."

As ASWB works on this directive from the Board, we are committed to updating membership on our progress in the first quarter of 2022.

Learn more about [ASWB's recent exam initiatives](#).



Association of Social Work Boards

2022 ASWB Exam Pass Rate Analysis

FINAL REPORT

To the social work community:

At the core of the social work profession is the ability to acknowledge and honor individuals, not in isolation, but as part of their families and communities. This work—and the ability of social workers to lead change—is built on the foundation of professional standards, legally defined in regulation, that ensure competent and ethical practice. In this way, social work serves as a light for society. It is only natural that the Association of Social Work Boards remains true to its values by leading change within the profession. ASWB plays a key role in supporting and serving the social work community to advance safe, competent, and ethical practices to strengthen public protection. One important way we do this is by developing and maintaining social work licensing examinations that meet rigorous standards, ensuring that they are relevant and reflective of current social work practice.

Now, as part of our commitment to fair and uniform exams for all, ASWB is offering additional insight for our profession. For the first time, ASWB is sharing an in-depth analysis of pass rate data for the social work licensing exams, based on demographic information self-reported by test-takers. We have invested in gathering and analyzing these data through a collaboration with our partners at Human Resources Research Organization, a psychometric consulting firm. We are publishing the findings as part of the association's commitment to participating in data-driven conversations around diversity, equity, and inclusion.

This report, the *2022 ASWB Exam Pass Rate Analysis*, is an important starting point in a collective process to better help all test-takers be equally prepared for success on the examinations. By establishing a baseline, these data will enable a conversation about how the profession collectively gets from where we are now to where we want to be. In this new analysis, we observe that pass rates for some demographic groups are lower than for others, highlighting the need to identify potential steps that ASWB can take to address these differences while adhering to the public protection mandate that guides its mission.

ASWB continues to refine its exam development processes and is taking actions that will enhance its already validated examination program, including:

- Continuing to evaluate all aspects of the licensing exam development process, beginning with an in-depth review of item generation, and then implementing a comprehensive, user-centered investigation of test-takers' experiences
- Offering a collection of free resources designed for social work educators to help them understand the exams and candidate performance so they can better prepare their students for the exams and to increase access to exam resources
- Bringing a greater diversity of voices into the exam creation process through the Social Work Workforce Coalition
- Hosting community input sessions to expand the range of perspectives involved in the creation of the next iteration of the exams
- Launching the Social Work Census, an in-depth survey of social workers, to better understand who today's social work practitioners are and what they do

These actions, like this report, represent initial steps that reflect social work values and uphold ASWB's mission to protect the public from harm. The association looks forward to supporting all test-takers in their journey toward licensure and remains committed to serving its member boards by

investing in identifying and enhancing opportunities for social workers to obtain and maintain licensure.

We invite all interested members of the profession to join ASWB on this journey. It is in the power of our collective action that meaningful change can truly take hold.

In partnership,



Roxroy A. Reid, MSW, Ph.D., LCSW
President



Stacey Hardy-Chandler, Ph.D., J.D., LCSW
Chief Executive Officer

August 2022

ASWB Exam Pass Rate Analysis

FINAL REPORT

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INTRODUCTION



INTRODUCTION

Founded in 1979, the Association of Social Work Boards is the nonprofit organization composed of the social work regulatory boards and colleges of all 50 U.S. states, the District of Columbia, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, and all 10 Canadian provinces. ASWB provides support and services to the social work regulatory community to advance safe, competent, and ethical practices to strengthen public protection. As a part of that work, ASWB develops and maintains the social work licensing examinations that are used to test a social worker's competence to practice ethically and safely. In 2021, ASWB administered 66,982 exams to licensure applicants at test centers worldwide.

Regulatory boards and colleges use the exam, along with requirements such as a degree from an accredited social work educational program and supervised experience, to help make licensing decisions. ASWB has processes in place to ensure the exams remain relevant and reflective of current social work practice and follow industry standards for validity and reliability.

On November 9, 2021, ASWB's Board of Directors made the decision to gather, analyze, and release performance data for its examinations as part of an effort to integrate data equity principles into ASWB's work. These principles include providing access to the data found in this report, ensuring reporting is clear and accessible, and working to include more stakeholder voices in future data collection.

The Board's decision also reflects a desire to contribute to the larger conversation about diversity, equity, and inclusion. This report serves as a preliminary step in informing potential actions that ASWB and the social work community can take to address differences in pass rates for different groups while still adhering to the public protection mandate that guides ASWB's mission.

The *2022 Analysis of ASWB Examination Pass Rates: Final Report* is organized into three major sections:

- **Methodology** details the methods, procedures, and decision criteria that the independent team of researchers and psychometricians at Human Resources Research Organization (HumRRO) used to organize and analyze ASWB's exam performance data.
- **Findings** presents data on the population and performance of test-takers from each of the five exams ASWB administers—Clinical, Masters, Bachelors, Associate, and Advanced Generalist. Refer to Appendix A for more on how each exam category is defined. These data reflect both aggregate counts and pass rates, as well as counts and pass rates broken out by demographic group.
- **Discussion** summarizes inferences suggested by the findings across all exams. It discusses their impact on the profession and how they inform potential future initiatives and research.

METHODOLOGY



METHODOLOGY

This report includes findings from the analysis of test-taker performance data across ASWB's five exams (Clinical, Masters, Bachelors, Associate, and Advanced Generalist) administered between 2011 and 2021, with a particular focus on two time periods: 2011 to 2021 and 2018 to 2021.

By reviewing exam participation and pass rates between 2011 and 2021, the report provides an approximately 10-year period to evaluate changes across time. This metric captures the number of test-takers who have passed the exam between 2011 and 2012 and establishes a robust baseline for comparison to data in future reports.

Data are also presented for the four-year period from 2018 to 2021 to correspond with the current exam blueprint. This blueprint is based on the examination content outlines developed through a survey of the profession as reported in the *2017 Analysis of the Practice of Social Work*. The introduction of a new exam blueprint can result in slight changes to exam content. Focusing on test-takers between 2018 and 2021 allows for more direct comparisons across similar testing experiences.

Data formatting and analysis

Several preparatory steps were conducted before beginning the analyses. First, raw data for all the exams needed to be converted into a usable format. Before processing, raw data were organized by exam administration and therefore included multiple administration instances for some test-takers (i.e., test-takers who had attempted an exam more than once were present multiple times within the same dataset). To address this, analysts developed indicators in the dataset for each test-taker's first attempt, last attempt within a year, and most recent attempt over the 10-year period so that each test-taker was counted only once in the analysis.

Second, it was necessary to identify and define the focal variables for categorizing test-takers for the purposes of analysis. Focal variables, in this context, largely refer to demographic characteristics such as gender, race/ethnicity, age, and primary language. These variables also include other indicators, such as the state or province where test-takers were approved to take the exam and the school from which test-takers earned a social work degree (Note: State/Province and school analyses are available at aswb.org and are not included as part of this report.) When computing rates for demographic groups, individuals were aggregated based on their self-reported demographic information. For some categories, the decision was made to combine subgroups that have traditionally been grouped for analytical purposes and to ensure a sufficient sample size for reporting purposes. For example, test-takers who reported "Puerto Rican" as their race/ethnicity were included as part of the "Hispanic/Latino" group for analyses. Test-taker age was another variable that had to be defined and computed; this was achieved by subtracting test-takers' birth year from their exam administration year.

Once all focal variables were defined and incorporated into the datasets, participation counts and pass rates could be computed for each exam. In general, participation counts were computed by obtaining frequencies of administrations, whereas pass rates were computed by obtaining the pass-fail status for each test-taker by administration. The participation counts and pass rates were calculated for subsets of the data by constraining the data based on (a) the exam attempt indicators previously created and (b) exam year. This way, an individual test-taker would be counted only once when computing each statistic.

Participation counts and pass rates for the various demographic groups were calculated by filtering the data according to the focal variable(s) of interest. For instance, when computing the pass rates for different race/ethnicity categories, the data were first filtered by exam attempt (i.e., first-time vs. repeat) and year or time period, where applicable, and then organized according to the test-takers' race/ethnicity category. The resultant pass rate reflects the percentage of those test-takers within each group who passed the exam the first time they took it or who eventually passed the exam during the target time period.

When computing participation counts and pass rates for intersecting demographic groups (race/ethnicity by gender and race/ethnicity by age), data were first separated by race/ethnicity and then counts and pass rates were computed for either gender or age within each race/ethnicity category.

Participant counts

Two types of participant counts were calculated for this report. Each type of participant count is described in greater detail below:

- **First-time** participation counts reflect the number of test-takers who took an exam for the first time during the target time period regardless of whether they passed the exam. Every test-taker is accounted for only once in the dataset and only for the first exam attempt.
- **Eventual** participant counts reflect the number of test-takers who took the exam over a target time period, but takes into account only test-takers' most recent attempt within that period. For example, a test-taker may have taken the exam multiple times between 2018 and 2021, with the final attempt occurring in 2021. Only the most recent attempt in 2021, however, would be included in the eventual count for the time period between 2018 and 2021. This number reflects the number of test-takers who took the exam, not the number of examinations administered.

Pass rates

Two types of pass rates were calculated for this report. Each type of pass rate is described in greater detail below:

- **First-time** pass rates reflect the percentage of test-takers who took an exam for the first time during the target time period and passed the exam.
- **Eventual** pass rates reflect the percentage of test-takers, both repeat and first-time, who tested during the target time period and eventually passed the exam. For those test-takers who took the exam more than once during the target time period (i.e., repeat test-takers), only the most recent attempt is included in the analysis. For example, a test-taker may have taken the exam multiple times between 2018 and 2021, eventually passing in 2021. Only the most recent attempt in 2021, however, would be included in the calculation of the eventual pass rate for the time period between 2018 and 2021.

Additional considerations

There are additional considerations that are important to note here before proceeding to a presentation of the findings. First, despite two types of outcomes being computed for the purposes of this report (i.e., first-time and eventual), more emphasis will be placed on the presentation of first-time participant counts and pass rates than eventual counts and pass rates. This decision was guided by the fact that findings corresponding with test-takers' first attempts, despite being lower overall for all groups, reflect the most methodologically "clean" data. This, in turn, allows for the most equivalent comparisons across groups because every test-taker in the dataset, regardless of how many exam attempts, attempted an exam at least once. In contrast, the analyses for eventual counts and pass rates are more methodologically "noisy" because of their inclusion of test-takers' "most recent attempt," which can vary widely from test-taker to test-taker. Thus, findings related to counts and pass rates for these types of outcomes are likely to be influenced not only by variation in the number of times test-takers may have attempted an exam, but also by extraneous factors (e.g., practice effects, changes in mood/anxiety with repeated attempts, increases in length of time since graduation), which can accumulate over repeated attempts and affect performance in non-systematic ways. Eventual counts and pass rates are still helpful in that they highlight how many individuals eventually pass the exam regardless of number of attempts. For making the most direct comparisons, however, particularly with respect to how demographic groups are performing on the exam, findings related to test-takers' first attempts are easier to interpret. The exception to this is findings for the Associate and Advanced Generalist exams, which will largely focus on eventual pass rates because of the low sample sizes for those exams.

Second, when interpreting the findings presented in this report, it is important to keep in mind the limitations of the available data. The demographic variables depicted in the findings are based on self-reporting and limited by the response options available to each test-taker at the time of exam administration. The options may not reflect the various ways that individuals identify and describe themselves. This is particularly the case for categories related to gender and race/ethnicity. While some categories currently include response options that allow the test-taker to fill in a response, these options were introduced more recently into registration forms and were therefore not consistently available to all test-takers during the target time periods. One demographic variable reported by test-takers is primary language, which they indicate when registering for the exam. The social work licensing exams are currently offered only in English. Some jurisdictions allow special arrangements for test-takers who indicate that English is not their primary language; these may include extra time on the exam and the use of one or two dictionaries. The findings reported are based on self-reporting of primary language, however, not on the use of special arrangements.

Finally, the current dataset reflects low sample sizes associated with some demographic groups, such as test-takers from historically marginalized racial/ethnic communities (e.g., Native American/Indigenous peoples), test-takers in higher age categories, and test-takers whose primary language is not English. Small samples were also an issue for the Advanced Generalist and Associate exams regardless of demographic group. Although sample sizes are included for all reported findings to help inform and guide comparisons, it is recommended that findings for groups with small sample sizes (less than 50 test-takers) be interpreted with caution. To protect the privacy of individual test-takers, findings are not reported for samples where the number of test-takers is less than 10.

INTERPRETING FIGURES



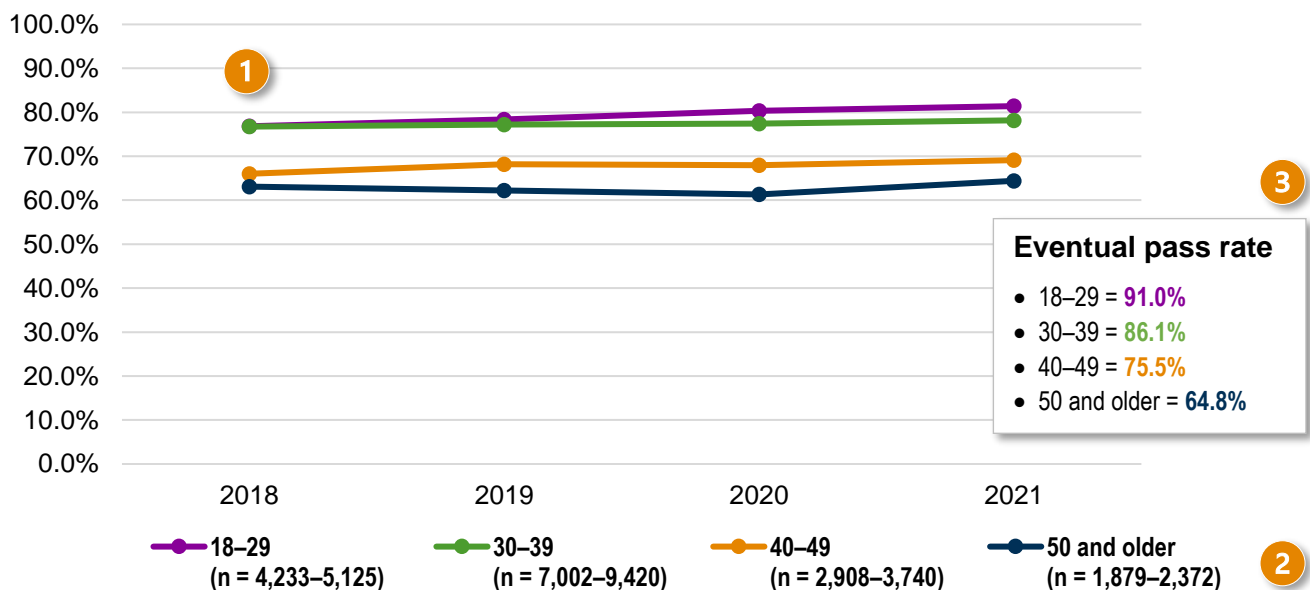
INTERPRETING FIGURES

To help guide readers in interpreting the figures presented in this report, examples are provided below.

Line graphs

In this report, line graphs are used to depict trends in pass rates across time, either from 2011 to 2021 or from 2018 to 2021, depending on the exam. Several pieces of information are incorporated into each line graph, designated here by a number in an orange circle.

Figure A. 2018–2021 Clinical exam first-time pass rates by year and eventual pass rates by age

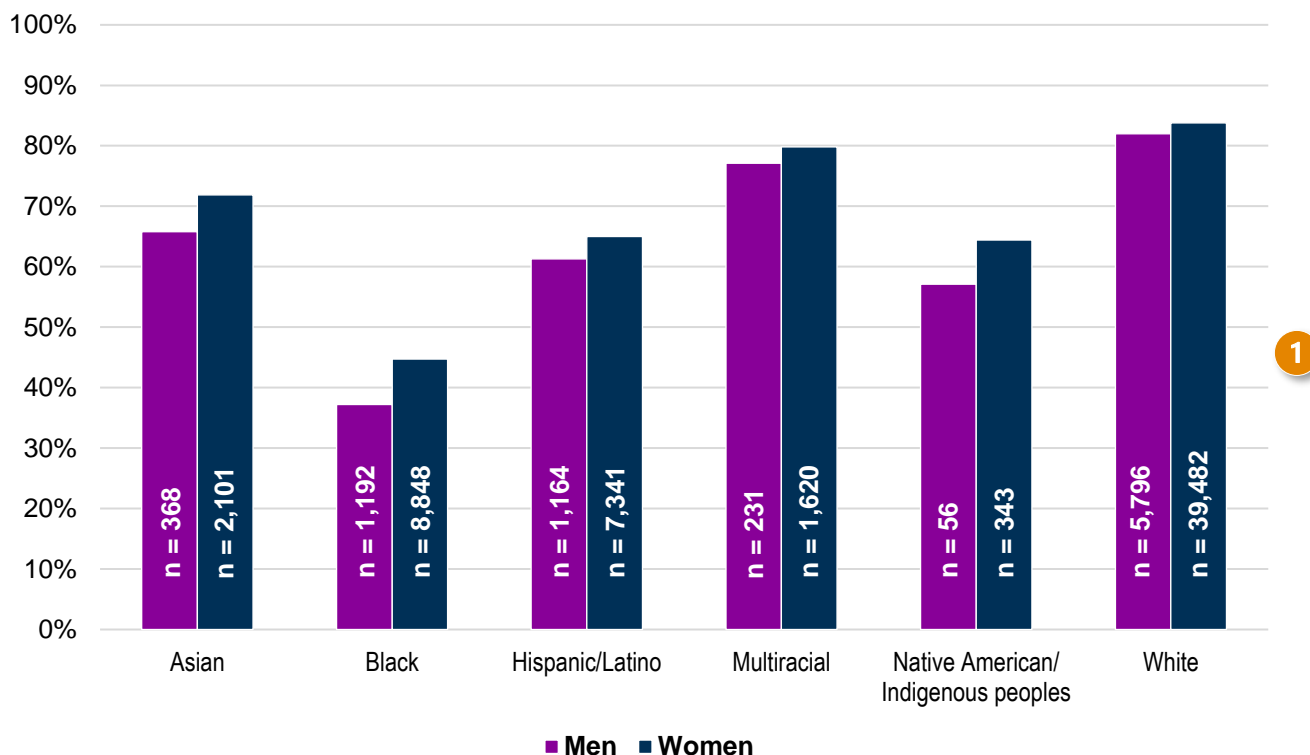


- 1 First-time pass rates** are reported on a year-by-year basis for the target time period using individual lines to represent different demographic subgroups. The lines are presented to reflect longitudinal trends over the target time period. First-time pass rates by year, where applicable, are provided in supplementary tables in the appendices.
- 2 The legend** provides information about which demographic subgroups are represented in the graph. Alongside each subgroup is a range, which reflects the number of test-takers from each subgroup who took the exam during the target time period. For example, "n=4,233–5,125" below "18–29" means that the annual number of first-time test-takers in that age category between 2018 and 2021 ranged from 4,233 to 5,125. These ranges are given to provide context for interpreting the graph, particularly in cases where the sample sizes are low, which could show more volatility in longitudinal trends.
- 3 Eventual pass rates** are reported for test-takers in a call-out box to the right of the graph. These pass rates reflect the most recent exam attempt by test-takers over the target time period. In the example above, an eventual pass rate of 91 percent for test-takers in the 18–29 age category means that, for test-takers in that age category who took the exam between 2018 and 2021, 91 percent eventually passed the exam. This includes both first-time and repeat test-takers.

Bar charts

In this report, bar charts are used to depict aggregated pass rates within a target time period. Pass rates featured in bar charts may reflect either first-time or eventual pass rates and are aggregated from either 2011 to 2021 or 2018 to 2021, depending on the sample size of the test-taker population. Eventual pass rates and 10-year aggregates are typically reported when test-taker populations are small. Bar charts are also used to report on intersectional findings. Refer to the figure title to determine which pass rate and target time period are being reported.

Figure B. 2018–2021 Clinical exam first-time pass rates by race/ethnicity and gender



- 1** Bar charts feature the sample size of each demographic subgroup superimposed on the bars themselves. These sample sizes reflect the total number of test-takers who took the exam within the target time period. These samples could reflect either the total number of first-time test-takers within a target time period or the total number of eventual test-takers (i.e., first-time and repeat) within a target time period. Refer to the figure title to determine which sample is being referenced in the chart.

CLINICAL EXAM FINDINGS



CLINICAL EXAM FINDINGS

Test-taker population

Test-taker population overall

Between 2011 and 2021, the number of Clinical exam first-time test-takers has steadily increased from 9,100 test-takers in 2011 to 20,657 test-takers in 2021 (a 127 percent increase). The slight drop in the number of test-takers in 2020 to 16,801 was likely caused by the start of the COVID-19 pandemic and associated restrictions that reduced capacity in testing centers to accommodate social distancing.

Table 1. 2011–2021 number of Clinical exam first-time test-takers

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Total test-takers	9,100	9,604	10,879	12,217	13,044	14,007	16,095	16,022	17,207	16,801	20,657

Test-taker population by race/ethnicity

From 2011 to 2021, white test-takers made up the largest proportion of Clinical exam first-time test-takers, comprising approximately 75 percent in 2011, but decreasing to 63 percent by 2021.

This decrease in the proportion of white first-time test-takers corresponded with an increase in the overall proportion of first-time test-takers from historically marginalized communities, which grew from 20.6 percent in 2011 to 34.5 percent in 2021. (Note: For the purposes of this report, “historically marginalized communities” includes test-takers who reported their race/ethnicity as Asian, Black, Hispanic/Latino, multiracial, and Native American/Indigenous peoples.) The largest increase in the proportion of first-time test-takers was observed for Hispanic/Latino test-takers, which grew 8 percent from 2011 to 2021.

Table 2. 2011–2021 number of Clinical exam first-time test-takers by race/ethnicity

Race/ Ethnicity	In 2011	Proportion of test- takers	In 2021	Proportion of test- takers	Total 2011– 2021	Proportion increase/ decrease 2011–2021
Asian	162	2%	768	4%	4,805	+2%
Black	1,079	12%	2,932	14%	20,858	+2%
Hispanic/Latino	466	5%	2,726	13%	14,988	+8%
Multiracial	119	1%	576	3%	3,423	+2%
Native American/ Indigenous peoples	57	1%	115	1%	911	0%
White	6,855	75%	12,977	63%	105,758	-12%
Total	9,100	--	20,657	--	155,633	--

Note. Percentages may not total 100 percent because test-takers who selected options such as Prefer not to say or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response options available on the exam registration forms and will continue to evaluate these options to ensure test-takers may accurately respond.

Test-taker population by gender

The number of individuals taking the Clinical exam more than doubled from 2011 to 2021, but the proportion of men and women taking the exam remained approximately the same, with women making up a larger proportion (87 percent) compared to men (13 percent).

Table 3. 2011–2021 number of Clinical exam first-time test-takers by gender

Gender	In 2011	Proportion of test-takers	In 2021	Proportion of test-takers	Total 2011–2021	Proportion increase/decrease 2011–2021
Men	1,212	13%	2,618	13%	20,586	0%
Women	7,888	87%	18,007	87%	134,969	0%
Total	9,100	--	20,657	--	155,633	--

Note. Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response options available on the exam registration forms and will continue to evaluate these options to ensure test-takers may accurately respond.

Pass rates

The sections that follow provide findings related to first-time and eventual pass rates for individuals taking the Clinical exam. Figures show first-time pass rate trends, as well as eventual pass rates aggregated over the target time period. Refer to Methodology for more information on the distinction between first-time and eventual pass rates.

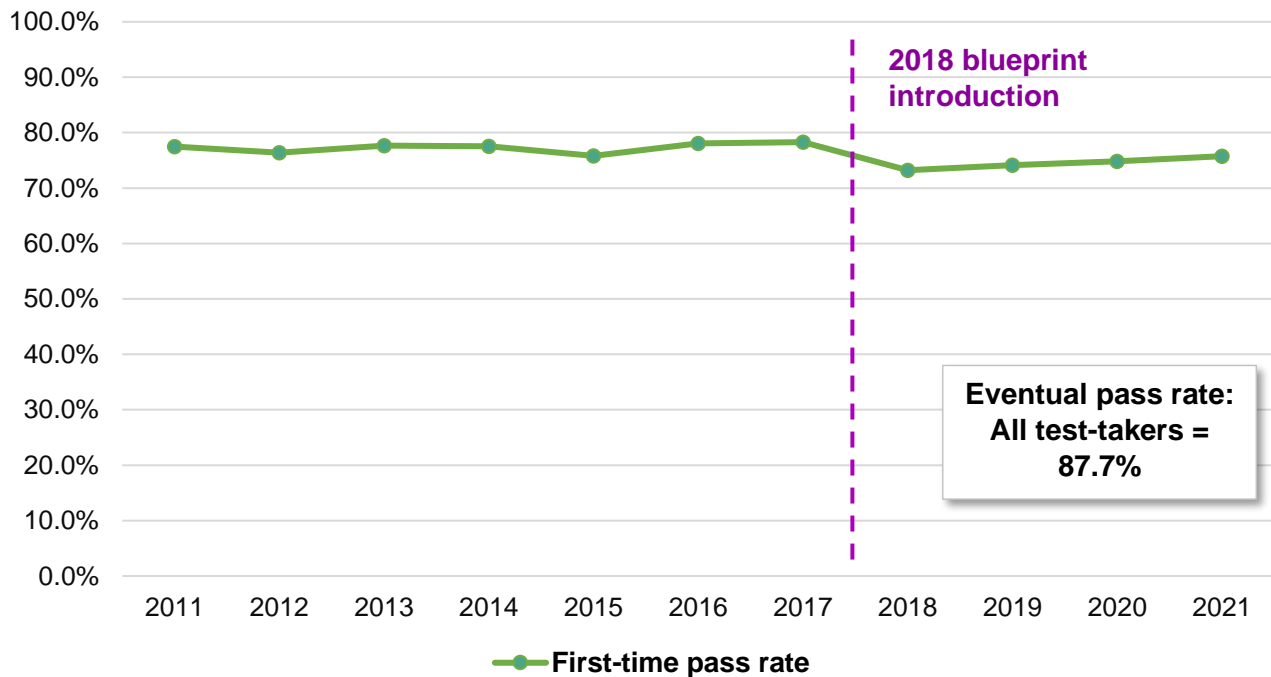
First-time pass rate numbers by year are not reported in the figures below but can be found in Appendix B.

First-time and eventual pass rates

From 2011 to 2021, most test-takers (76.1 percent) passed the Clinical exam on their first attempt. Refer to Table B1 in Appendix B for first-time pass rate numbers by year. When taking into account the number of test-takers who passed the exam regardless of whether it was their first or a subsequent attempt (i.e., eventual pass rate), even more test-takers (87.7 percent) passed the Clinical exam during this time period.

First-time pass rates decreased slightly (~5 percent) between 2017 and 2018. This decrease most likely occurred because of the introduction of a new exam blueprint. Refer to Methodology for more information on exam blueprints.

Figure 1. 2011–2021 Clinical exam first-time pass rates by year and eventual pass rate



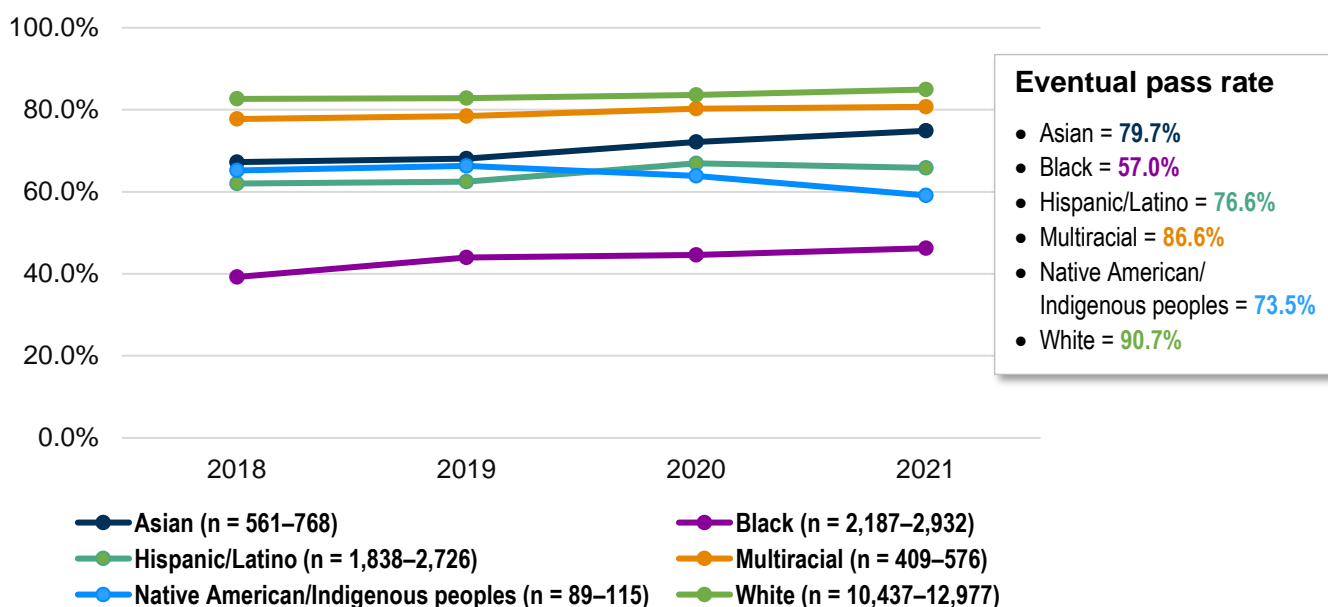
Pass rates by race/ethnicity

When considering the Clinical exam performance of test-takers by race/ethnicity, first-time pass rates have historically been highest for white test-takers, averaging 83.9 percent during the 2018–2021 time period, followed by multiracial (79.9 percent), Asian (72 percent), Hispanic/Latino (65.1 percent), Native American/Indigenous peoples (62.9 percent), and Black (45 percent) test-takers. Refer to Table B2 in Appendix B for first-time pass rate numbers by year. Eventual pass rates were higher overall across all race/ethnicity groups but demonstrated the same pattern as described for first-time pass rates.

By comparison, first-time pass rates for white test-takers have remained relatively stable during the four-year period, increasing 2.3 percent between 2018 and 2021. Black test-takers displayed some of the most significant growth in first-time pass rates, increasing 7 percent from 2018 to 2021. Asian test-takers also demonstrated a substantial increase (7.6 percent) in pass rates during this same time period; however, the number of Asian test-takers was notably smaller than the number of Black test-takers, so comparisons between these two groups may be difficult. Pass rates grew slightly for Hispanic/Latino and multiracial test-takers between 2018 and 2021, increasing by approximately 4 percent and 3 percent respectively.

Native American/Indigenous peoples test-takers showed a decrease of 6 percent in first-time pass rates between 2018 and 2021. This finding should be interpreted with caution because the relatively small sample size of this population may reflect more variation in pass rates from year to year compared to groups with larger sample sizes.

Figure 2. 2018–2021 Clinical exam first-time pass rates by year and eventual pass rates by race/ethnicity

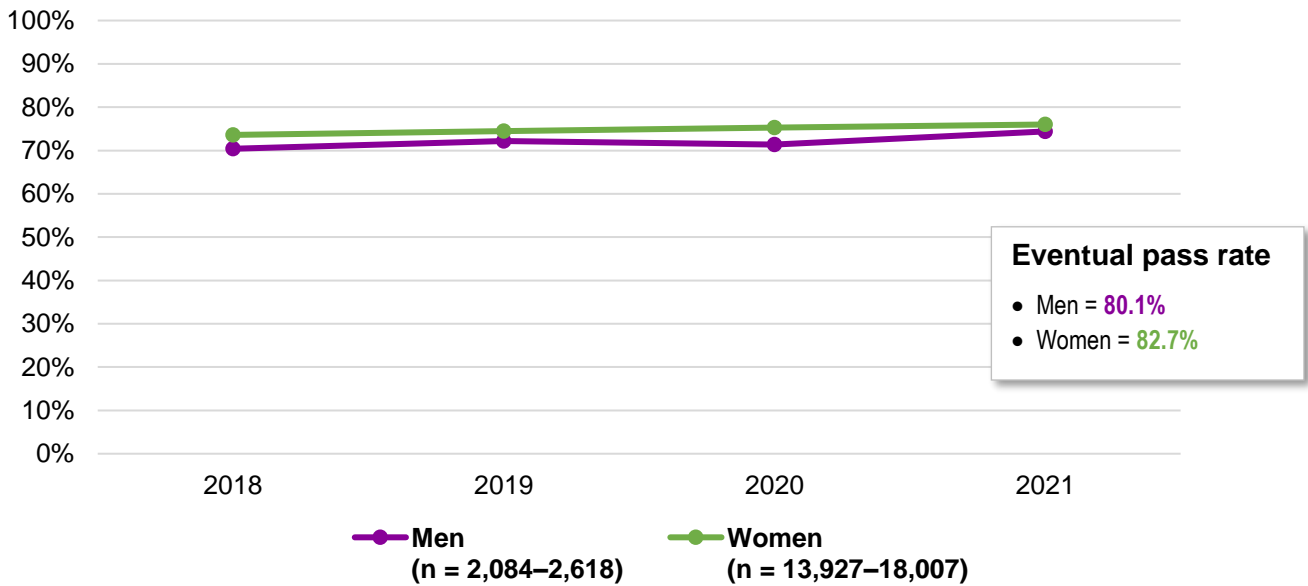


Note. Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response options available on the exam registration forms and will continue to evaluate these options to ensure test-takers may accurately respond.

Pass rates by gender

Reviewing Clinical exam performance by gender, pass rates were slightly higher for women than for men. This was the case for each year from 2018 to 2021, as well as when averaging across the four-year time period, for which the first-time pass rate was 75.3 percent for women and 72.8 percent for men. Refer to Table B3 in Appendix B for first-time pass rate numbers by year. Eventual pass rates were higher overall for both women and men but demonstrated the same pattern as described for first-time pass rates.

Figure 3. 2018–2021 Clinical exam first-time pass rates by year and eventual pass rates by gender

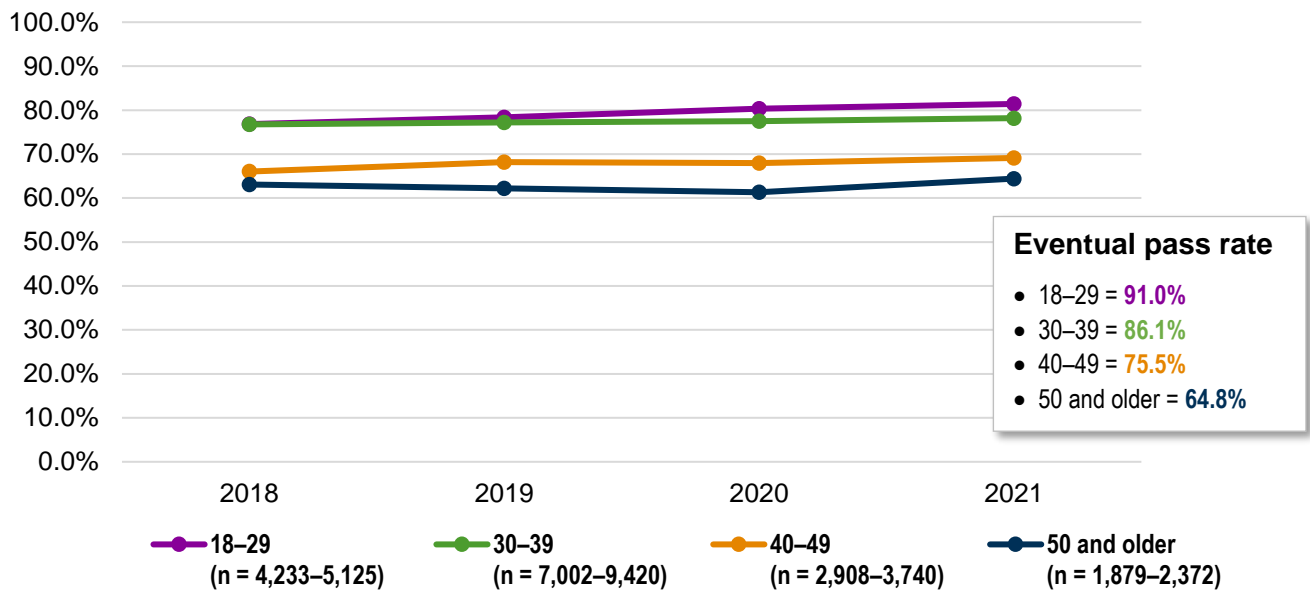


Note. Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response options available on the exam registration forms and will continue to evaluate these options to ensure test-takers may accurately respond.

Pass rates by age

Reviewing Clinical exam performance by age, pass rates were higher for test-takers in lower age categories than for higher age categories. Averaging across 2018 to 2021, the first-time pass rate was 80.1 percent for test-takers between the ages of 18 and 29, 77.7 percent for those between the ages of 30 and 39, 68.5 percent for those between the ages of 40 and 49, and 62.8 percent for those 50 years and older. Refer to Table B4 in Appendix B for first-time pass rate numbers by year. Eventual pass rates were higher across all age categories but demonstrated the same pattern as described for first-time pass rates.

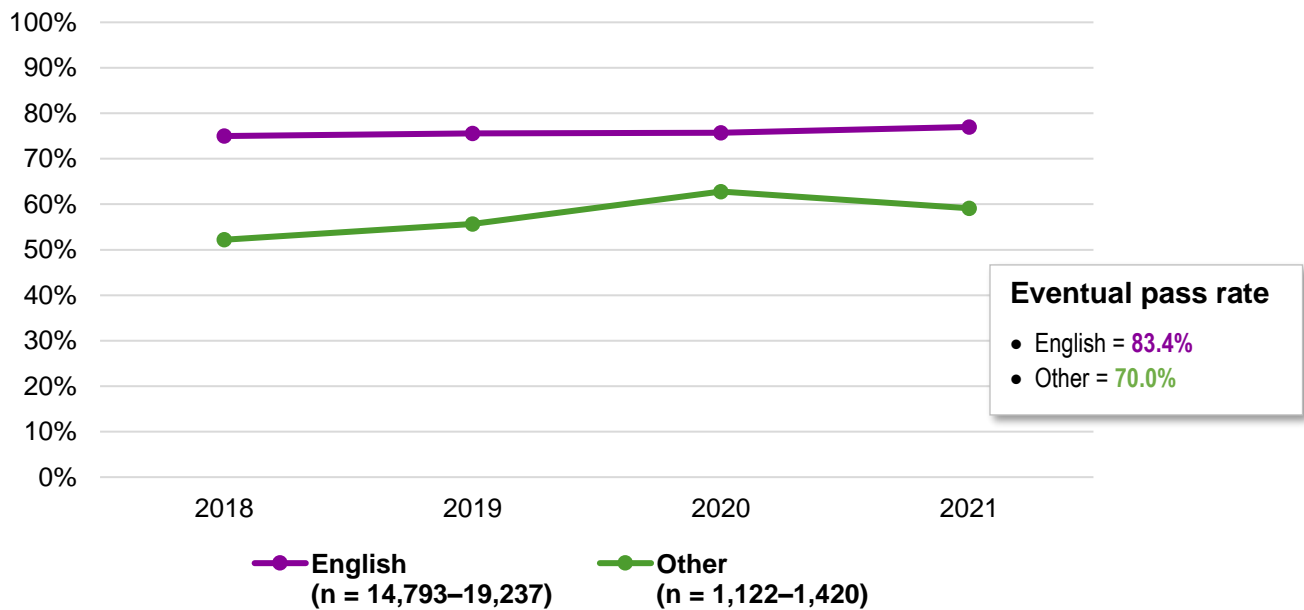
Figure 4. 2018–2021 Clinical exam first-time pass rates by year and eventual pass rates by age



Pass rates by primary language

Reviewing Clinical exam performance by primary language, pass rates were higher for test-takers who indicated their primary language was English than for those who indicated their primary language was not English. This trend was observed for first-time pass rates by individual year from 2018 to 2021, and over the four-year time period, in which the first-time pass rate was 76.2 percent for test-takers whose primary language was English and 59.1 percent for those whose primary language was not English. Refer to Table B5 in Appendix B for first-time pass rate numbers by year. Eventual pass rates were higher overall for both groups of test-takers but demonstrated the same pattern as described for first-time pass rates.

Figure 5. 2018–2021 Clinical exam first-time pass rates by year and eventual pass rates by primary language

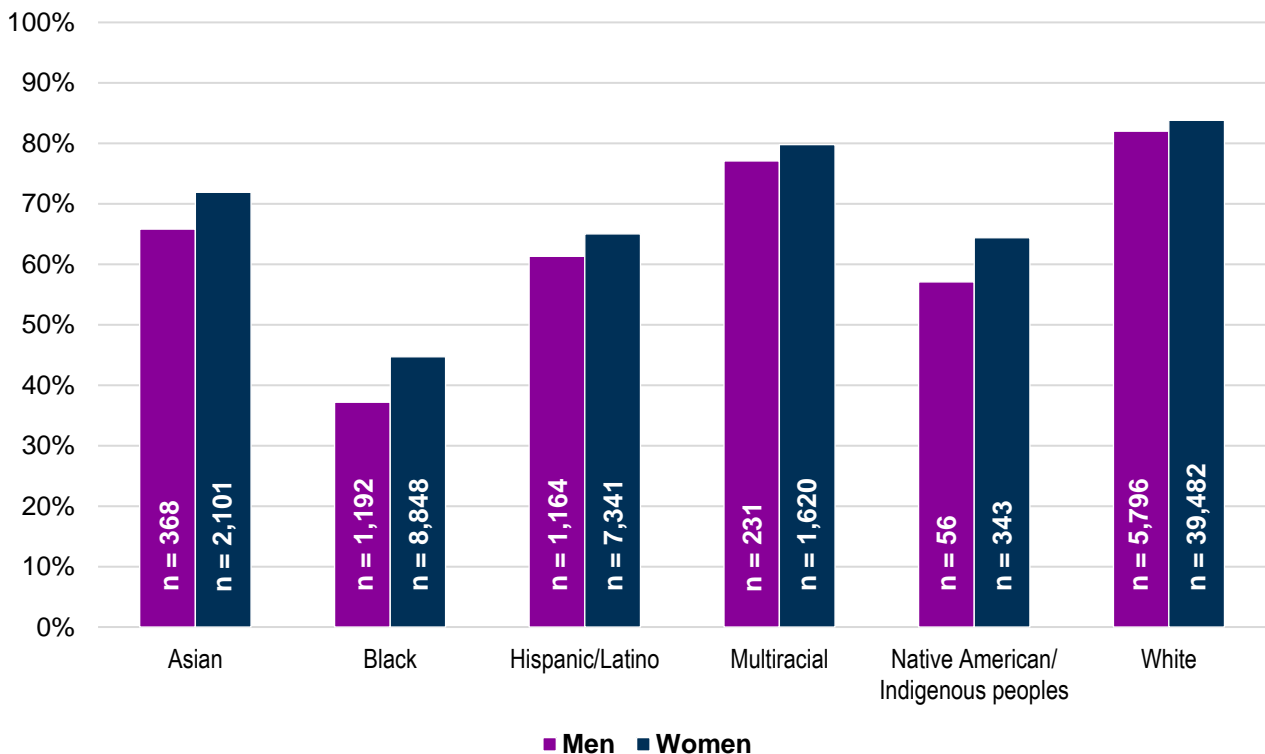


Pass rates by race/ethnicity and gender

Across all race/ethnicity subgroups, women had slightly higher first-time pass rates on the Clinical exam than men. Averaging across 2018 to 2021, the smallest difference in first-time pass rates between genders was observed for white test-takers (1.8 percent). The largest gender differences were observed for Black, Native American/Indigenous peoples, and Asian test-takers, with first-time pass rates for female test-takers being 7.5, 7.3, and 6.1 percent higher, respectively, than the first-time pass rates for male test-takers.

Overall, the patterns observed across gender and race/ethnicity were consistent with the general race/ethnicity findings for first-time pass rates on the Clinical exam, with the highest pass rates occurring for white test-takers and the lowest occurring for Black test-takers regardless of gender. Refer to Table B6 in Appendix B for first-time pass rate numbers by year.

Figure 6. 2018–2021 Clinical exam first-time pass rates by race/ethnicity and gender



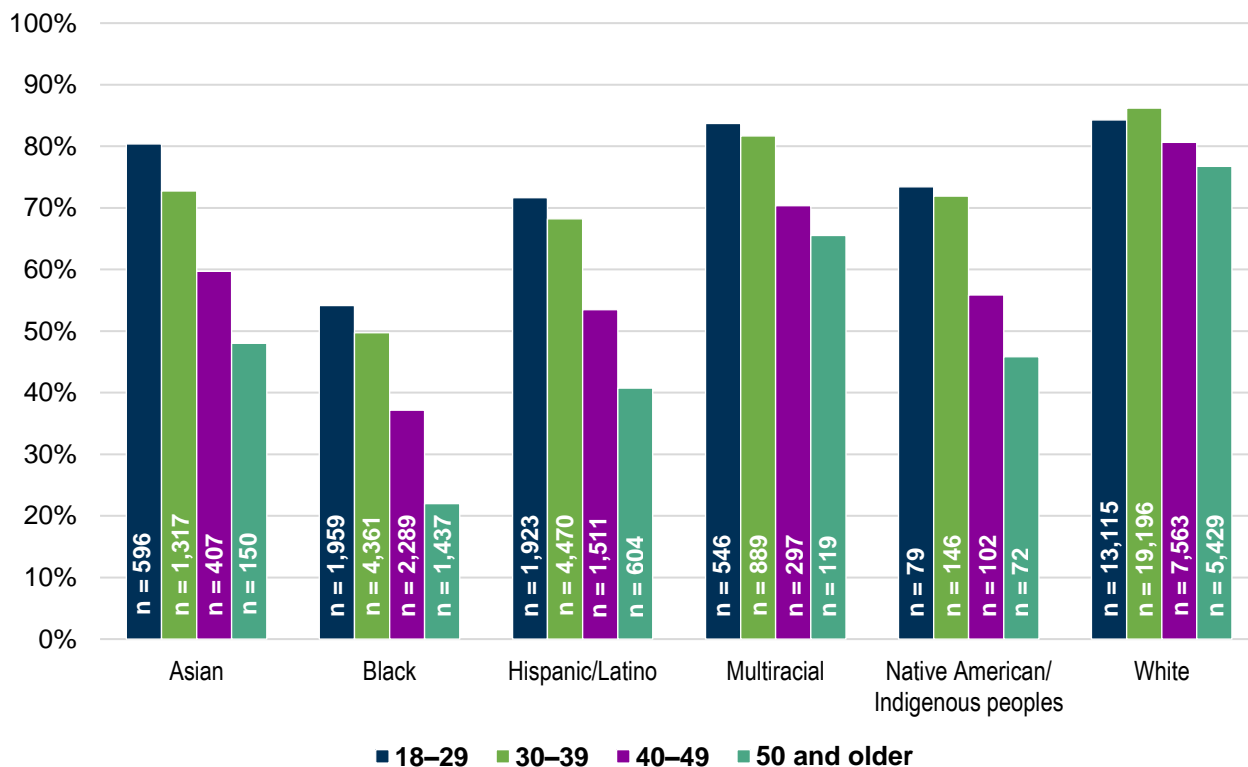
Note. Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response options available on the exam registration forms and will continue to evaluate these options to ensure test-takers may accurately respond.

Pass rates by race/ethnicity and age

Across most race/ethnicity subgroups, test-takers in the youngest age category (18 to 29 years old) had the highest first-time pass rates on the Clinical exam compared to test-takers in other age categories. The exception to this trend was for white test-takers between 30 and 39 years old; this group had a higher first-time pass rate (86.2 percent) than white test-takers in other age categories.

Within race/ethnicity subgroups, first-time pass rates mostly decreased as age categories increased, with the largest differences among age categories consistently occurring between test-takers who were 18 to 29 years old and test-takers who were 50 years and older. Refer to Table B7 in Appendix B for first-time pass rate numbers by year. The smallest difference in first-time pass rates between these two age categories was observed for white test-takers (7.5 percent), while the largest differences between these categories were observed for Asian (32.4 percent) and Black test-takers (32.2 percent).

Figure 7. 2018–2021 Clinical exam first-time pass rates by race/ethnicity and age



Note. Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response options available on the exam registration forms and will continue to evaluate these options to ensure test-takers may accurately respond.

MASTERS EXAM FINDINGS



MASTERS EXAM FINDINGS

Test-taker population

Test-taker population overall

Between 2011 and 2021, the number of Masters exam first-time test-takers has steadily increased from 11,260 in 2011 to 21,650 in 2021 (a 92 percent increase). The slight drop in the number of test-takers in 2020 to 16,716 was likely caused by the start of the COVID-19 pandemic and associated restrictions that reduced capacity in testing centers to accommodate social distancing.

Table 4. 2011–2021 number of Masters exam first-time test-takers

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Total test-takers	11,260	12,732	13,110	14,184	15,214	15,496	16,884	16,812	18,231	16,716	21,650

Test-taker population by race/ethnicity

From 2011 to 2021, white test-takers made up largest proportion of Masters exam first-time test-takers, comprising approximately 69 percent in 2011, but decreasing to 57 percent by 2021.

This decrease in the proportion of white first-time test-takers corresponded with an increase in the overall proportion of first-time test-takers from historically marginalized communities, which grew from 27.4 percent in 2011 to 39.1 percent in 2021. (Note: For the purposes of this report, “historically marginalized communities” includes test-takers who reported their race/ethnicity as Asian, Black, Hispanic/Latino, multiracial, and Native American/Indigenous peoples.) The largest increase in the proportion of first-time test-takers was observed for Hispanic/Latino test-takers, which grew 6 percent from 2011 to 2021.

Table 5. 2011–2021 number of Masters exam first-time test-takers by race/ethnicity

Race/ Ethnicity	In 2011	Proportion of test- takers	In 2021	Proportion of test- takers	Total 2011– 2021	Proportion increase/ decrease 2011–2021
Asian	351	3%	754	3%	5,510	0%
Black	1,686	15%	4,225	20%	30,646	+5%
Hispanic/Latino	782	7%	2,752	13%	17,093	+6%
Multiracial	202	2%	585	3%	3,959	+1%
Native American/ Indigenous peoples	66	1%	136	1%	947	0%
White	7,747	69%	12,423	57%	108,550	-12%
Total	11,260	--	21,650	--	172,289	--

Note. Percentages may not total 100 percent because test-takers who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response options available on the exam registration forms and will continue to evaluate these options to ensure test-takers may accurately respond.

Test-taker population by gender

The number of individuals taking the Masters exam approximately doubled from 2011 to 2021, but the proportion of men and women taking the exam remained relatively the same, with women comprising 87.5 percent and men 12.5 percent.

Table 6. 2011–2021 number of Masters exam first-time test-takers by gender

Gender	In 2011	Proportion of test-takers	In 2021	Proportion of test-takers	Total 2011–2021	Proportion increase/decrease 2011–2021
Men	1,448	13%	2,593	12%	21,604	-1%
Women	9,809	87%	19,040	88%	150,613	+1%
Total	11,260	--	21,650	--	172,289	--

Note. Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response options available on the exam registration forms and will continue to evaluate these options to ensure test-takers may accurately respond.

Pass rates

The sections that follow provide findings for first-time and eventual pass rates for individuals taking the Masters exam. Figures provide information related to first-time pass rate trends, as well as eventual pass rates aggregated over the target time period. Refer to Methodology for more information on the distinction between first-time and eventual pass rates.

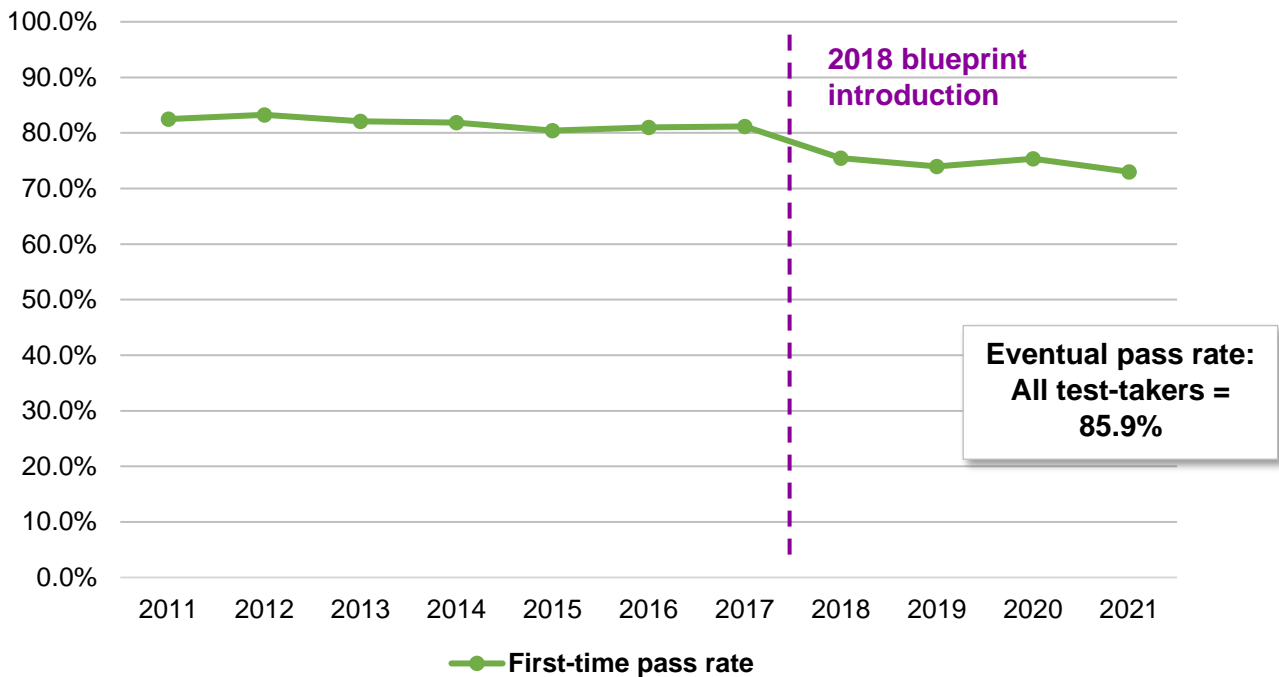
First-time pass rate numbers by year are not reported in the figures below but can be found in Appendix C.

First-time and eventual pass rates

From 2011 to 2021, most test-takers (78.5 percent) passed the Masters exam on their first attempt. Refer to Table C1 in Appendix C for first-time pass rate numbers by year. When taking into account the number of test-takers who passed the exam regardless of whether it was their first or a subsequent attempt (i.e., eventual pass rate), even more test-takers (85.9 percent) passed the Masters exam during this time period.

First-time pass rates decreased slightly (~6 percent) between 2017 and 2018. This is most likely because of the introduction of a new exam blueprint. Refer to Methodology for more information on exam blueprints.

Figure 8. 2011–2021 Masters exam first-time pass rates by year and eventual pass rate

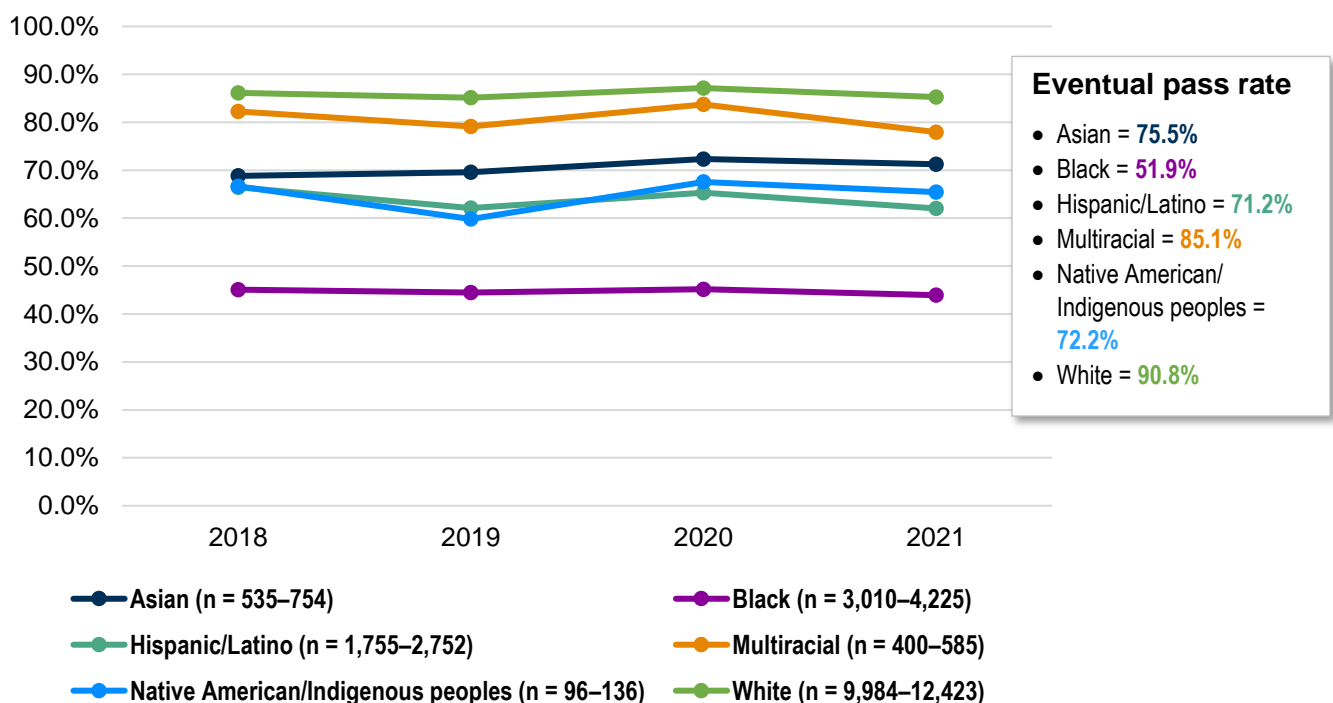


Pass rates by race/ethnicity

When considering the Masters exam performance of test-takers by race/ethnicity, first-time pass rates have historically been highest for white test-takers, averaging 85.8 percent during the 2018–2021 time period, followed by multiracial (80 percent), Asian (71 percent), Native American/Indigenous peoples (64.4 percent), Hispanic/Latino (63 percent), and Black (44.5 percent) test-takers. Refer to Table C2 in Appendix C for first-time pass rate numbers by year. Eventual pass rates were higher overall across all race/ethnicity groups but demonstrated the same pattern as described for first-time pass rates.

First-time pass rates have also remained relatively stable from 2018 to 2021 for several race/ethnicity groups, decreasing less than 1 percent for white test-takers, 1.1 percent for Black test-takers, and 1.3 percent for Native American/Indigenous peoples test-takers. The largest decrease in first-time pass rates was observed for test-takers identifying as Hispanic/Latino or multiracial, with pass rates decreasing 4.4 percent from 2018 to 2021 for both groups. In contrast, Asian test-takers showed a 2.4 percent increase in first-time pass rates from 2018 to 2021.

Figure 9. 2018–2021 Masters exam first-time pass rates by year and eventual pass rates by race/ethnicity

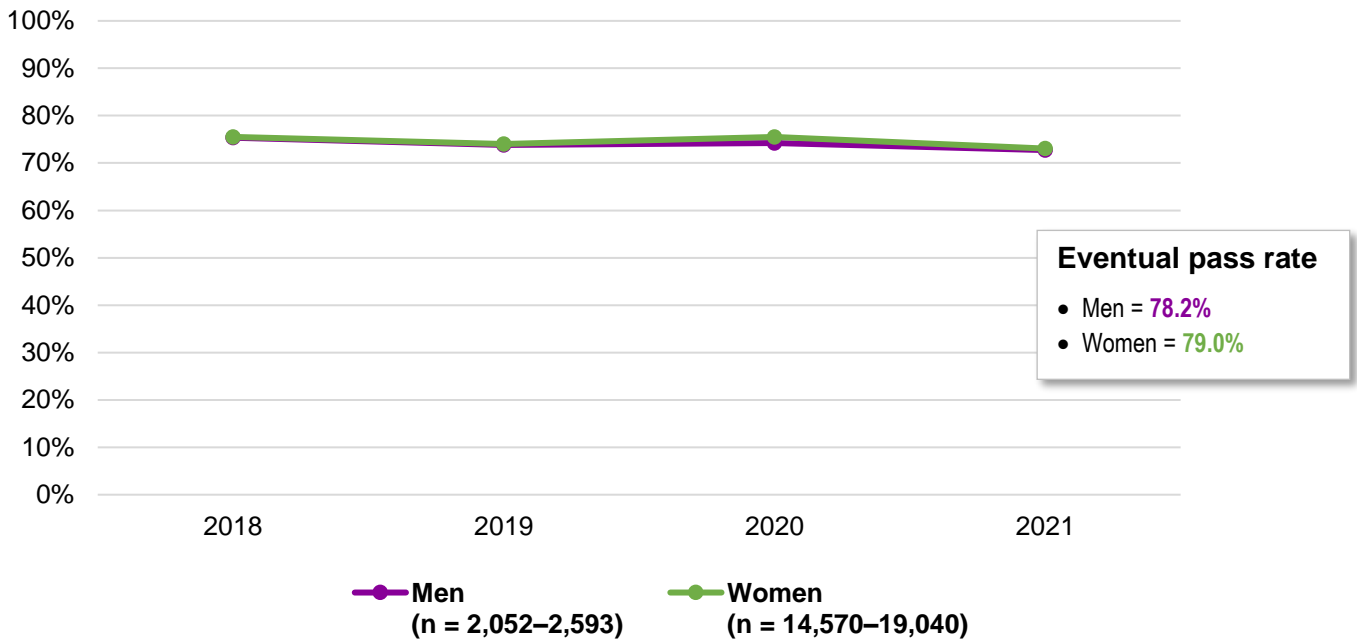


Note. Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response options available on the exam registration forms and will continue to evaluate these options to ensure test-takers may accurately respond.

Pass rates by gender

Reviewing Masters exam performance by gender, pass rates were slightly higher for women than for men. This included pass rates by individual year from 2018 to 2021, as well as the four-year average of first-time pass rates, which was 74.1 percent for women and 73.5 percent for men. Refer to Table C3 in Appendix C for first-time pass rate numbers by year. Eventual pass rates were higher overall for both women and men but demonstrated the same pattern as described for first-time pass rates.

Figure 10. 2018–2021 Masters exam first-time pass rates by year and eventual pass rates by gender

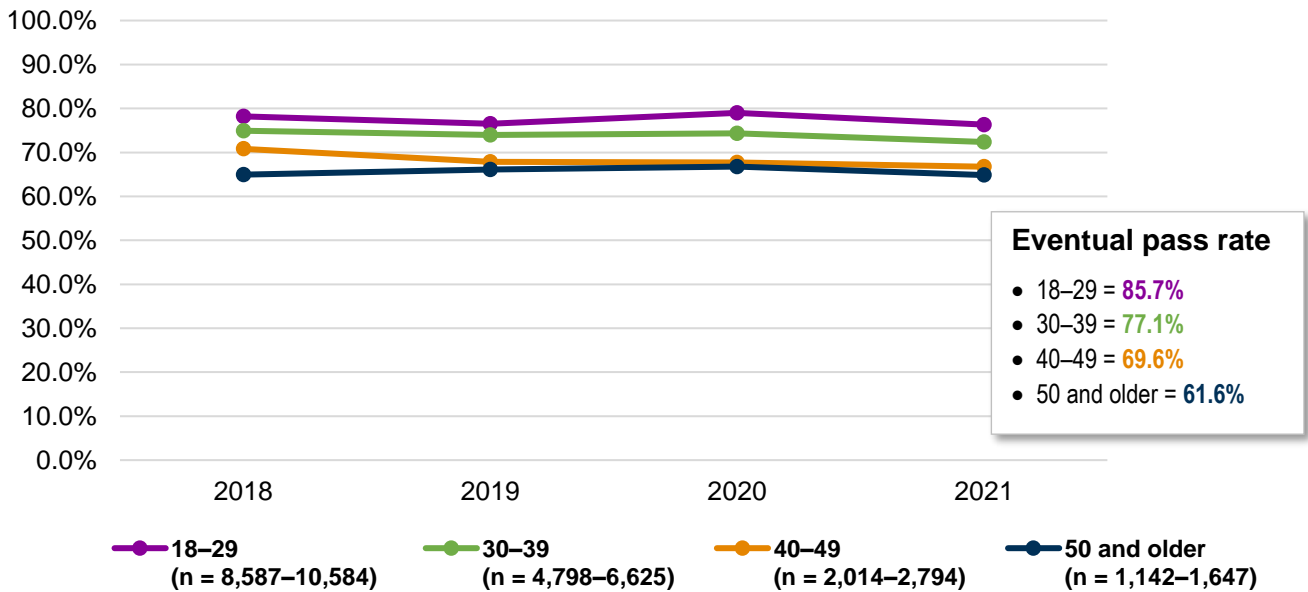


Note. Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response options available on the exam registration forms and will continue to evaluate these options to ensure test-takers may accurately respond.

Pass rates by age

Reviewing Masters exam performance by age, pass rates were higher for test-takers in lower age categories than in higher age categories. Averaging across 2018 to 2021, the first-time pass rate was 77.2 percent for test-takers between the ages of 18 and 29, 73.4 percent for those between 30 and 39, 67.4 percent for those between 40 and 49, and 65.8 percent for those 50 years and older. Refer to Table C4 in Appendix C for first-time pass rate numbers by year. Eventual pass rates were higher across all age categories but demonstrated the same pattern as described for first-time pass rates.

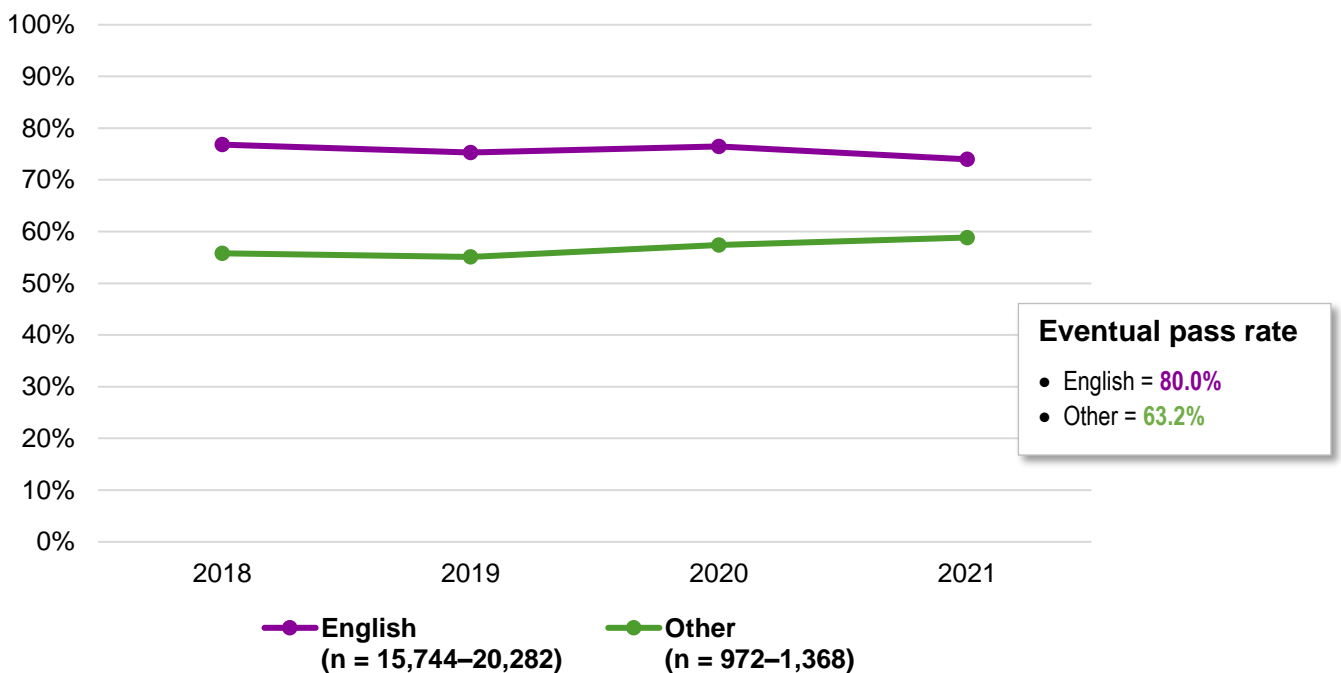
Figure 11. 2018–2021 Masters exam first-time pass rates by year and eventual pass rates by age



Pass rates by primary language

Reviewing Masters exam performance by primary language, pass rates were higher for test-takers who indicated their primary language was English than for those who indicated their primary language was not English. This trend was observed for first-time pass rates by individual year from 2018 to 2021, as well as the average across the four-year time period, for which the first-time pass rate was 75.1 percent for test-takers whose primary language was English and 57.2 percent for those whose primary language was not English. Refer to Table C5 in Appendix C for first-time pass rate numbers by year. Eventual pass rates were higher overall for both groups of test-takers but demonstrated the same pattern as described for first-time pass rates.

Figure 12. 2018–2021 Masters exam first-time pass rates by year and eventual pass rates by primary language



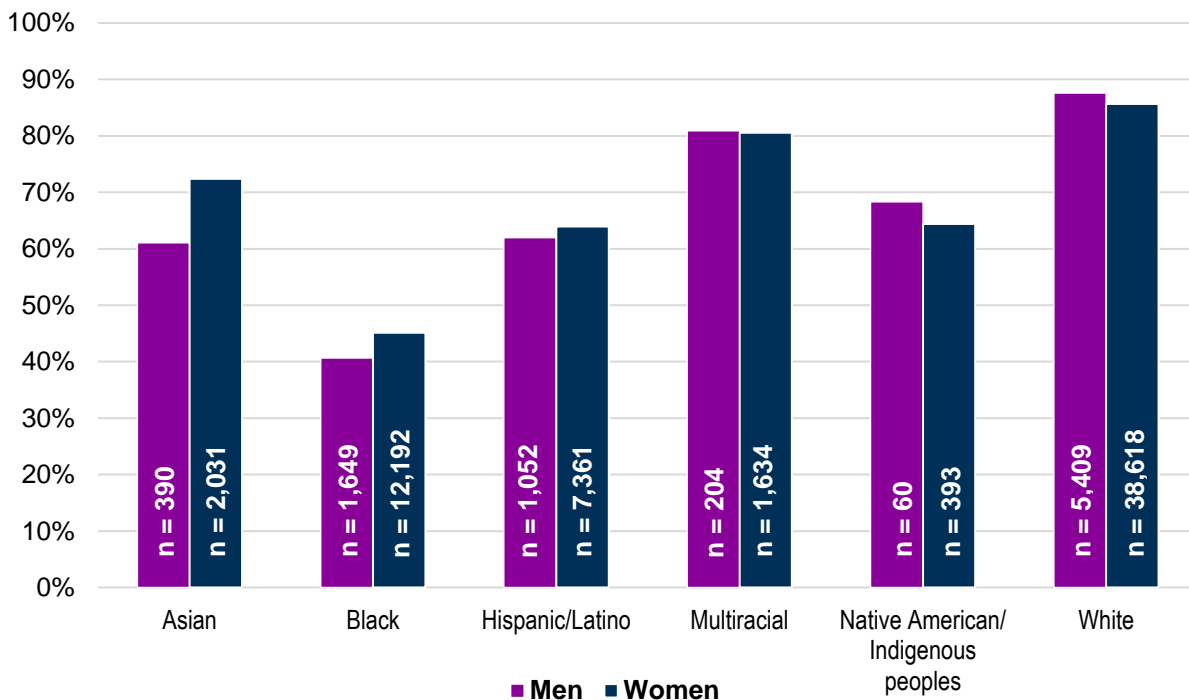
Pass rates by race/ethnicity and gender

From 2018 to 2021, women who identified as Asian, Black, and Hispanic/Latino had higher first-time pass rates on the Masters exam than men. For other race/ethnicity groups (i.e., multiracial, Native American/Indigenous peoples, and white), men had slightly higher pass rates than women.

Averaging across 2018 to 2021, the smallest difference in first-time pass rates between genders was observed for multiracial test-takers (less than 1 percent). The largest gender difference was observed for Asian test-takers, with the first-time pass rate for women being 11.4 percent higher than that for men. For both Black and Hispanic/Latino test-takers, first-time pass rates for women were 4.5 percent and 2 percent higher, respectively, than first-time pass rates for men. For Native American/Indigenous peoples and white test-takers, first-time pass rates for men were 4 percent and 2 percent higher, respectively, than first-time pass rates for women.

Overall, the patterns observed across gender and race/ethnicity were consistent with the general race/ethnicity findings for first-time pass rates on the Masters exam, with the highest pass rates occurring for white test-takers and the lowest occurring for Black test-takers regardless of gender. Refer to Table C6 in Appendix C for first-time pass rate numbers by year.

Figure 13. 2018–2021 Masters exam first-time pass rates by race/ethnicity and gender



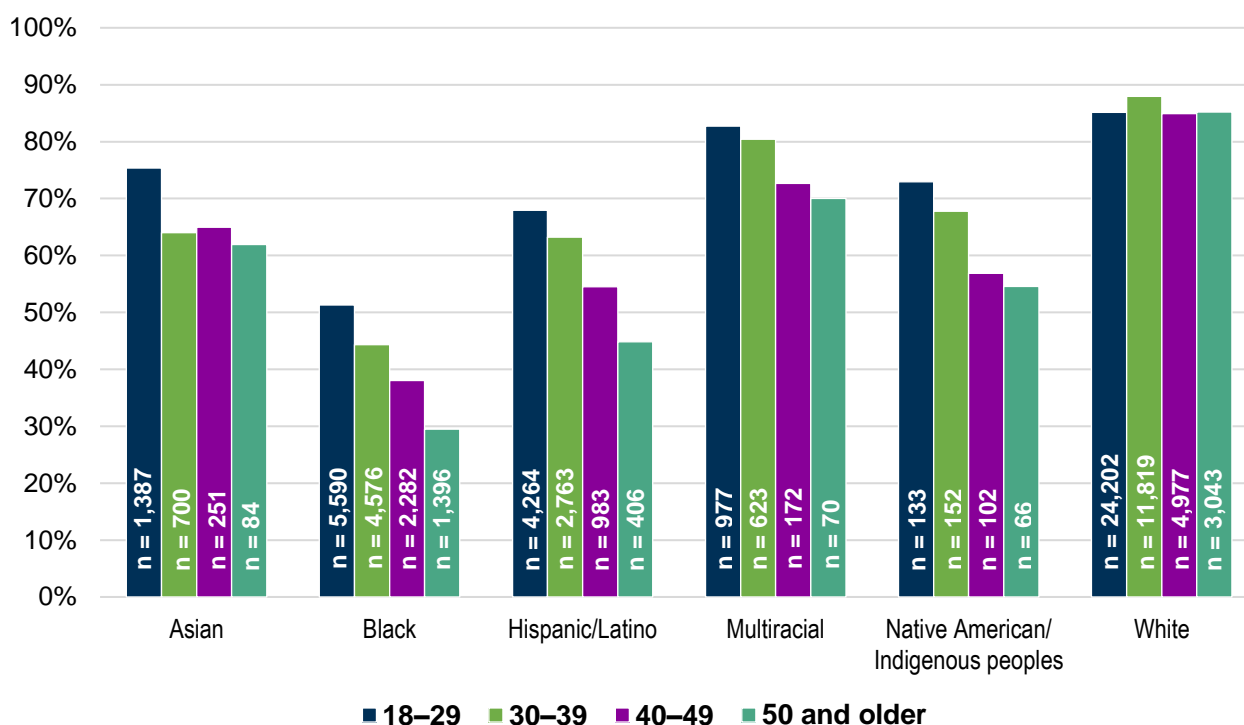
Note. Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response options available on the exam registration forms and will continue to evaluate these options to ensure test-takers may accurately respond.

Pass rates by race/ethnicity and age

Across most race/ethnicity subgroups, test-takers in the youngest age category (18 to 29 years old) had the highest first-time pass rates on the Masters exam compared to test-takers in other age categories. The exception to this trend was for white test-takers between 30 and 39 years old; this group had a higher first-time pass rate (88 percent) than white test-takers in other age categories.

Within race/ethnicity subgroups, first-time pass rates mostly decreased as age categories increased, with the largest differences among age categories predominantly occurring between test-takers who were 18 to 29 years old and those 50 and older. Refer to Table C7 in Appendix C for first-time pass rate numbers by year. The smallest difference in first-time pass rates between these two age categories was observed for white test-takers (less than 1 percent), while the largest differences between these categories were observed for Hispanic/Latino (23.1 percent) and Black test-takers (21.8 percent).

Figure 14. 2018–2021 Masters exam first-time pass rates by race/ethnicity and age



Note. Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response options available on the exam registration forms and will continue to evaluate these options to ensure test-takers may accurately respond.

BACHELORS EXAM FINDINGS



BACHELORS EXAM FINDINGS

Test-taker population

Test-taker population overall

Between 2011 and 2021, the number of Bachelors exam first-time test-takers increased slightly from 3,164 test-takers in 2011 to 3,494 test-takers in 2021 (a 10.4 percent increase). The slight drop in the number of test-takers in 2020 to 2,709 was likely caused by the start of the COVID-19 pandemic and associated restrictions that reduced capacity in testing centers to accommodate social distancing.

Table 7. 2011–2021 number of Bachelors exam first-time test-takers

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Total test-takers	3,164	3,251	3,595	3,873	4,083	4,113	4,462	3,711	3,583	2,709	3,494

Test-taker population by race/ethnicity

From 2011 to 2021, white test-takers made up the largest proportion of Bachelors exam first-time test-takers, comprising approximately 73 percent of the test-taker population in 2011, but decreasing to 69 percent by 2021.

This decrease in the proportion of white first-time test-takers corresponded with an increase in the overall proportion of first-time test-takers from historically marginalized communities, which grew from 25.1 percent in 2011 to 27.9 percent in 2021. (Note: For the purposes of this report, “historically marginalized communities” includes test-takers who reported their race/ethnicity as Asian, Black, Hispanic/Latino, multiracial, and Native American/Indigenous peoples.)

Table 8. 2011–2021 number of Bachelors exam first-time test-takers by race/ethnicity

Race/Ethnicity	In 2011	Proportion of test-takers	In 2021	Proportion of test-takers	Total 2011–2021	Proportion increase/decrease 2011–2021
Asian	55	2%	97	3%	793	+1%
Black	515	16%	446	13%	5,614	-3%
Hispanic/Latino	174	6%	293	8%	2,634	+2%
Multiracial	36	1%	100	3%	710	+2%
Native American/Indigenous peoples	15	1%	40	1%	313	0%
White	2,308	73%	2,406	69%	28,968	-4%
Total	3,164	--	3,494	--	40,038	--

Note. Percentages may not total 100 percent because test-takers who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response options available on the exam registration forms and will continue to evaluate these options to ensure test-takers may accurately respond.

Test-taker population by gender

The number of individuals taking the Bachelors exam slightly increased from 2011 to 2021, but the proportion of men and women taking the exam has remained approximately the same, with women making up 90.5 percent compared to 9.4 percent for men.

Table 9. 2011–2021 number of Bachelors exam first-time test-takers by gender

Gender	In 2011	Proportion of test-takers	In 2021	Proportion of test-takers	Total 2011–2021	Proportion increase/decrease 2011–2021
Men	300	9%	327	9%	3,995	0%
Women	2,862	91%	3,166	91%	36,026	0%
Total	3,164	--	3,494	--	40,038	--

Note. Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response options available on the exam registration forms and will continue to evaluate these options to ensure test-takers may accurately respond.

Pass rates

The sections that follow provide findings related to first-time and eventual pass rates for individuals taking the Bachelors exam. Figures provide information related to first-time pass rate trends, as well as eventual pass rates aggregated over the target time period. Refer to Methodology for more information on the distinction between first-time and eventual pass rates.

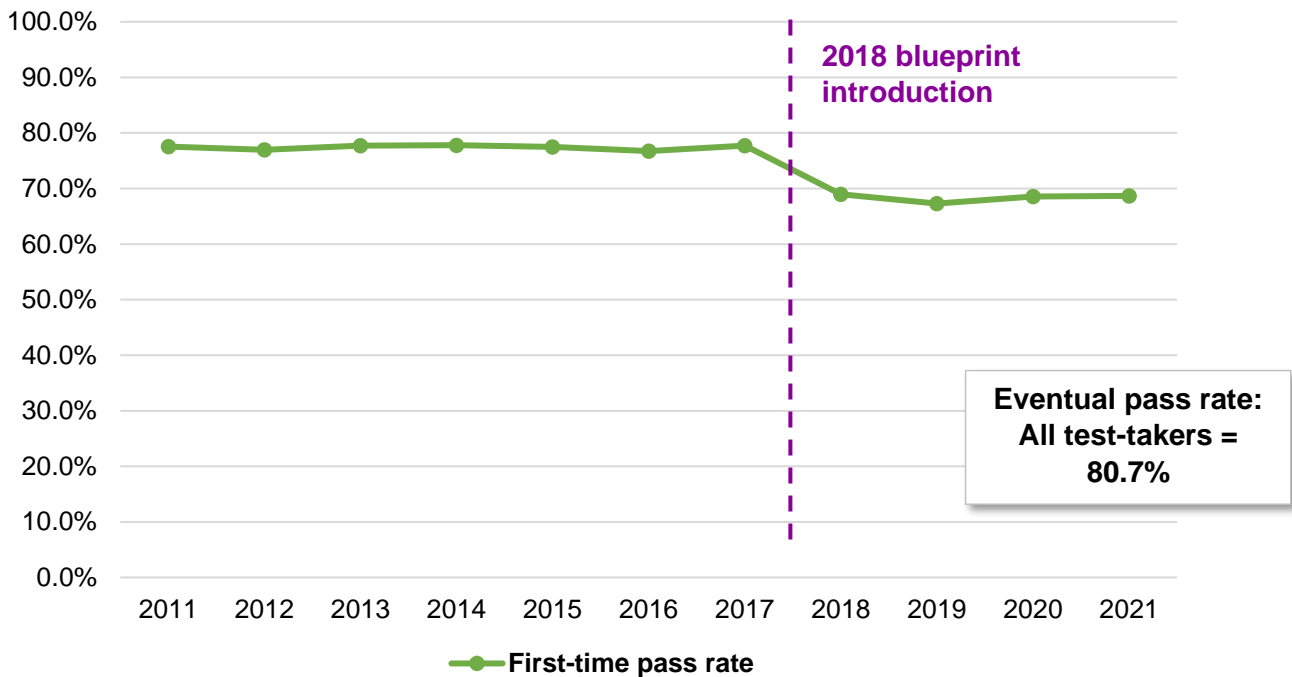
First-time pass rate numbers by year are not reported in the figures below but can be found in Appendix D.

First-time and eventual pass rates

From 2011 to 2021, most test-takers (74.4 percent) passed the Bachelors exam on their first attempt. Refer to Table D1 in Appendix D for first-time pass rate numbers by year. When taking into account the number of test-takers who passed the exam regardless of whether it was their first or a subsequent attempt (i.e., eventual pass rate), even more test-takers (80.7 percent) passed the Bachelors exam during this time period.

First-time pass rates decreased slightly (~9 percent) between 2017 and 2018. This is most likely because of the introduction of a new exam blueprint. Refer to Methodology for more information on exam blueprints.

Figure 15. 2011–2021 Bachelors exam first-time pass rates by year and eventual pass rate

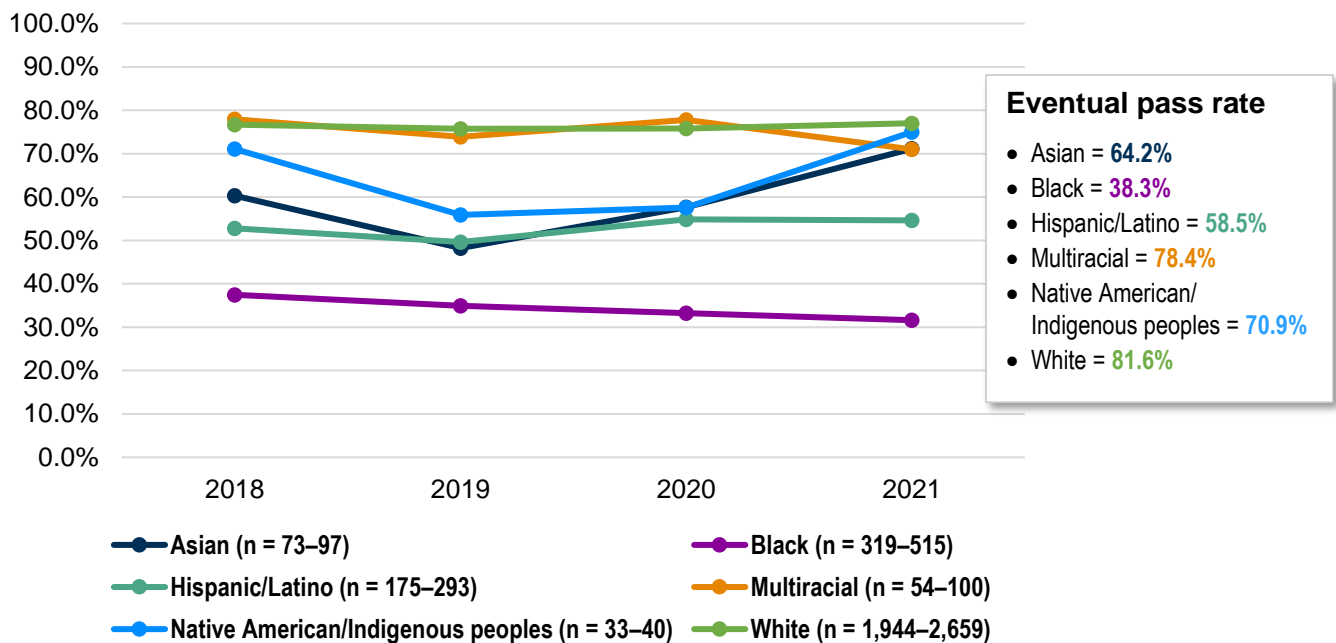


Pass rates by race/ethnicity

When considering the Bachelors exam performance of test-takers by race/ethnicity, first-time pass rates were highest for white test-takers, averaging 76.2 percent during the 2018–2021 time period, followed by multiracial (73.5 percent), Native American/Indigenous peoples (63.6 percent), Asian (59.6 percent), Hispanic/Latino (52.8 percent), and Black (33.3 percent) test-takers. Refer to Table D2 in Appendix D for first-time pass rate numbers by year. Eventual pass rates were higher overall across all race/ethnicity groups, but demonstrated the same pattern as described for first-time pass rates.

First-time pass rates have remained somewhat stable from 2018 to 2021 for several race/ethnicity groups, decreasing less than 1 percent for white test-takers, and increasing 1.9 percent and 3.9 percent for Hispanic/Latino and Native American/Indigenous peoples test-takers, respectively. The largest decreases in first-time pass rates were observed for test-takers identifying as multiracial or Black, with pass rates decreasing 6.9 percent for multiracial test-takers and 5.9 percent for Black test-takers from 2018 to 2021. Asian test-takers showed 10.9 percent increase in first-time pass rates of 10.9 percent from 2018 to 2021. This increase should be interpreted with caution, however, because of the relatively small sample size of this population each year which could cause more volatility in pass rates compared to groups with larger sample sizes.

Figure 16. 2018–2021 Bachelors exam first-time pass rates by year and eventual pass rates by race/ethnicity

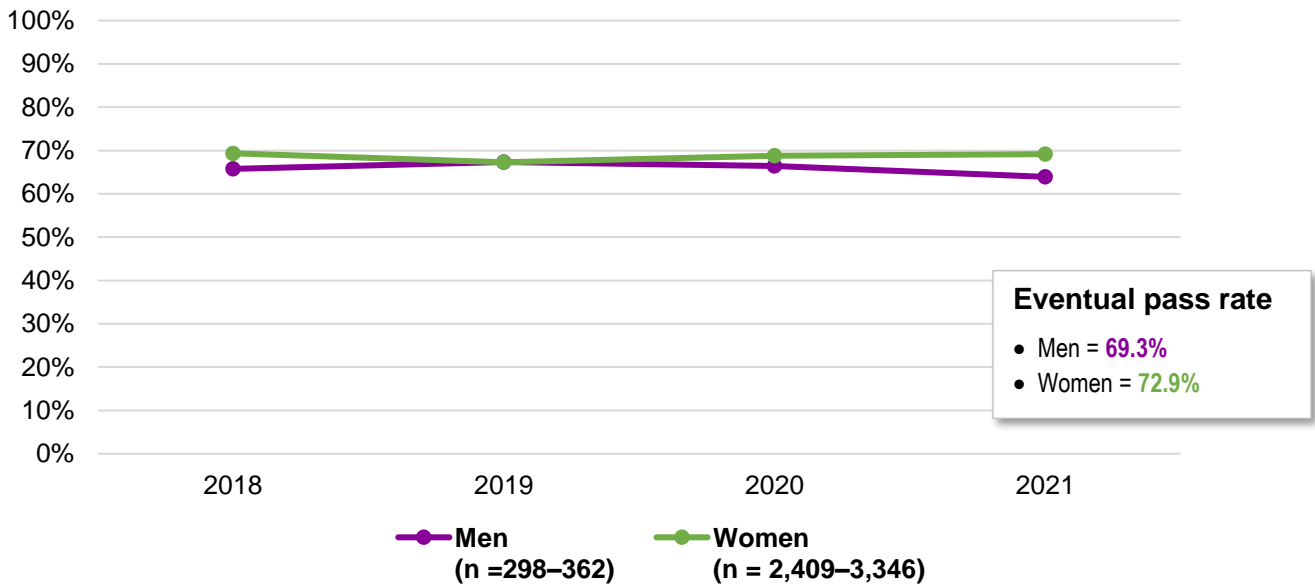


Note. Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response options available on the exam registration forms and will continue to evaluate these options to ensure test-takers may accurately respond.

Pass rates by gender

Reviewing Bachelors exam performance by gender, pass rates were slightly higher for women than for men. This applied when reviewing pass rates by individual year from 2018 to 2021, as well as the four-year average, for which the first-time pass rate was 68.4 percent for women and 65.9 percent for men. Refer to Table D3 in Appendix D for first-time pass rate numbers by year. Eventual pass rates were higher overall for both women and men but demonstrated the same pattern as described for first-time pass rates.

Figure 17. 2018–2021 Bachelors exam first-time pass rates by year and eventual pass rates by gender

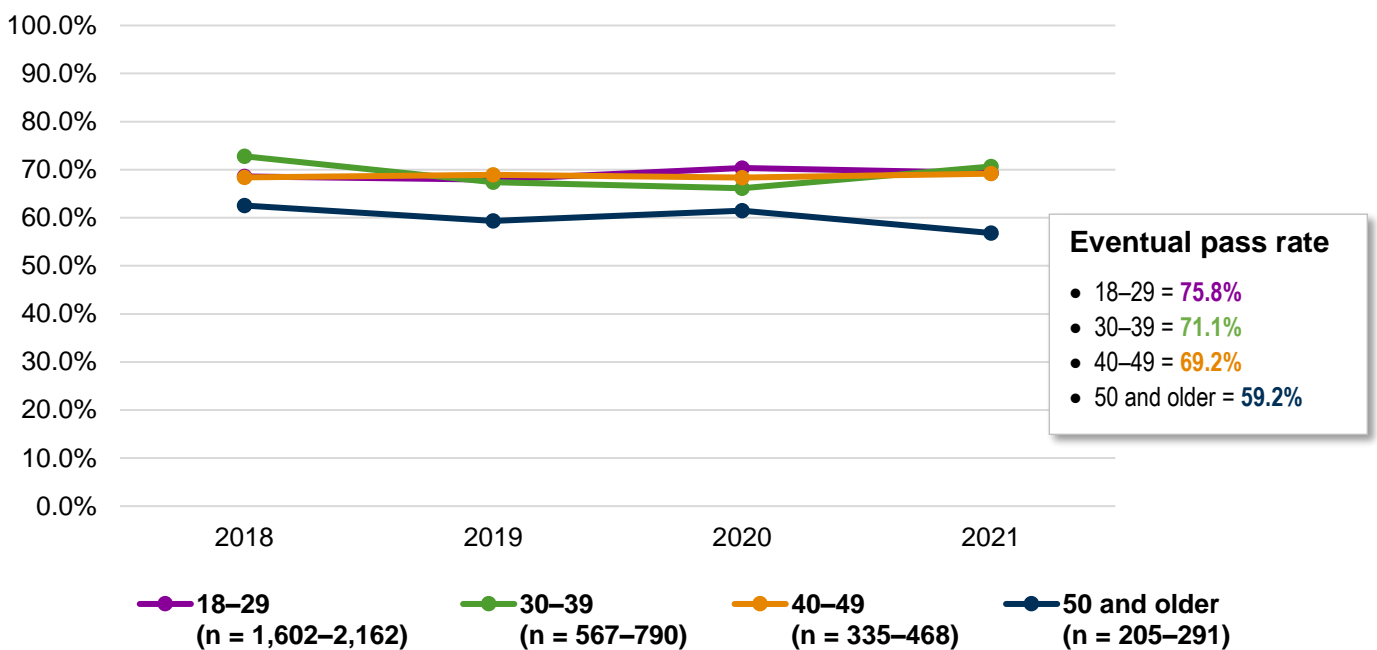


Note. Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response options available on the exam registration forms and will continue to evaluate these options to ensure test-takers may accurately respond.

Pass rates by age

Reviewing Bachelors exam performance by age, pass rates tended to be higher for test-takers in lower age categories than for those in higher age categories with some exceptions. Averaging across 2018 to 2021, the first-time pass rate was 69.1 percent for test-takers between 18 and 29, 68.2 percent for those between 30 and 39, 68.9 percent for those between 40 and 49, and 59 percent for those 50 and older. Refer to Table D4 in Appendix D for first-time pass rate numbers by year. Eventual pass rates were higher across all age categories but demonstrated similar patterns as described for first-time pass rates, with the exception being that the eventual pass rate for test-takers between the ages of 30 and 39 was higher (71.1 percent) than for those between 40 and 49 (69.2 percent).

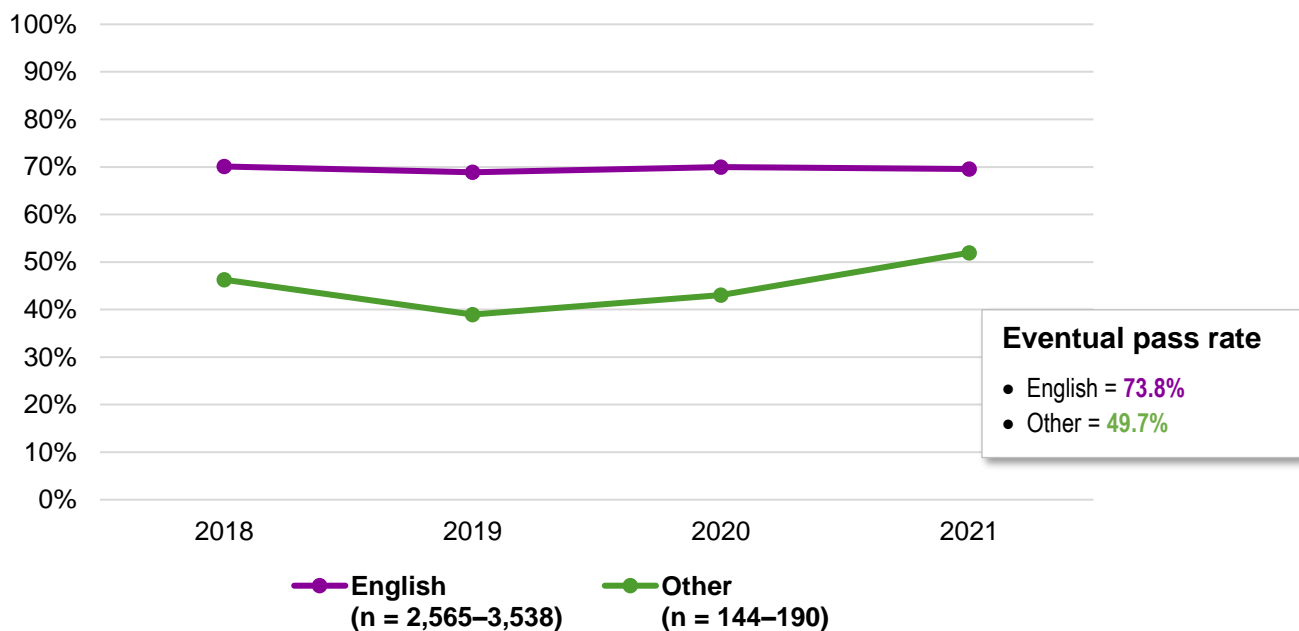
Figure 18. 2018–2021 Bachelors exam first-time pass rates by year and eventual pass rates by age



Pass rates by primary language

Reviewing Bachelors exam performance by primary language, pass rates were higher for those who indicated that their primary language was English than for those who indicated that their primary language was not English. This trend was observed for first-time pass rates by individual year from 2018 to 2021, as well as the four-year average, for which the first-time pass rate was 69.4 percent for test-takers whose primary language was English and 44.6 percent for those whose primary language was not English. Refer to Table D5 in Appendix D for first-time pass rate numbers by year. Eventual pass rates were higher overall for both groups of test-takers but demonstrated the same pattern as described for first-time pass rates.

Figure 19. 2018–2021 Bachelors exam first-time pass rates by year and eventual pass rates by primary language



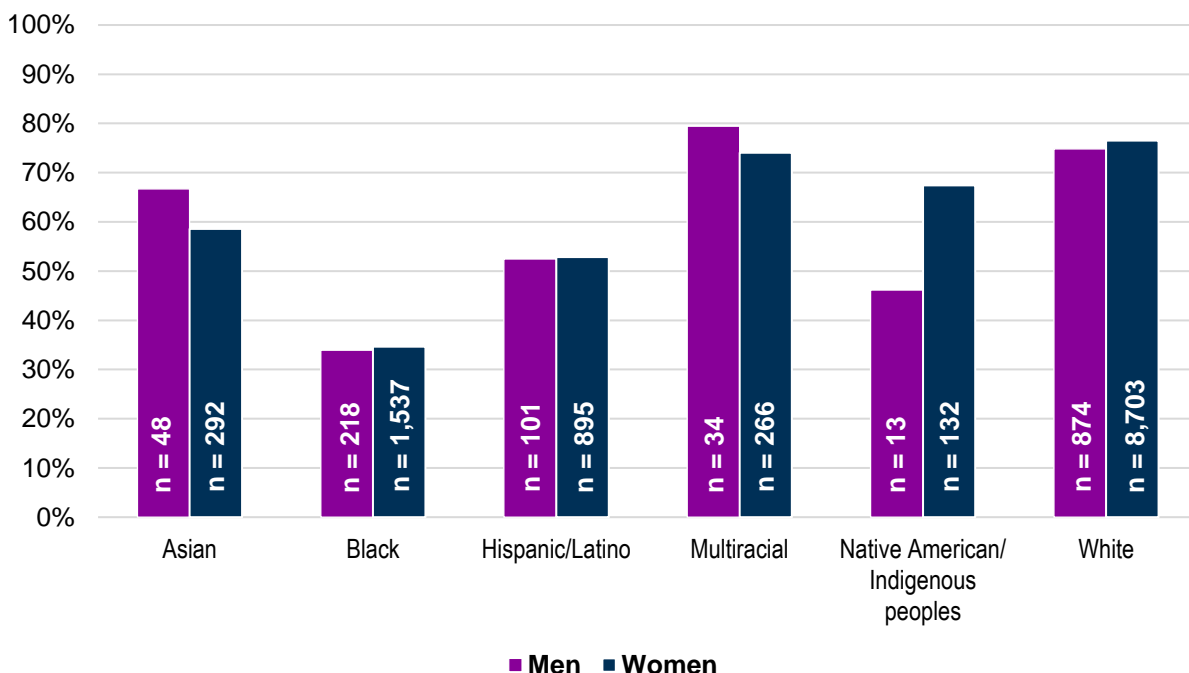
Pass rates by race/ethnicity and gender

Note: First-time pass rates by race/ethnicity and gender should be interpreted with caution for male Asian, multiracial, and Native American/Indigenous peoples test-takers because these samples are too small (i.e., less than 50) to confirm consistent patterns.

From 2018 to 2021, women who reported their race/ethnicity as Black, Hispanic/Latino, Native American/Indigenous peoples, and white had higher first-time pass rates on the Bachelors exam than men. For Asian and multiracial groups, men had higher pass rates than women. Averaging across 2018 to 2021, the smallest differences in first-time pass rates between genders were observed for Black and Hispanic/Latino test-takers (both less than 1 percent). The difference between genders for white test-takers was also relatively small, with the first-time pass rate for women being 1.7 percent higher than that for men. The largest gender difference was observed for Native American/Indigenous peoples test-takers, with the first-time pass rate for women being 21.3 percent higher than for men; however, the sample size for Native American/Indigenous peoples test-takers, particularly men, was very small (13 test-takers between 2018 and 2021), so findings should be interpreted with caution. For both Asian and multiracial test-takers, first-time pass rates for men were 8.1 percent and 5.4 percent higher, respectively, than for women.

Overall, the patterns observed across gender and race/ethnicity were consistent with the general race/ethnicity findings for first-time pass rates on the Bachelors exam, with the highest pass rates occurring for white test-takers and the lowest being observed for Black test-takers regardless of gender. Refer to Table D6 in Appendix D for first-time pass rate numbers by year.

Figure 20. 2018–2021 Bachelors exam first-time pass rates by race/ethnicity and gender



Note. Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response options available on the exam registration forms and will continue to evaluate these options to ensure test-takers may accurately respond.

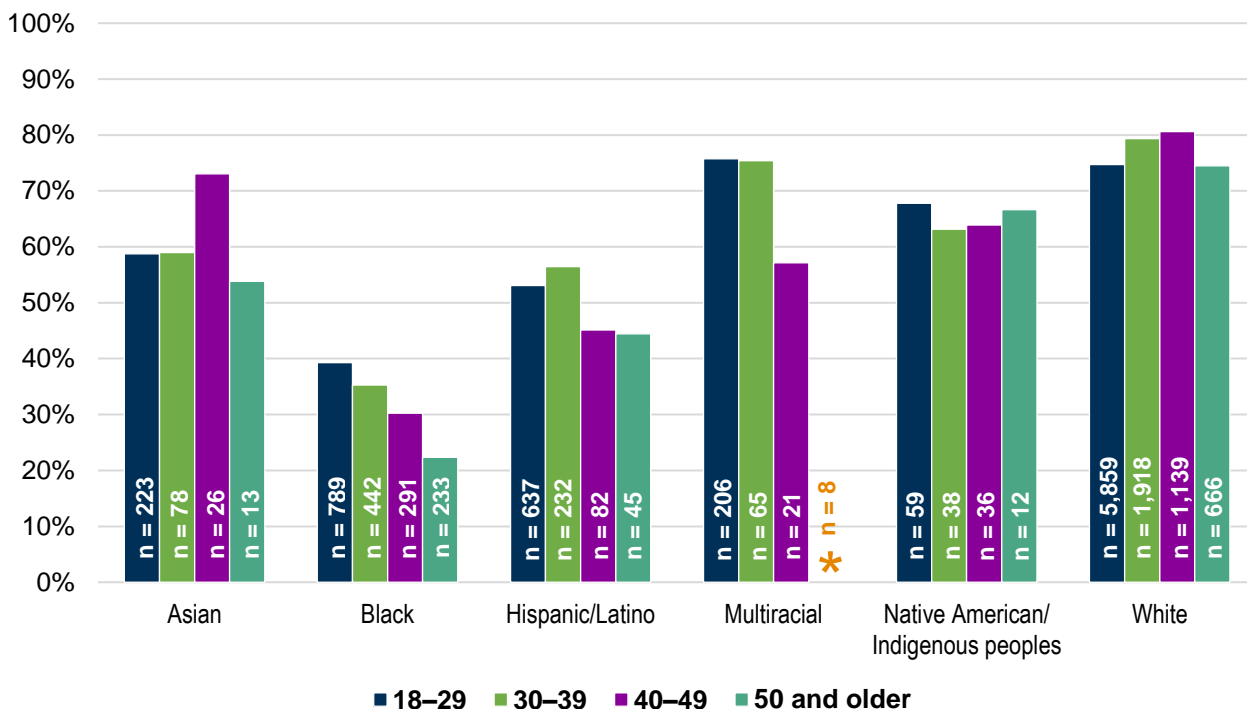
Pass rates by race/ethnicity and age

Note: First-time pass rates by race/ethnicity and age should be interpreted with caution for test-takers across age categories where the subgroup sample size is less than 50, because these samples are too small to confirm consistent patterns.

Unlike findings for the Clinical and Masters exams, first-time pass rate trends for the Bachelors exam varied when taking into account both age and race/ethnicity of test-takers, though this is likely attributable to very low sample sizes for some subgroups. There were some instances, for example, where the highest pass rates were observed for test-takers representing higher age categories. This was the case for 30- to 39-year-old Hispanic/Latino test-takers, whose average first-time pass rate was 56.5 percent, and for 40- to 49-year-old Asian and white test-takers, whose average first-time pass rates were 73.1 percent and 80.6 percent, respectively. Again, the sample size for Asian test-takers in this age category was very small, so findings should be interpreted with caution.

Overall, within race/ethnicity subgroups, first-time pass rates mostly decreased as age increased, with the largest differences occurring between test-takers who were 18 to 29 years old and those 50 years and older. Refer to Table D7 in Appendix D for first-time pass rate numbers by year. The smallest difference in first-time pass rates between these two age categories was observed for white test-takers (less than 1 percent), while the largest differences between these categories were observed for Black (17 percent) and Hispanic/Latino (8.6 percent) test-takers.

Figure 21. 2018–2021 Bachelors exam first-time pass rates by race/ethnicity and age



Note. (*) To protect the privacy of test-takers, pass rate data are not reported for samples less than 10. Data shown may not reflect all test-takers because those who selected options such as Prefer not to say or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response options available on the exam registration forms and will continue to evaluate these options to ensure test-takers may accurately respond.

ASSOCIATE EXAM FINDINGS



ASSOCIATE EXAM FINDINGS

In contrast to the findings reported for the Clinical, Masters, and Bachelors exams, first-time and eventual pass rates for the Associate exam are reported for the 2011–2021 time period rather than 2018–2021 because of the small sample sizes.

Test-taker population

Test-taker population overall

From 2011 to 2021, the number of Associate exam first-time test-takers has increased 237 percent, from 91 in 2011 to 307 in 2021. The largest number of first-time test-takers was 793 in 2015. This increase was attributable to Massachusetts lifting the exemption for Department of Children and Families workers, requiring all staff to become licensed. A slight drop in test-takers occurred in 2020. This was likely caused by the start of the COVID-19 pandemic and associated restrictions that reduced capacity in testing centers to accommodate social distancing.

Table 10. 2011–2021 number of Associate exam first-time test-takers by year

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Total test-takers	91	72	119	162	793	678	520	407	307	254	307

Test-taker population by race/ethnicity

From 2011 to 2021, white test-takers made up the largest proportion of Associate exam first-time test-takers, comprising approximately 74 percent in 2011 but decreasing to 57 percent by 2021.

This decrease in the proportion of white first-time test-takers corresponded with an increase in the overall proportion of first-time test-takers from historically marginalized communities, which grew from 19.8 percent in 2011 to 34.5 percent in 2021. (Note: For the purposes of this report, “historically marginalized communities” includes test-takers who reported their race/ethnicity as Asian, Black, Hispanic/Latino, multiracial, and Native American/Indigenous peoples.) The most marked increase in the proportion of first-time test-takers was observed for Black test-takers, which grew 7 percent from 2011 to 2021.

Table 11. 2011–2021 number of Associate exam first-time test-takers by race/ethnicity

Race/Ethnicity	In 2011	Proportion of test-takers	In 2021	Proportion of test-takers	Total 2011–2021	Proportion increase/decrease 2011–2021
Asian	0	0%	8	3%	60	+3%
Black	8	9%	48	16%	624	+7%
Hispanic/Latino	8	9%	40	13%	632	+4%
Multiracial	2	2%	8	3%	90	+1%
Native American/Indigenous peoples	0	0%	2	1%	29	+1%
White	67	74%	176	57%	2,037	-17%
Total	91	--	307	--	3,710	--

Note. Percentages may not total 100 percent because test-takers who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response options available on the exam registration forms and will continue to evaluate these options to ensure test-takers may accurately respond.

Test-taker population by gender

The number of individuals taking the Associate exam more than doubled from 2011 to 2021, but the proportion of men and women remained approximately the same, with women accounting for 86.5 percent and men 13.2 percent.

Table 12. Number of Associate exam first-time test-takers by gender

Gender	In 2011	Proportion of test-takers	In 2021	Proportion of test-takers	Total 2011–2021	Proportion increase/decrease 2011–2021
Men	12	13%	41	13%	703	0%
Women	79	87%	265	86%	3,005	0%
Total	91	--	307	--	3,710	--

Note. Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response options available on the exam registration forms and will continue to evaluate these options to ensure test-takers may accurately respond.

Pass rates

The sections that follow provide findings related to first-time and eventual pass rates for individuals taking the Associate exam. Figures provide information related to first-time pass rate trends, as well as eventual pass rates aggregated over the target time period. Refer to Methodology for more information on the distinction between first-time and eventual pass rates.

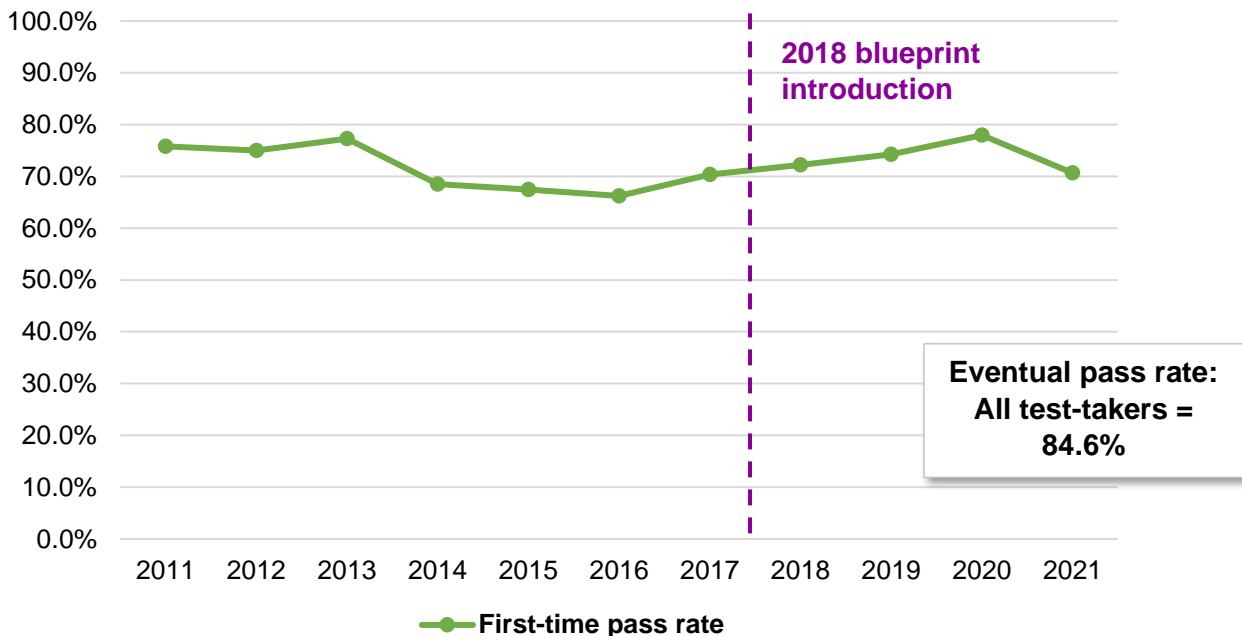
Because of the small sample sizes for many subgroups taking the Associate exam, most figures below reflect eventual pass rates rather than first-time pass rates. Eventual pass rates include more test-takers and therefore allow for more opportunities to present relevant data, while still protecting the privacy of individual test-takers. All pass rates for the Associate exam should be interpreted with caution because of the relatively small sample size each year and across the 10-year target time period.

First-time pass rates by year, where applicable, and eventual pass rates are not reported in the figures below but can be found in Appendix E.

First-time and eventual pass rates

From 2011 to 2021, most test-takers (70.4 percent) passed the Associate exam on their first attempt. Refer to Table E1 in Appendix E for first-time pass rate numbers by year. When considering the number of test-takers who passed the exam regardless of whether it was their first or a subsequent attempt (i.e., eventual pass rate), even more test-takers (84.6 percent) passed the Associate exam during this time period.

Figure 22. 2011–2021 Associate exam first-time pass rates by year and eventual pass rate

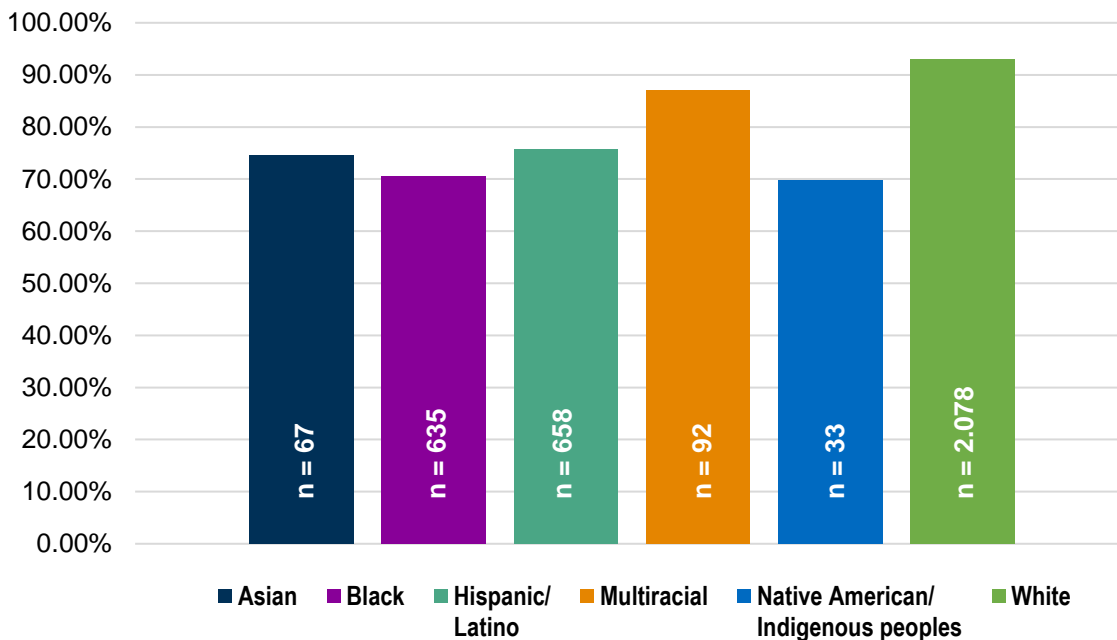


Pass rates by race/ethnicity

Note: The eventual pass rate for multiracial test-takers should be interpreted with caution as this sample is too small (i.e., less than 50) to confirm consistent patterns.

When considering the Associate exam performance of test-takers by race/ethnicity, eventual pass rates were highest for white test-takers, averaging 93 percent during the 2011–2021 time period, followed by multiracial (87 percent), Hispanic/Latino (75.8 percent), Asian (74.6 percent), Black (70.6 percent), and Native American/Indigenous peoples (69.7 percent).

Figure 23. 2011–2021 Associate exam eventual pass rates by race/ethnicity

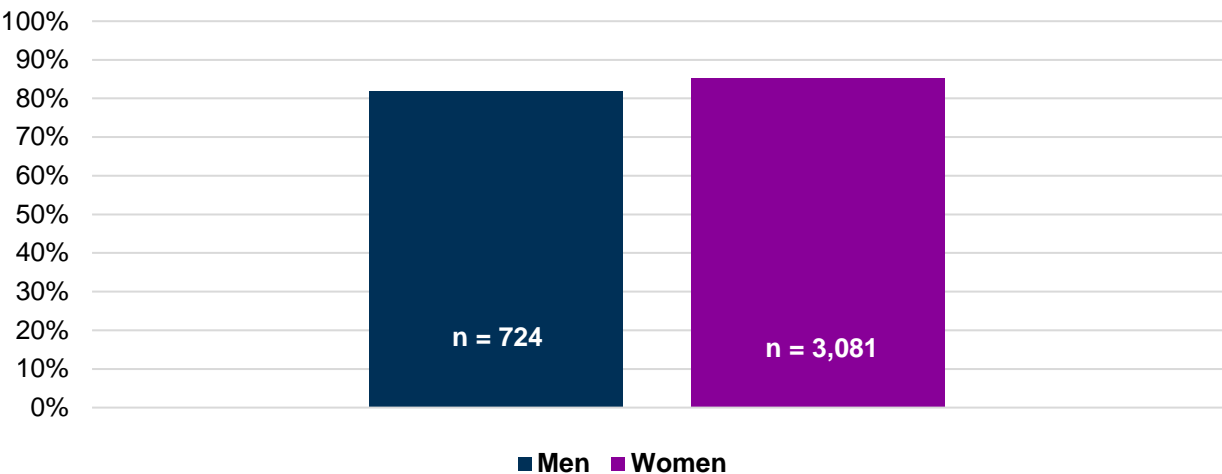


Note. Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response options available on the exam registration forms and will continue to evaluate these options to ensure test-takers may accurately respond.

Pass rates by gender

Reviewing Associate exam performance by gender from 2011 to 2021, eventual pass rates were slightly higher for women (85.2 percent) than for men (81.8 percent).

Figure 24. 2011–2021 Associate exam eventual pass rates by gender

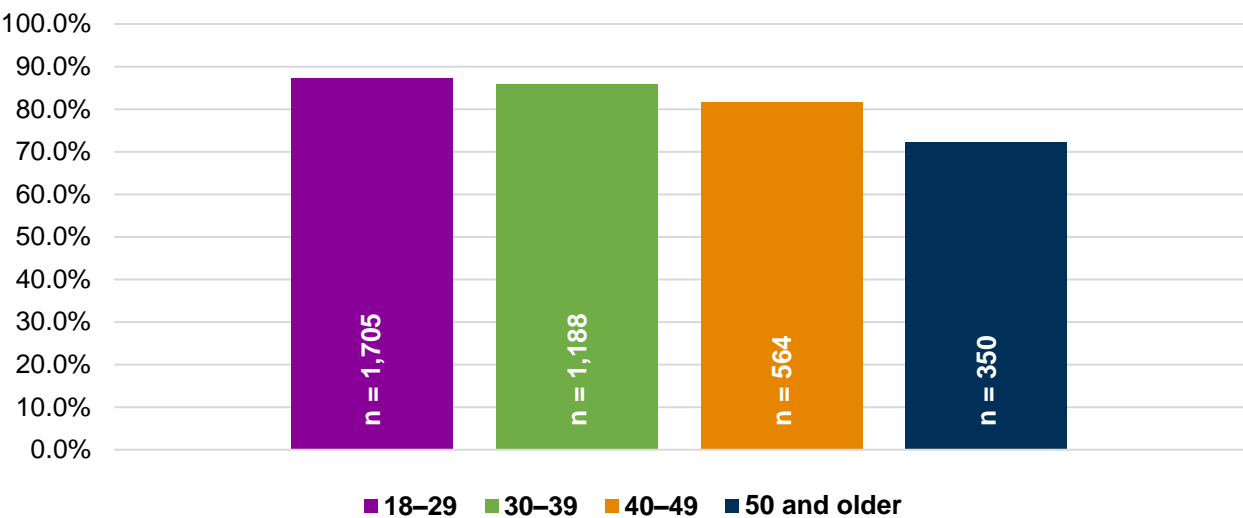


Note. Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response options available on the exam registration forms and will continue to evaluate these options to ensure test-takers may accurately respond.

Pass rates by age

Reviewing Associate exam performance by age from 2011 to 2021, pass rates were higher for test-takers in lower age categories than for those in higher age categories. Specifically, the eventual pass rate was 87.2 percent for test-takers between the ages of 18 and 29, 85.8 percent for those between 30 and 39, 81.6 percent for those between 40 and 49, and 72.3 percent for those 50 and older.

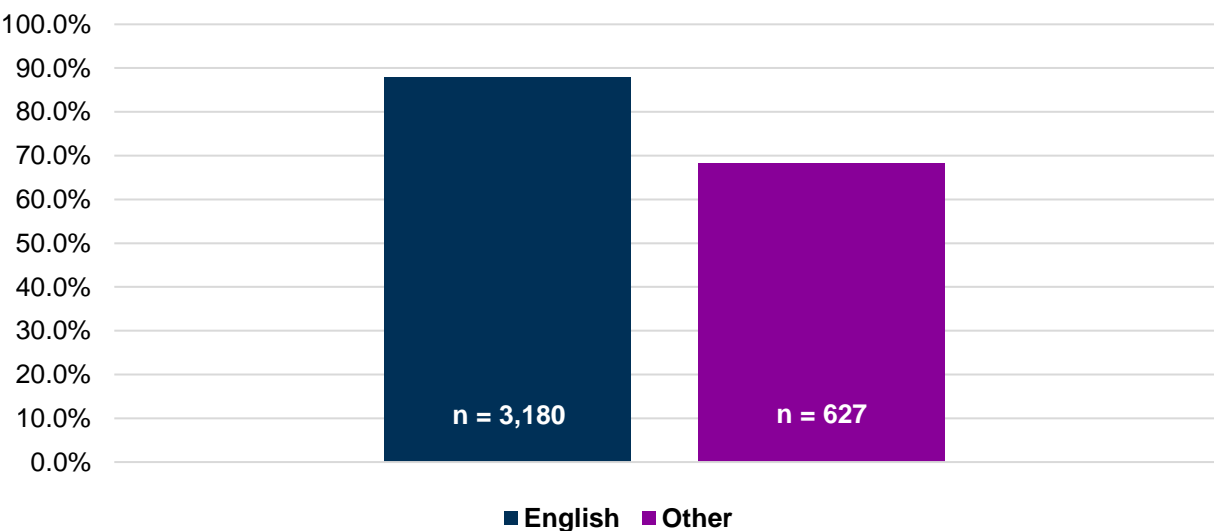
Figure 25. 2011–2021 Associate exam eventual pass rates by age



Pass rates by primary language

Reviewing Associate exam performance by primary language from 2011 to 2021, eventual pass rates were higher for test-takers who indicated their primary language was English (87.8 percent) than for those who indicated their primary language was not English (68.3 percent).

Figure 26. 2011–2021 Associate exam eventual pass rates by primary language

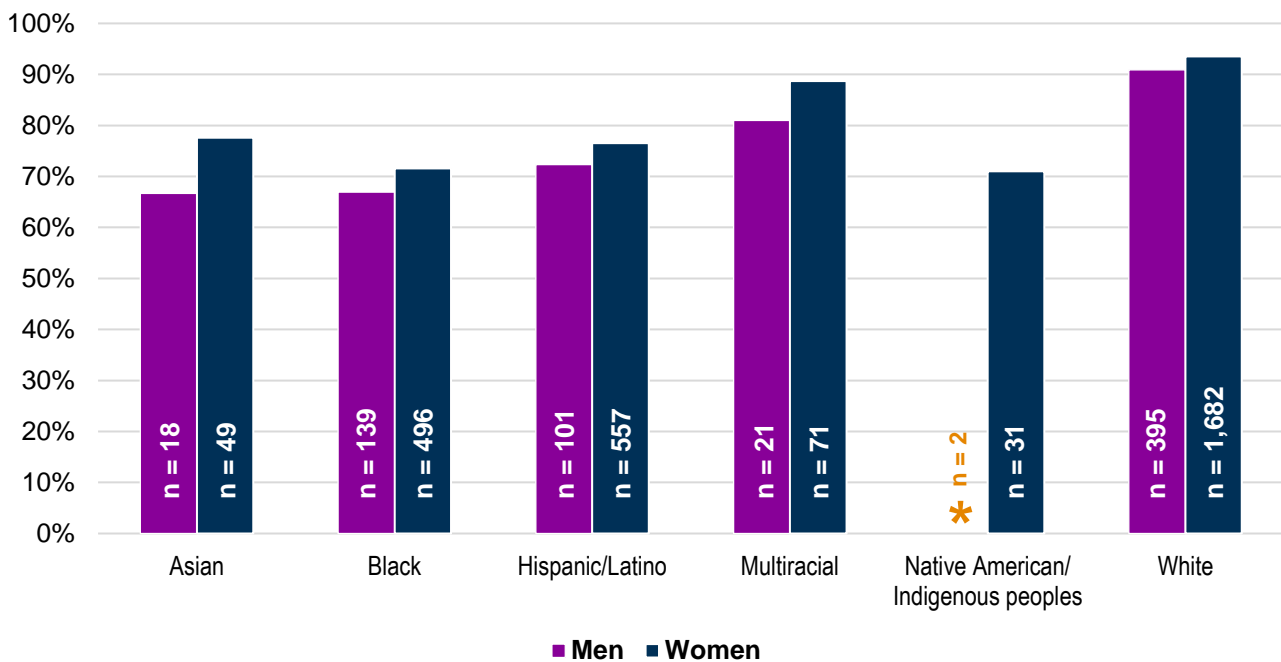


Pass rates by race/ethnicity and gender

Note: Eventual pass rates by race/ethnicity and gender should be interpreted with caution for male and female Asian, multiracial, and Native American/Indigenous peoples test-takers as these samples are too small (i.e., less than 50) to confirm consistent patterns. Data for male Native American/Indigenous test-takers are not shown because the sample size of this subgroup is less than 10.

Across all race/ethnicity categories, women had higher eventual pass rates on the Associate exam compared to men. Among groups with sample sizes greater than 10, the difference in eventual pass rates between men and women was the smallest for white test-takers (3.5 percent). Differences between men and women were slightly larger for multiracial (7.7 percent), Black (4.7 percent), and Hispanic/Latino (4.2 percent) test-takers, with the largest difference in pass rates between men and women occurring for Asian test-takers (10.1 percent). Note that the number of women across all race/ethnicity categories who took the Associate exam from 2011 to 2021 was, on average, three to four times larger than the number of men from those race/ethnicity categories who took the Associate exam during the same time; therefore, many of these differences may not be reliable. Refer to Table E2 in Appendix E for eventual pass rate numbers by gender and race/ethnicity.

Figure 27. 2011–2021 Associate exam eventual pass rates by race/ethnicity and gender



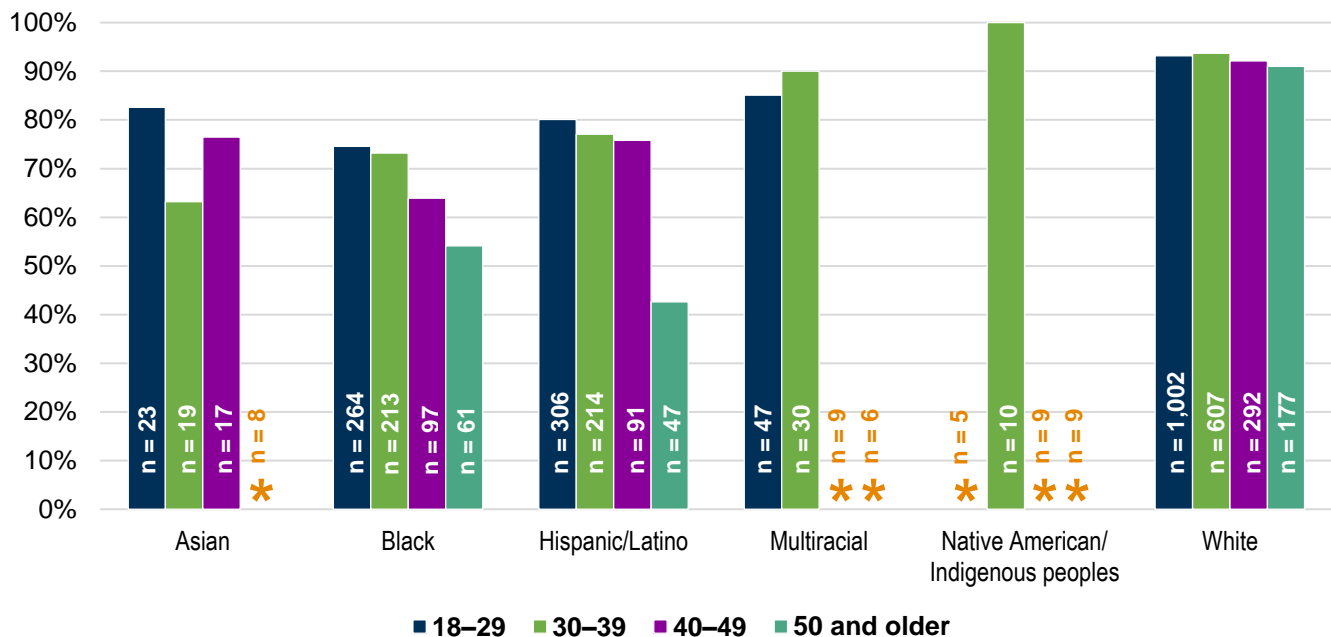
Note. (*) To protect the privacy of test-takers, pass rate data are not reported for numbers less than 10. Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response options available on the exam registration forms and will continue to evaluate these options to ensure test-takers may accurately respond.

Pass rates by race/ethnicity and age

Note: Eventual pass rates by age and race/ethnicity should be interpreted with caution for Asian, multiracial, and Native American/Indigenous peoples test-takers across all age categories because these samples are too small (i.e., less than 50) to confirm consistent patterns.

Within race/ethnicity subgroups, eventual pass rates tended to decrease as age categories increased, with the largest differences occurring between test-takers who were 18 to 29 years old and those 50 and older. Where comparisons between groups could be drawn, the smallest difference in eventual pass rates between these two age categories was observed for white test-takers (2.2 percent). Larger differences between these categories were observed for Hispanic/Latino (37.5 percent) and Black (20.5 percent) test-takers. Note that, for these race/ethnicity categories, the sample sizes of test-takers who were 18 to 29 years old were approximately four to seven times larger than the sample sizes of test-takers who were 50 years and older. Thus, conclusions based on pass rate differences between these groups may be unreliable. Refer to Table E3 in Appendix E for eventual pass rate numbers by age and race/ethnicity.

Figure 28. 2011–2021 Associate exam eventual pass rates by race/ethnicity and age



Note. (*) To protect the privacy of test-takers, pass rate data are not reported for numbers less than 10. Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response options available on the exam registration forms and will continue to evaluate these options to ensure test-takers may accurately respond.

ADVANCED GENERALIST EXAM FINDINGS



ADVANCED GENERALIST EXAM FINDINGS

Similar to the Associate exam findings, first-time and eventual pass rates for the Advanced Generalist exam are reported for the 2011–2021 time period rather than 2018–2021 because of the small sample sizes.

Test-taker population

Test-taker population overall

From 2011 to 2021, the number of Advanced Generalist exam first-time test-takers decreased 73 percent, from 630 test-takers in 2011 to 173 in 2021. The largest number of test-takers occurred in 2011 when 630 individuals took the exam for the first time. This number dropped to 150 in 2012 and remained relatively consistent until 2020, when another slight drop in test-takers occurred. This was likely caused by the start of the COVID-19 pandemic and associated restrictions that reduced capacity in testing centers to accommodate social distancing.

Table 13. 2011–2021 number of Advanced Generalist exam first-time test-takers by year

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Total test-takers	630	150	162	159	197	177	164	146	127	134	173

Test-taker population by race/ethnicity

From 2011 to 2021, white test-takers made up the largest proportion of Advanced Generalist exam first-time test-takers, comprising approximately 59 percent in 2011 and increasing to 72 percent by 2021.

This increase in the proportion of white first-time test-takers corresponded with a decrease in that of first-time test-takers from historically marginalized communities, which dropped from 38 percent in 2011 to 26.9 percent of the test-taker population in 2021. (Note: For the purposes of this report, “historically marginalized communities” includes test-takers who reported their race/ethnicity as Asian, Black, Hispanic/Latino, multiracial, and Native American/Indigenous peoples.) The most marked change in the proportion of first-time test-takers was observed for Black test-takers, which decreased 18 percent between 2011 and 2021.

Table 14. 2011–2021 number of Advanced Generalist exam first-time test-takers by race/ethnicity

Race/Ethnicity	In 2011	Proportion of test-takers	In 2021	Proportion of test-takers	Total 2011–2021	Proportion increase/decrease 2011–2021
Asian	6	1%	7	4%	48	+3%
Black	212	34%	28	16%	438	-18%
Hispanic/Latino	11	2%	6	4%	56	+2%
Multiracial	10	2%	6	4%	43	+2%
Native American/Indigenous peoples	1	<1%	0	0%	12	<1%
White	373	59%	125	72%	1,562	+13%
Total	630	--	173	--	2,219	--

Note. Percentages may not total 100 percent because test-takers who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response options available on the exam registration forms and will continue to evaluate these options to ensure test-takers may accurately respond.

Test-taker population by gender

The number of individuals taking the Advanced Generalist exam more than doubled from 2011 to 2021, but the proportion of men and women taking the exam remained approximately the same, with 87.7 percent women and 12.2 percent men.

Table 15. 2011–2021 number of Advanced Generalist exam first-time test-takers by gender

Gender	In 2011	Proportion of test-takers	In 2021	Proportion of test-takers	Total 2011–2021	Proportion increase/decrease 2011–2021
Men	77	12%	21	12%	271	0%
Women	553	88%	152	88%	1,947	0%
Total	630	--	173	--	2,219	--

Note. Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response options available on the exam registration forms and will continue to evaluate these options to ensure test-takers may accurately respond.

Pass rates

The sections that follow provide findings related to first-time and eventual pass rates for individuals taking the Advanced Generalist exam. Figures provide information related to first-time pass rate trends, as well as eventual pass rates aggregated over the target time period. Refer to Methodology for more information on the distinction between first-time and eventual pass rates.

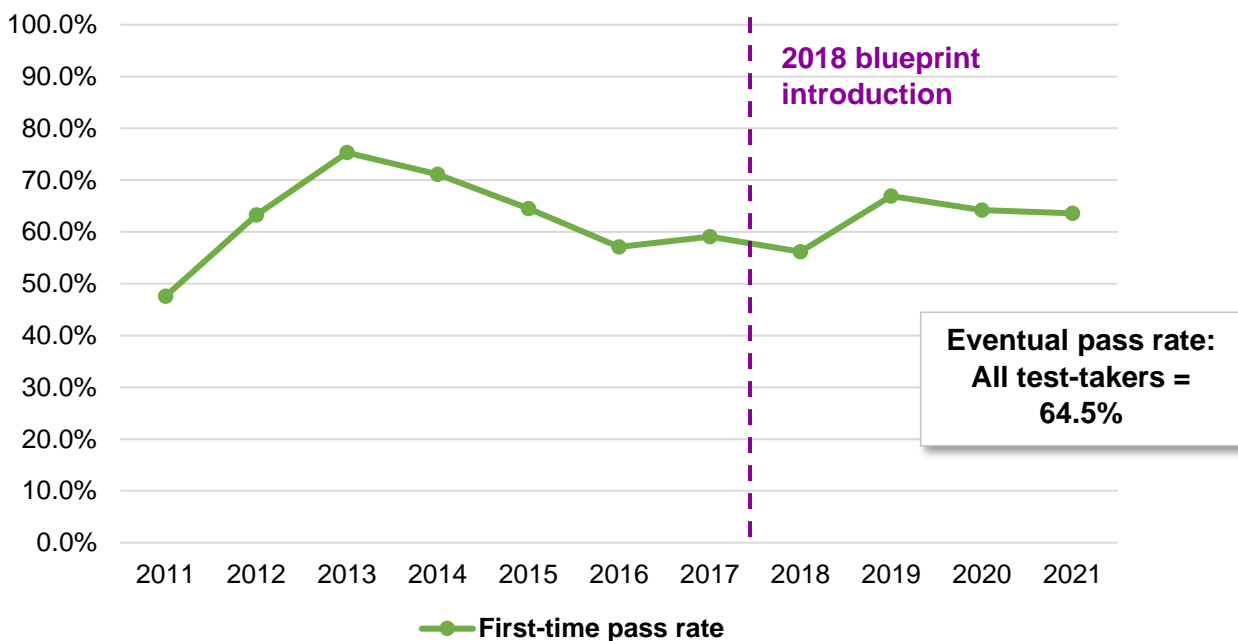
Because of the small sample sizes for many subgroups who took the Advanced Generalist exam, most figures below reflect eventual pass rates rather than first-time pass rates. Eventual pass rates include more test-takers and therefore allow for more opportunities to present relevant data while still protecting the privacy of individual test-takers. All pass rates for the Advanced Generalist exam should be interpreted with caution because of the relatively small sample size of this test-taking population each year and across the 10-year target time period.

First-time pass rates by year, where applicable, and eventual pass rates are not reported in the figures below but can be found in Appendix F.

First-time and eventual pass rates

From 2011 to 2021, more than half of test-takers (59.4 percent) passed the Advanced Generalist exam on their first attempt. Refer to Table F1 in Appendix F for first-time pass rate numbers by year. Considering the total number of test-takers who passed the exam regardless of whether it was their first or a subsequent attempt (i.e., eventual pass rate), even more test-takers (64.5 percent) passed the Advanced Generalist exam during this time period.

Figure 29. 2011–2021 Advanced Generalist exam first-time pass rates by year and eventual pass rate

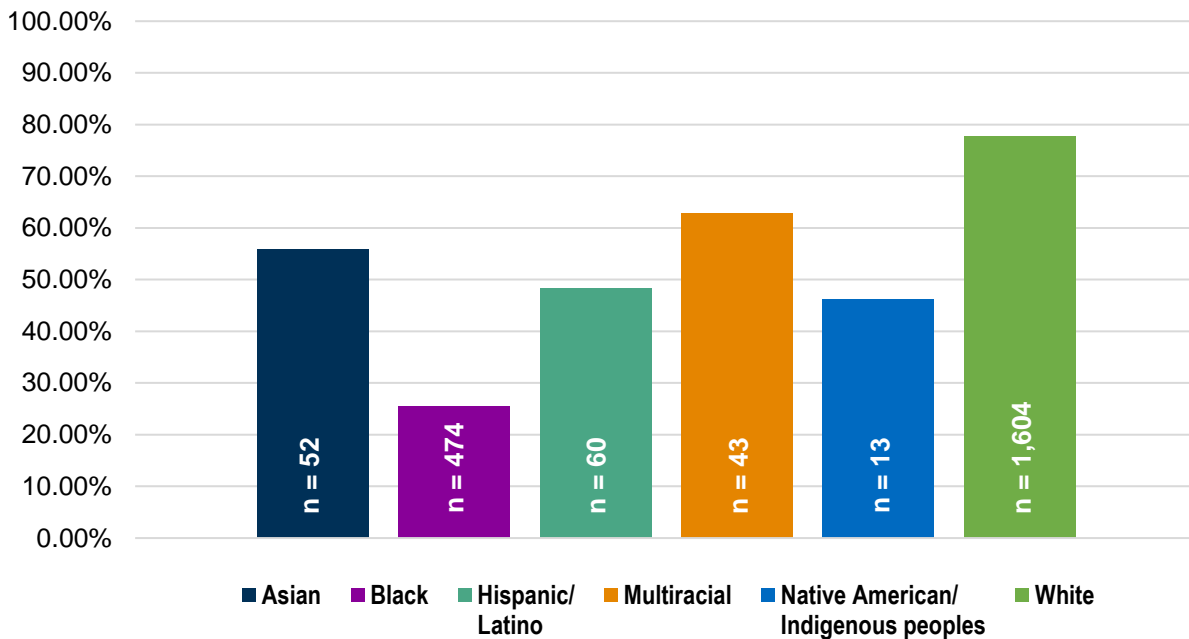


Pass rates by race/ethnicity

Note: The eventual pass rate for multiracial and Native American/Indigenous peoples test-takers should be interpreted with caution because these sample sizes are too small (i.e., less than 50) to confirm consistent patterns.

When considering the Advanced Generalist exam performance of test-takers by race/ethnicity, eventual pass rates were highest for white test-takers, averaging 77.7 percent during the 2011–2021 time period, followed by multiracial (62.8 percent), Asian (55.8 percent), Hispanic/Latino (48.3 percent), Native American/Indigenous peoples (46.2 percent), and Black (25.5 percent) test-takers.

Figure 30. 2011–2021 Advanced Generalist exam eventual pass rates by race/ethnicity

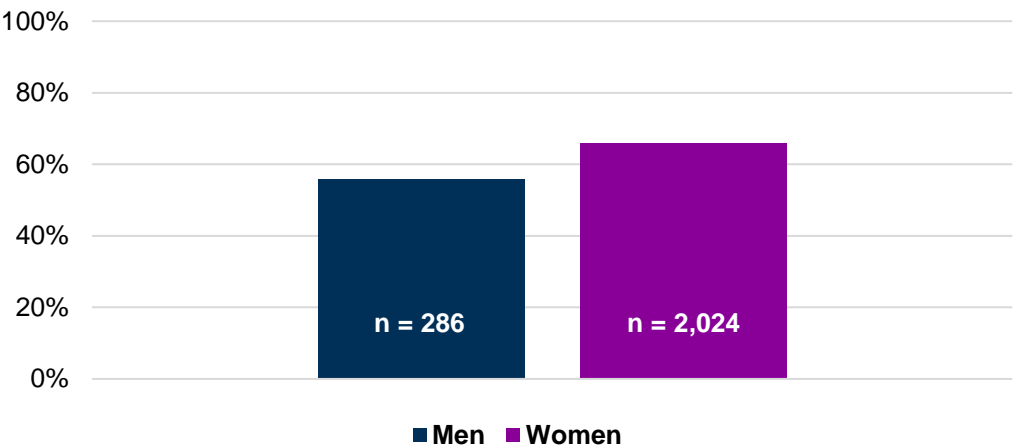


Note. Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response options available on the exam registration forms and will continue to evaluate these options to ensure test-takers may accurately respond.

Pass rates by gender

Reviewing Advanced Generalist exam performance by gender from 2011 to 2021, eventual pass rates were higher for women (65.7 percent) than for men (55.9 percent).

Figure 31. 2011–2021 Advanced Generalist exam eventual pass rates by gender

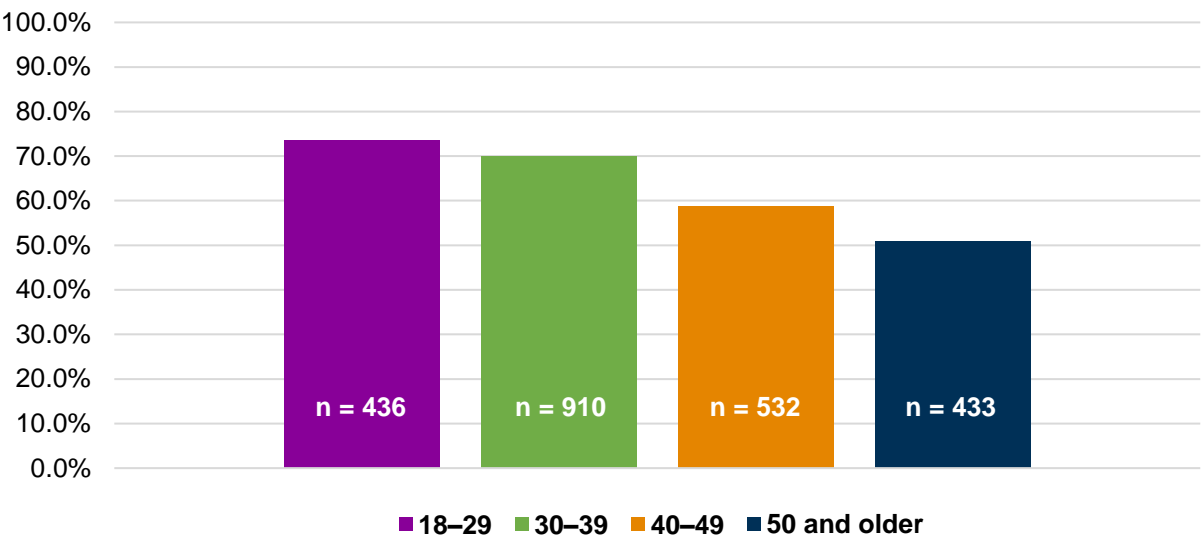


Note. Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response options available on the exam registration forms and will continue to evaluate these options to ensure test-takers may accurately respond.

Pass rates by age

Reviewing Advanced Generalist exam performance by age from 2011 to 2021, pass rates were higher for test-takers in lower age categories than for those in higher age categories. Specifically, the eventual pass rate was 73.6 percent for test-takers between the ages of 18 and 29, 70 percent for those between 30 and 39, 58.8 percent for those between 40 and 49, and 50.8 percent for those 50 and older.

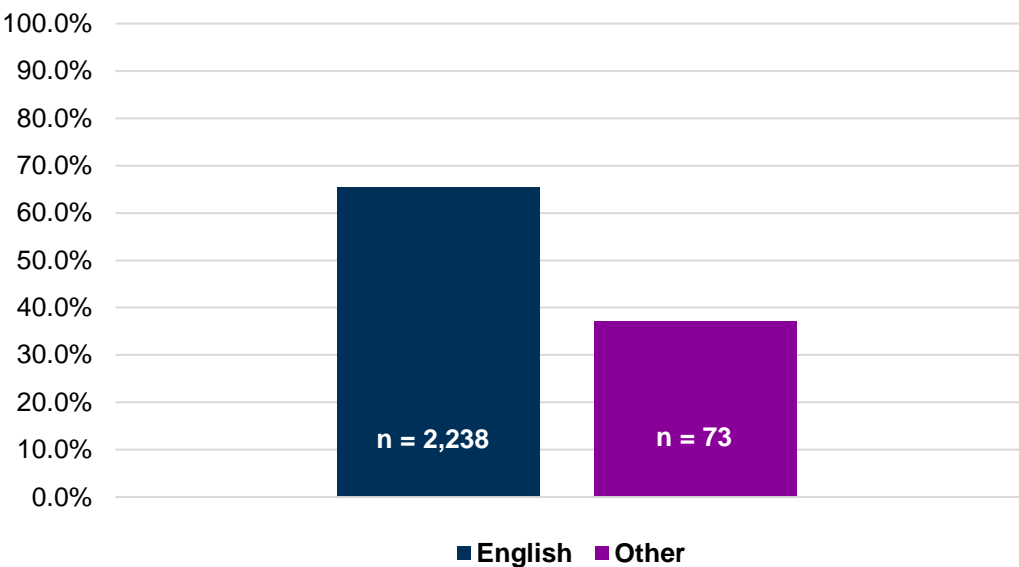
Figure 32. 2011–2021 Advanced Generalist exam eventual pass rates by age



Pass rates by primary language

Reviewing Advanced Generalist exam performance by primary language from 2011 to 2021, eventual pass rates were higher for test-takers who reported that their primary language was English (65.4 percent) than for those who reported that their primary language was not English (37 percent).

Figure 33. 2011–2021 Advanced Generalist exam eventual pass rates by primary language

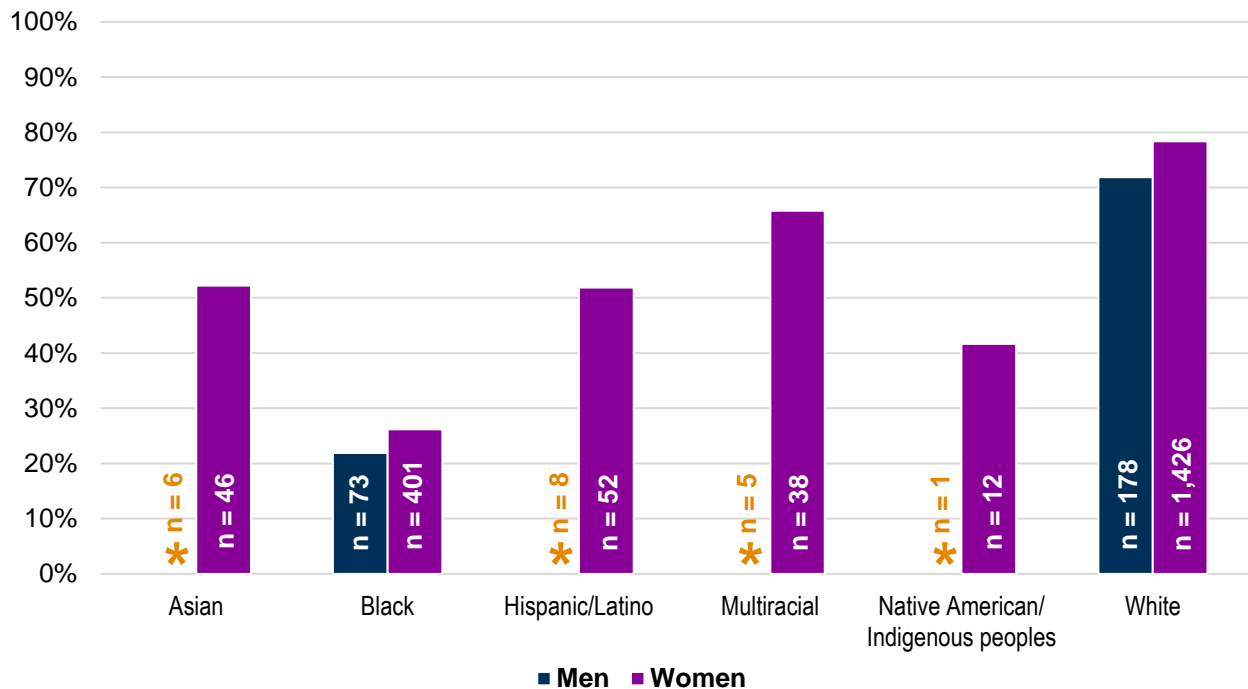


Pass rates by race/ethnicity and gender

Note: Eventual pass rates by race/ethnicity and gender should be interpreted with caution for female Asian, multiracial, and Native American/Indigenous peoples test-takers because these sample sizes are too small (i.e., less than 50) to confirm consistent patterns.

Across all race/ethnicity categories where data are reported, women had higher eventual pass rates than men on the Advanced Generalist exam. Among groups with sample sizes greater than 10, the difference in eventual pass rates between men and women was 6.5 percent for white test-takers and 4.3 percent for Black test-takers. It should be noted that the number of women from these two race/ethnicity categories who took the Advanced Generalist exam from 2011 to 2021 was, on average, four to eight times larger than the number of men from these race/ethnicity categories who took the Advanced Generalist exam during the same period. Therefore, conclusions based on these differences may not be reliable. Refer to Table F2 in Appendix F for eventual pass rate numbers by gender and race/ethnicity.

Figure 34. 2011–2021 Advanced Generalist exam eventual pass rates by race/ethnicity and gender



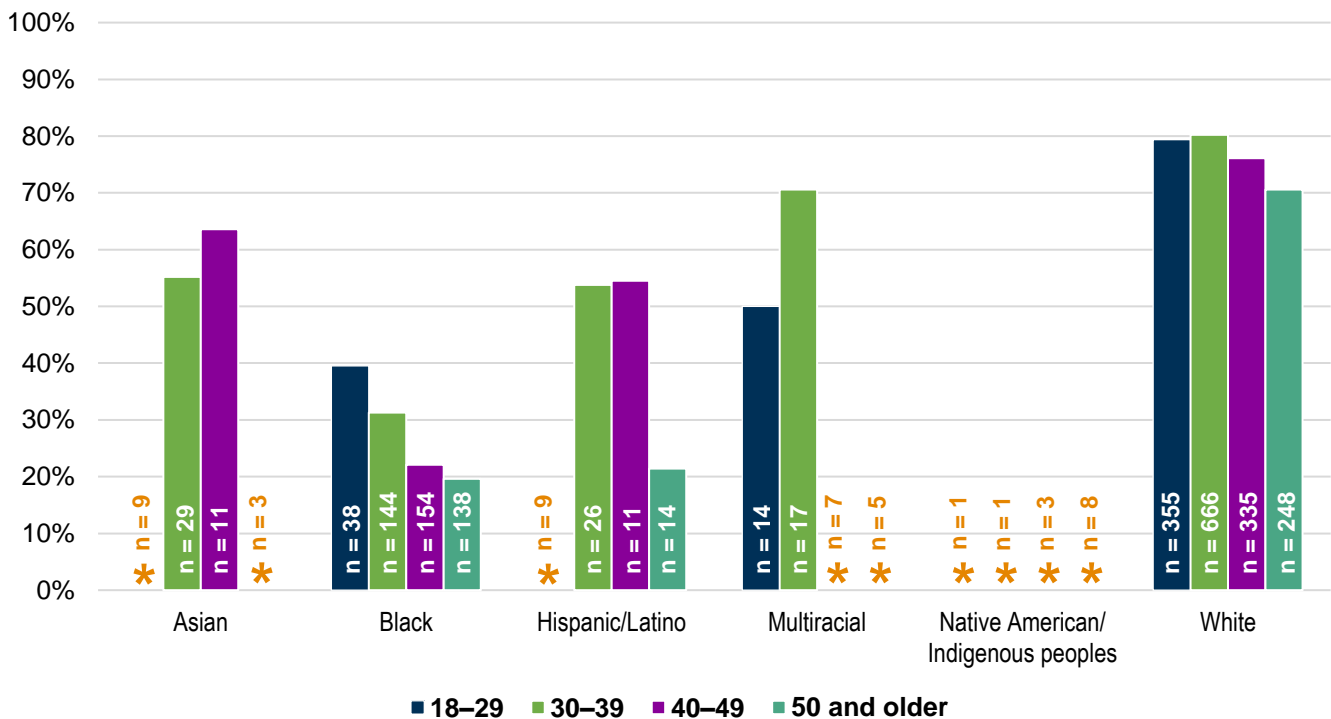
Note. (*) To protect the privacy of test-takers, pass rate data are not reported for numbers less than 10. Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response options available on the exam registration forms and will continue to evaluate these options to ensure test-takers may accurately respond.

Pass rates by race/ethnicity and age

Note: Eventual pass rates by race/ethnicity and age should be interpreted with caution for Asian, Hispanic/Latino, multiracial, and Native American/Indigenous peoples test-takers across all age categories and for Black test-takers in the 18- to 29-year-old age category because these sample sizes are too small (i.e., less than 50) to confirm consistent patterns.

Within race/ethnicity subgroups, eventual pass rates tended to decrease as age categories increased, with the largest differences among age categories predominantly occurring between test-takers who were 18 to 29 years old and test-takers who were 50 and older. Where comparisons between groups could be drawn, the difference in eventual pass rates between these two age categories was 8.8 percent for white test-takers and 18.1 percent for Black test-takers. Note that for Black test-takers, the number of individuals who were 50 years and older was approximately three and a half times larger than the number of test-takers who were 18 to 29 years old. Thus, conclusions based on the difference between these groups may be unreliable. Refer to Table F3 in Appendix F for eventual pass rate numbers by age and race/ethnicity.

Figure 35. 2011–2021 Advanced Generalist exam eventual pass rates by race/ethnicity and age



Note. (★) To protect the privacy of test-takers, pass rate data are not reported for numbers less than 10. Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response options available on the exam registration forms and will continue to evaluate these options to ensure test-takers may accurately respond.

DISCUSSION



DISCUSSION

This report provides data on test-taker participation and performance on the ASWB social work licensing exams between 2011 and 2021. Although the findings for each exam are independent of each other, trends across all five exams can be observed. These trends merit additional evaluation and ongoing discussion to better understand their implications.

Demographic changes in the test-taker population

Several findings show that the proportion of test-takers from historically marginalized communities (defined for this report as those reporting their race/ethnicity as Asian, Black, Hispanic/Latino, multiracial, or Native American/Indigenous peoples) increased from 2011 to 2021. This finding suggests that more test-takers from these communities are actively seeking social work licensure. The proportion of white test-takers, however, remains the largest across the exams. Similar trends can be observed when examining the proportion of test-takers by gender. Most test-takers—like most social workers— are women.

Further research should be done to expand understanding of the demographic makeup of the profession and the communities that social workers serve. This research may include exploring differences in how social workers are recruited to the profession and evaluating the amount and type of support social work students receive as they enter the profession. It may also be valuable to identify and, where possible, address the challenges that social workers face in seeking licensure and to learn why some may be more likely to engage with or avoid the licensure process.

Pass rates by race/ethnicity

Across all five exams, differences were observed in pass rates among racial/ethnic subgroups, the largest being between white test-takers and Black test-takers, who tend to have the lowest pass rates of all racial/ethnic groups.

Variations in exam performance across different racial/ethnic groups are not unique to the ASWB examinations. Other professional licensure tests, such as the Praxis® exam for teacher licensure (Nettles et al., 2011), Nursing Council Licensure Exam (NCLEX-RN®; Lockie, 2013), the North American Pharmacist Licensure Examination (NAPLEX®; Chisholm-Burns et al., 2017), and the bar exam (American Bar Association, 2022) have also reported different pass rates for historically marginalized groups, suggesting systemic issues affecting all licensure candidates. Census data have consistently shown that individuals from historically marginalized groups disproportionately experience socioeconomic hardship related to lower household income, higher poverty rates, inequities in educational resources and attainment, and lower rates of health coverage, wealth, and home ownership (Shrider et al., 2021). Accordingly, historically marginalized groups may be more likely to experience challenges in the period leading up to exam administration, including but not limited to access to comprehensive, accurate, and effective exam preparation resources; sufficient time or availability to prepare for taking an exam; and adequate financial resources to pay for the exam.

Other issues may affect test-takers during the administration of the exam itself, such as the experience of stereotype threat. Stereotype threat is a phenomenon stemming from an individual's fears that performance on a task may confirm or reinforce preexisting negative stereotypes about the racial, ethnic, gender, and/or cultural group of which the individual is a member (Steele & Aronson, 1995). For example, knowing that an exam is intended to measure one's intellectual ability or priming

one's identification with a racial or ethnic group (for whom negative stereotypes regarding test performance may exist) has been shown to affect exam performance negatively for individuals from those groups (Walton & Spencer, 2009). These factors act independently of test-takers' actual competence or ability and, in some cases, altogether disappear when reframing the objective of the test (e.g., gathering feedback vs. assessing performance; Spencer et al., 2016) or helping test-takers reappraise their anxiety (Johns et al., 2008).

Future research should be focused on investigating the challenges, restrictions, and constraints that some members of historically marginalized groups may experience. It is important to explore ways to best support test-takers through all stages of the exam process and ensure that those who seek licensure have a fair and equitable path to success.

Pass rates by age

Another trend observed in the data concerns differences in pass rates based on the age of test-takers. Specifically, test-takers in the lowest age category—those between the ages of 18 and 29 years old—tended to have higher pass rates than test-takers in higher age categories, particularly those over 50 years old. Test-takers of any age may have unique challenges based on multiple factors and responsibilities, including family, finances, and other commitments outside their profession that may make it difficult to prioritize exam preparation. However, the findings suggest that social workers in higher age categories may be experiencing these challenges at a higher rate than their counterparts in lower age categories. Test-takers who recently graduated from a social work program may be more likely to pass the exams compared to test-takers who, despite being experienced professionals, may have graduated from social work school years earlier and are less likely to have benefited from recent instruction specifically targeted at preparing for the exam.

Future research should focus on gaining more context and insight about the lived experiences of test-takers in higher age categories to identify challenges they may face. An early step might be to examine higher age categories at a more granular level. The challenges to licensure faced by social workers in their 50s may be different from those faced by social workers in their 60s or 70s. Future research should explore differences within and across these groups and identify tailored responses to help address these specific challenges.

Pass rates by demographic intersections

Test-takers represent combinations of specific demographic characteristics (e.g., race/ethnicity, gender, gender identity, age, disability, primary language), the intersections of which often result in additional, multiplicative hardships for individuals and groups (Crenshaw, 1989). For example, while Black test-takers tended to have lower pass rates when compared to test-takers from other races/ethnicities, pass rates for Black male test-takers were lower than pass rates for Black female test-takers. A similar trend was observed when comparing Black test-takers in higher age categories to Black test-takers in lower age categories. On the other hand, for certain exams (e.g., Clinical, Masters), the gender differences in pass rates are smaller for Hispanic/Latino test-takers compared to test-takers from other historically marginalized groups. Therefore, it is vital to consider these intersections, particularly within-group variations, when seeking to further understand the varied lived experiences of test-takers, whether related to recruitment, schooling, exam preparation, or administration, and how those experiences can potentially affect exam performance and eventual licensure.

Future research should actively consider the role of intersectionality in all aspects of the social work professional pipeline and should expand data collection and inquiry to gain clearer insight into how various groups experience the exam and what resources would be most effective in improving outcomes for test-takers with intersecting identities.

Conclusion

The primary purpose of social work licensure, and therefore the licensing exams, is to advance safe, competent, and ethical practices to strengthen public protection. Nevertheless, obtaining a social work license has implications for an individual. For example, becoming licensed may help individuals in securing employment, a promotion, or a salary increase. Because supervisory, managerial, and director positions often require licensure, individuals who pass an exam and obtain a social work license have greater career advancement opportunities.

The licensure process is subject to the many systemic factors affecting individuals, particularly those from historically marginalized communities. These systemic factors, combined with implicit factors such as stereotype threat, can affect test-takers at any point along their personal and professional trajectory and culminate in passing or failing a licensing exam.

Ensuring equal opportunity for all to demonstrate their competence on the licensing exams cannot be accomplished solely through the examination program itself. The systemic nature of the challenges will require acknowledging multiple variables and investigating the internal and external factors that may contribute to variation in participation and pass rates. At the same time, the social work examinations must continue to reflect the highest standards of validity and reliability, and further research should be conducted to continue to inform the conversation around diversity, equity, and inclusion.

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APPENDIX A

EXAMINATION CATEGORIES



APPENDIX A

EXAMINATION CATEGORIES

Exam	Requirements	Purpose
Associate	Social work degree not required	For use in jurisdictions that issue licenses to applicants who do not possess a social work degree
Bachelors	Bachelor's degree in social work	Basic generalist practice of baccalaureate social work
Masters	Master's degree in social work	Practice of master's social work including the application of specialized knowledge and advanced practice skills
Advanced Generalist	Master's degree in social work; two years (or commensurate experience as defined by the jurisdiction) of experience in nonclinical settings	Practice of advanced generalist social work that occurs in nonclinical settings and may include macro-level practice
Clinical	Master's degree in social work; two years (or commensurate experience as defined by the jurisdiction) of experience in clinical settings	Practice of clinical social work requiring the application of specialized clinical knowledge and advanced clinical skills

APPENDIX B

**CLINICAL EXAM:
ADDITIONAL STATISTICS**



APPENDIX B

CLINICAL EXAM: ADDITIONAL STATISTICS

Table B1. 2011–2021 Clinical exam first-time pass rates by year

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Pass rate	77.5%	76.4%	77.6%	77.6%	75.8%	78.1%	78.3%	73.2%	74.2%	74.8%	75.8%

Table B2. 2018–2021 Clinical exam first-time pass rates by year by race/ethnicity

Race/Ethnicity	2018		2019		2020		2021	
	n	Pass rate	n	Pass rate	n	Pass rate	n	Pass rate
Asian	574	67.2%	561	68.1%	567	72.1%	768	74.9%
Black	2,187	39.2%	2,293	44.0%	2,634	44.6%	2,932	46.2%
Hispanic/Latino	1,838	62.0%	2,071	62.5%	1,873	67.0%	2,726	65.8%
Multiracial	409	77.8%	436	78.4%	430	80.2%	576	80.7%
Native American/ Indigenous peoples	89	65.2%	98	66.3%	97	63.9%	115	59.1%
White	10,437	82.7%	11,205	82.8%	10,684	83.7%	12,977	85.0%

Table B3. 2018–2021 Clinical exam first-time pass rates by year by gender

Gender	2018		2019		2020		2021	
	n	Pass rate	n	Pass rate	n	Pass rate	n	Pass rate
Men	2,084	70.4%	2,250	72.2%	2,227	71.4%	2,618	74.4%
Women	13,927	73.6%	14,947	74.5%	14,571	75.3%	18,007	76.0%

Table B4. 2018–2021 Clinical exam first-time pass rates by year by age

Age	2018		2019		2020		2021	
	n	Pass rate	n	Pass rate	n	Pass rate	n	Pass rate
18–29	4,233	76.8%	4,477	78.4%	4,724	80.3%	5,125	81.4%
30–39	7,002	76.7%	7,663	77.2%	7,269	77.5%	9,420	78.2%
40–49	2,908	66.0%	3,073	68.2%	2,926	68.0%	3,740	69.1%
50 and older	1,879	63.1%	1,994	62.2%	1,882	61.3%	2,372	64.4%

Table B5. 2018–2021 Clinical exam first-time pass rates by year by primary language

Primary language	2018		2019		2020		2021	
	n	Pass rate	n	Pass rate	n	Pass rate	n	Pass rate
English	14,793	75.0%	15,927	75.6%	15,679	75.7%	19,237	77.0%
Other	1,229	52.2%	1,280	55.7%	1,122	62.8%	1,420	59.1%

Table B6. 2018–2021 Clinical exam first-time pass rates by race/ethnicity and gender

Race/Ethnicity	Men		Women	
	n	Pass rate	n	Pass rate
Asian	368	65.8%	2,101	71.9%
Black	1,192	37.2%	8,848	44.7%
Hispanic/Latino	1,164	61.3%	7,341	65.0%
Multiracial	231	77.1%	1,620	79.8%
Native American/ Indigenous peoples	56	57.1%	343	64.4%
White	5,796	82.0%	39,482	83.8%

Table B7. 2018–2021 Clinical exam first-time pass rates by race/ethnicity and age

Race/Ethnicity	18 – 29		30 – 39		40 – 49		50 and older	
	n	Pass rate	n	Pass rate	n	Pass rate	n	Pass rate
Asian	596	80.4%	1,317	72.7%	407	59.7%	150	48.0%
Black	1,959	54.2%	4,361	49.8%	2,289	37.2%	1,437	22.0%
Hispanic/Latino	1,923	71.7%	4,470	68.3%	1,511	53.5%	604	40.7%
Multiracial	546	83.7%	889	81.7%	297	70.4%	119	65.5%
Native American/ Indigenous peoples	79	73.4%	146	71.9%	102	55.9%	72	45.8%
White	13,115	84.3%	19,196	86.2%	7,563	80.7%	5,429	76.8%

Note. Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response options available on the exam registration forms and will continue to evaluate these options to ensure test-takers may accurately respond.

APPENDIX C

MASTERS EXAM:
ADDITIONAL STATISTICS



APPENDIX C

MASTERS EXAM: ADDITIONAL STATISTICS

Table C1. 2011–2021 Masters exam first-time pass rates by year

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Pass rate	82.5%	83.3%	82.1%	81.9%	80.4%	81.0%	81.2%	75.5%	74.0%	75.3%	73.0%

Table C2. 2018–2021 Masters exam first-time pass rates by year by race/ethnicity

Race/Ethnicity	2018		2019		2020		2021	
	n	Pass rate	n	Pass rate	n	Pass rate	n	Pass rate
Asian	558	68.8%	575	69.6%	535	72.3%	754	71.2%
Black	3,010	45.0%	3,355	44.5%	3,254	45.2%	4,225	43.9%
Hispanic/Latino	1,755	66.4%	2,031	62.1%	1,878	65.3%	2,752	62.0%
Multiracial	400	82.3%	427	79.2%	430	83.7%	585	77.9%
Native American/ Indigenous peoples	96	66.7%	107	59.8%	114	67.5%	136	65.4%
White	10,474	86.2%	11,160	85.1%	9,984	87.1%	12,423	85.3%

Table C3. 2018–2021 Masters exam first-time pass rates by year by gender

Gender	2018		2019		2020		2021	
	n	Pass rate	n	Pass rate	n	Pass rate	n	Pass rate
Men	2,234	75.3%	2,293	73.8%	2,052	74.2%	2,593	72.7%
Women	14,570	75.5%	15,925	74.0%	14,662	75.5%	19,040	73.1%

Table C4. 2018–2021 Masters exam first-time pass rates by year by age

Age	2018		2019		2020		2021	
	n	Pass rate	n	Pass rate	n	Pass rate	n	Pass rate
18–29	8,858	78.2%	9,433	76.5%	8,587	79.0%	10,584	76.3%
30–39	4,798	74.9%	5,228	73.9%	4,821	74.3%	6,625	72.4%
40–49	2,014	70.8%	2,232	67.8%	2,113	67.7%	2,794	66.8%
50 and older	1,142	65.0%	1,338	66.1%	1,195	66.8%	1,647	64.8%

Table C5. 2018–2021 Masters exam first-time pass rates by year by primary language

Primary language	2018		2019		2020		2021	
	n	Pass rate	n	Pass rate	n	Pass rate	n	Pass rate
English	15,751	76.8%	17,033	75.3%	15,744	76.5%	20,282	74.0%
Other	1,061	55.8%	1,198	55.1%	972	57.4%	1,368	58.8%

Table C6. 2018–2021 Masters exam first-time pass rates by race/ethnicity and gender

Race/Ethnicity	Men		Women	
	n	Pass rate	n	Pass rate
Asian	390	61.0%	2,031	72.4%
Black	1,649	40.6%	12,192	45.1%
Hispanic/Latino	1,052	62.0%	7,361	63.9%
Multiracial	204	80.9%	1,634	80.5%
Native American/ Indigenous peoples	60	68.3%	393	64.4%
White	5,409	87.6%	38,618	85.6%

Table C7. 2018–2021 Masters exam first-time pass rates by race/ethnicity and age

Race/Ethnicity	18 – 29		30 – 39		40 – 49		50 and older	
	n	Pass rate	n	Pass rate	n	Pass rate	n	Pass rate
Asian	1,387	75.3%	700	64.0%	251	64.9%	84	61.9%
Black	5,590	51.3%	4,576	44.3%	2,282	38.0%	1,396	29.5%
Hispanic/Latino	4,264	67.9%	2,763	63.2%	983	54.5%	406	44.8%
Multiracial	977	82.7%	623	80.4%	172	72.7%	70	70.0%
Native American/ Indigenous peoples	133	72.9%	152	67.8%	102	56.9%	66	54.5%
White	24,202	85.1%	11,819	88.0%	4,977	84.9%	3,043	85.2%

Note. Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response options available on the exam registration forms and will continue to evaluate these options to ensure test-takers may accurately respond.

APPENDIX D

**BACHELORS EXAM:
ADDITIONAL STATISTICS**



APPENDIX D

BACHELORS EXAM: ADDITIONAL STATISTICS

Table D1. 2011–2021 Bachelors Exam first-time pass rates by year

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Pass rate	77.5%	77.0%	77.7%	77.8%	77.5%	76.7%	77.7%	69.0%	67.3%	68.5%	68.7%

Table D2. 2018–2021 Bachelors exam first-time pass rates by year by race/ethnicity

Race/Ethnicity	2018		2019		2020		2021	
	n	Pass rate	n	Pass rate	n	Pass rate	n	Pass rate
Asian	73	60.3%	85	48.2%	85	57.6%	97	71.1%
Black	515	37.5%	475	34.9%	319	33.2%	446	31.6%
Hispanic/Latino	254	52.8%	274	49.6%	175	54.9%	293	54.6%
Multiracial	77	77.9%	69	73.9%	54	77.8%	100	71.0%
Native American/ Indigenous peoples	38	71.1%	34	55.9%	33	57.6%	40	75.0%
White	2,659	76.7%	2,573	75.7%	1,944	75.8%	2,406	77.0%

Table D3. 2018–2021 Bachelors exam first-time pass rates by year by gender

Gender	2018		2019		2020		2021	
	n	Pass rate	n	Pass rate	n	Pass rate	n	Pass rate
Men	362	65.7%	349	67.3%	298	66.4%	327	63.9%
Women	3,346	69.3%	3,233	67.3%	2,409	68.8%	3,166	69.1%

Table D4. 2018–2021 Bachelors exam first-time pass rates by year by age

Age	2018		2019		2020		2021	
	n	Pass rate	n	Pass rate	n	Pass rate	n	Pass rate
18–29	2,162	68.6%	2,145	67.9%	1,602	70.3%	2,010	69.4%
30–39	790	72.8%	763	67.4%	567	66.1%	766	70.6%
40–49	468	68.4%	412	68.9%	335	68.4%	454	69.2%
50 and older	291	62.5%	263	59.3%	205	61.5%	264	56.8%

Table D5. 2018–2021 Bachelors exam first-time pass rates by year by primary language

Primary language	2018		2019		2020		2021	
	n	Pass rate	n	Pass rate	n	Pass rate	n	Pass rate
English	3,538	70.1%	3,393	68.9%	2,565	70.0%	3,315	69.6%
Other	173	46.2%	190	38.9%	144	43.1%	179	52.0%

Table D6. 2018–2021 Bachelors exam first-time pass rates by race/ethnicity and gender

Race/Ethnicity	Men		Women	
	n	Pass rate	n	Pass rate
Asian	48	66.7%	292	58.6%
Black	218	33.9%	1,537	34.6%
Hispanic/Latino	101	52.5%	895	52.8%
Multiracial	34	79.4%	266	74.1%
Native American/ Indigenous peoples	13	46.2%	132	67.4%
White	874	74.8%	8,703	76.5%

Table D7. 2018–2021 Bachelors exam first-time pass rates by race/ethnicity and age

Race/Ethnicity	18 – 29		30 – 39		40 – 49		50 and older	
	n	Pass rate	n	Pass rate	n	Pass rate	n	Pass rate
Asian	223	58.7%	78	59.0%	26	73.1%	13	53.8%
Black	789	39.3%	442	35.3%	291	30.2%	233	22.3%
Hispanic/Latino	637	53.1%	232	56.5%	82	45.1%	45	44.4%
Multiracial	206	75.7%	65	75.4%	21	57.1%	8	--
Native American/ Indigenous peoples	59	67.8%	38	63.2%	36	63.9%	12	66.7%
White	5,859	74.7%	1,918	79.4%	1,139	80.6%	666	74.5%

Note. To protect the privacy of test-takers, pass rate data are not reported for samples $n < 10$. Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response options available on the exam registration forms and will continue to evaluate these options to ensure test-takers may accurately respond.

APPENDIX E

ASSOCIATE EXAM:
ADDITIONAL STATISTICS



APPENDIX E

ASSOCIATE EXAM: ADDITIONAL STATISTICS

Table E1. 2011–2021 Associate exam first-time pass rates by year

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Pass rate	75.8%	75.0%	77.3%	68.5%	67.5%	66.2%	70.4%	72.2%	74.3%	78.0%	70.7%

Table E2. 2011–2021 Associate exam eventual pass rates by race/ethnicity and gender

Race/Ethnicity	Men		Women	
	n	Pass rate	n	Pass rate
Asian	18	66.7%	49	77.6%
Black	139	66.9%	496	71.6%
Hispanic/Latino	101	72.3%	557	76.5%
Multiracial	21	81.0%	71	88.7%
Native American/ Indigenous peoples	2	--	31	71.0%
White	395	90.9%	1,682	93.5%

Note. To protect the privacy of test-takers, pass rate data are not reported for samples $n < 10$.

Table E3. 2011–2021 Associate exam eventual pass rates by race/ethnicity and age

Race/Ethnicity	18–29		30–39		40–49		50 and older	
	n	Pass rate	n	Pass rate	n	Pass rate	n	Pass rate
Asian	23	82.6%	19	63.2%	17	76.5%	8	--
Black	264	74.6%	213	73.2%	97	63.9%	61	54.1%
Hispanic/Latino	306	80.1%	214	77.1%	91	75.8%	47	42.6%
Multiracial	47	85.1%	30	90.0%	9	--	6	--
Native American/ Indigenous peoples	5	--	10	100.0%	9	--	9	--
White	1,002	93.2%	607	93.7%	292	92.1%	177	91.0%

Note. To protect the privacy of test-takers, pass rate data are not reported for samples $n < 10$. Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response options available on the exam registration forms and will continue to evaluate these options to ensure test-takers may accurately respond.

APPENDIX F

ADVANCED GENERALIST

EXAM: ADDITIONAL STATISTICS



APPENDIX F

ADVANCED GENERALIST EXAM: ADDITIONAL STATISTICS

Table F1. 2011–2021 Advanced Generalist exam first-time pass rates by year

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Pass rate	47.6%	63.3%	75.3%	71.1%	64.5%	57.1%	59.1%	56.2%	66.9%	64.2%	63.6%

Table F2. 2011–2021 Advanced Generalist exam eventual pass rates by race/ethnicity and gender

Race/Ethnicity	Men		Women	
	n	Pass rate	n	Pass rate
Asian	6	--	46	52.2%
Black	73	21.9%	401	26.2%
Hispanic/Latino	8	--	52	51.9%
Multiracial	5	--	38	65.8%
Native American/ Indigenous peoples	1	--	12	41.7%
White	178	71.9%	1,426	78.4%

Note. To protect the privacy of test-takers, pass rate data are not reported for samples $n < 10$.

Table F3. 2011–2021 Advanced Generalist exam eventual pass rates by race/ethnicity and age

Race/Ethnicity	18–29		30–39		40–49		50 and older	
	n	Pass rate	n	Pass rate	n	Pass rate	n	Pass rate
Asian	9	--	29	55.2%	11	63.6%	3	--
Black	38	39.5%	144	31.3%	154	22.1%	138	19.6%
Hispanic/Latino	9	--	26	53.8%	11	54.5%	14	21.4%
Multiracial	14	50.0%	17	70.6%	7	--	5	--
Native American/ Indigenous peoples	1	--	1	--	3	--	8	--
White	355	79.4%	666	80.2%	335	76.1%	248	70.6%

Note. To protect the privacy of test-takers, pass rate data are not reported for samples $n < 10$. Data shown may not reflect all test-takers because those who selected options such as Prefer not to say or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response options available on the exam registration forms and will continue to evaluate these options to ensure test-takers may accurately respond.

