

**BEHAVIORAL SCIENCES REGULATORY BOARD  
SOCIAL WORK ADVISORY COMMITTEE  
Monday, October 17, 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/ETVB1JidTbE>

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.

**Monday, October 17, 2022**

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

- I. Opening Remarks, Advisory Committee Chair**
- II. Agenda Approval**
- III. Public Comment**
  - A. Discussion on Communications Related to Release of Demographic Information for Social Work Examination Pass Rates by Representative Susan Ruiz**
  - B. Presentation on Release of Exam Pass Rate Information by Representatives from the Association of Social Work Boards (ASWB) including Dr. Stacey Hardy-Chandler, Chief Executive Officer for ASWB; Dale Atkinson, ASWB Legal Counsel; Jennifer Henkel, Senior Director of Member Engagement and Regulatory Services; and Cara Sanner, Regulatory Support Services Program Manager for ASWB**
- IV. Review and Approval of Minutes from Previous Advisory Committee Meeting on August 16, 2022**
- V. Executive Director's Report**
- VI. Old Business**
  - A. Discussion on Draft Language for Social Work Multi-State Compact**
  - B. Discussion on ASWB Exam Pass Rate Information**
  - 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**

**VII. New Business**

- A. K.A.R. 102-1-15(g) Licensed Psychology Regulation on Continuing Education**
- B. Discussion on Possible Regulation for Care of Clients in Crisis**
- C. Update on Kansas Fights Addiction Grant Review Board Appointee**
- D. Discussion on Dates for Meetings in 2023**

**VIII. Committee Discussion on Items for Next Meeting**

**IX. Next Meetings: Tuesday, Dec. 20**

**X. Adjournment**

**BEHAVIORAL SCIENCES REGULATORY BOARD**  
**SOCIAL WORK ADVISORY COMMITTEE**  
**AUGUST 16, 2022**  
**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, Cynthia Schendel, Donna Hoener-Queal, Sarah Berens, Mary Gill, Mike Gillett, Lee Ann Gingery, Angi Heller-Workman, Catherine Rech, Eric Schoenecker, Cristin Stice, and Robin Unruh.

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

**Guests.** Becky Fast, Executive Director for the Kansas Chapter of the National Association of Social Workers (NASW); Steven Pharris, Executive Director for the Oklahoma Chapter of NASW; Matt Shafer, Deputy Policy Director at the National Center for Interstate Compacts at the Council for State Governments (CSG); Keith Buckhout, Research Associate for CSG; and Dan Logsdon, Director for the National Center for Interstate Compacts for CSG were present by Zoom.

- II. Agenda Approval.** Mike Gillett moved to approve the agenda as written. Lee Ann Gingery seconded. The motion passed.
- III. New Board Member Cynthia Schendel.** The Advisory Committee welcomed Cynthia to the Advisory Committee.
- IV. Public Comment - Becky Fast, Executive Director for the Kansas Chapter of NASW.** Ms. Fast provided public comment on the recent report by the Association of Social Work Boards (ASWB) on licensing exam pass rates, reflecting disparities in pass rates between different demographic groups, including race, gender, and age. It was noted that the ASWB examinations are only offered in English. Ms. Fast stated the draft language for the social work multi-state compact currently requires passage of a standardized examination, however she believes certain individuals will be calling for a pause on the consideration of the compact until this issue is resolved. Ms. Fast referenced certain states that do not require passage of a standardized examination for at least one level of licensing and noted that when passage of an examination was removed recently as a requirement for licensure in Illinois, that state saw the number social workers from marginalized communities triple. Ms. Fast stated that she believes the requirement of passage of a standardized examination has been a barrier for social work applicants from racial and ethnic communities. Ms. Fast thanked the Advisory Committee for seeking information on the compact and noted that she believes the Kansas Legislature will be supportive of a multi-state compact for the social work profession.

- V. Presentation on the Social Work Compact.** Matt Shafer, Deputy Policy Director at the National Center for Interstate Compacts at CSG, provided an overview on the draft model legislation language for the social work multi-state compact. Steven Pharris, Executive Director for the Oklahoma Chapter of NASW, noted that he was part of the team that worked on the model language for the multi-state compact and he encouraged the Advisory Committee to look at what other changes might be necessary to adopt the compact. Representatives from CSG noted a survey is available for comments on the draft language and it was anticipated the comment period would end mid-to-late September 2022. Representatives from CSG noted that the only other compact that uses a multi-state license approach is the nursing compact and they have heard that states that joined the nursing compact have experienced very small changes in revenue after moving to a multi-state license system. Representatives from CSG noted their initial goal was to have the model language final so it could be considered by states during the 2023 legislative session, but if further changes are necessary due to the discussion on requiring a licensing examination or other issues, the goal is to have the model language for consideration during the 2024 legislative session.
- VI. Minutes Approval.** Lee Ann Gingery moved to approve the minutes from the Advisory Committee meeting on June 21, 2022. Angi Heller-Workman seconded. The motion passed.
- VII. 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 BSRB hired a new part-time licensing specialist named Emma Allen. She started with the agency on July 18<sup>th</sup>. The BSRB is required to submit a revised budget for fiscal year (FY) 2022 and a budget for FY 2023 by September 15. The Executive Director will be speaking to vendors that have active contracts with the BSRB to estimate the future cost of services.
- B. Board Meeting on July 11, 2022.** The Board elected Mary Jones as the new Chair and David Anderson as the Vice-Chair. The Governor appointed Cynthia Schendel (social work) and Richard Nobles (licensed psychology) as new professional Board members. The Governor appointed Jim Kilmartin as the new public member, beginning on July 12, 2022. At the Board meeting, the Board reviewed and made additional changes to the investigation policy. The Board will be holding an annual all-day planning meeting in Olathe, KS, on Oct 24, 2022.
- C. Other Meetings and Events.** The Executive Director attended a conference for the National Board for Certified Counselors and presented information on the topic of Innovations in Licensing... Looking Forward and Back.

## VIII. Old Business

- A. Consideration of Regulatory Language for Implementation of SB 453, Standards for LCSW Applicants with No Clinical Practicum.** The Executive Director summarized 2021 HB 2208, which originally included a Board-requested change to decrease the number of direct client contact hours needed for clinical-level licenses for different professions. For the social work profession, the original bill would have decreased the necessary hours in statute from 350 hours of direct client contact to 200 hours. When the bill was heard in committee, an amendment was added to the bill striking the 350 hours and the statutory language that followed, which had allowed the Board to consider additional postgraduate supervised experience as determined by the Board, when evaluating the applicants for licensure. With the language struck, there was no longer a way to evaluate applicants who have no clinical practicum, so a regulation change was submitted to remove the criteria for evaluating these applicants. During the 2022 Legislative session, the BSRB requested statutory language, enacted in 2022 SB 453, which added back the language allowing for the Board to consider additional postgraduate supervised experience for applicants who do not have a clinical practicum. A recommendation was needed from the Advisory Committee to establish criteria for the Board to evaluate applicants with no clinical practicum. The Executive Director noted that the anticipated number of applicants that this standard would apply to would total approximately 5 to 10 applicants each year. Eric Schoenecker moved to set a standard of 200 hours of direct client contact for applicants for a clinical-level license who have no clinical practicum. Lee Ann Gingery seconded the motion. The motion passed.
- B. Consideration of Changes to “In Residence” Requirement for Licensure in K.A.R. 102-2-6.** The Executive Director summarized the “in residence” requirement for the educational standard for programs in K.A.R. 102-2-6, for applicants who received their education from a program that is not accredited by the national accrediting body, the Council on Social Work Education (CSWE). For these applicants from non-accredited programs, some coursework had to be received while the student was physical present at the institution, with one or more core faculty members, in face-to-face contact. It was noted that the Marriage and Family Therapy Advisory Committee had recommended removing the requirement of being at the physical location of the institution from the in-residence requirement and that other Advisory Committees were considering making a similar change. Cynthia Schendel moved to remove the physical presence requirement from the “in residence” definition and to clarify that the face-to-face requirement could be satisfied either in person or by screen. Lee Ann Gingery seconded. The motion passed.
- C. Discussion on Workforce Issues, Including Consideration of an Associate Social Worker License.** Due to time limitations, discussion on this topic was moved to the next meeting.
- D. Update on Clinical Supervision, including supervisor training and Board-Approved Supervisor Status and Update on Continuing Education in Diversity,**

**Equity, and Inclusion.** Andrea Perdomo-Morales noted the past recommendations of the Advisory Committee would be discussed by the Board and the Chair would report back to the Advisory Committee after those discussions.

**IX. New Business**

**A. Discussion of Draft Language for Social Work Compact.** Andrea Perdomo-Morales asked the members of the Advisory Committee to review the draft language on the social work multi-state compact and do further research on the proposed compact to prepare for a discussion on this topic at the next Advisory Committee meeting.

**B. K.A.R. 102-1-15(g) License Psychology Regulation on Continuing Education.** The Executive Director summarized K.A.R. 102-1-15(g), which is a regulation unique to the Licensed Psychology profession, which allows members of that profession to request additional time from the BSRB to complete continuing education hours, if they are approaching their renewal deadline and they can show good cause for needing additional time to complete their hours. The Executive Director asked members of the Advisory Committee to review this regulation to discuss at the next Advisory Committee meeting whether their profession would benefit from having such a regulation.

**C. 2022 Association for Social Work Boards (ASWB) Exam Pass Rate Analysis.** Andrea Perdomo-Morales noted Advisory Committee members received a copy of the report from ASWB on the exam pass data and the Executive Director provided information on other resources for Advisory Committee members to review on this topic on the ASWB website and methods by which members of the Advisory Committee members could express comments on this topic to ASWB. Members of the Advisory Committee expressed concerns on the disparities in exam pass rates and what this information means on the use of the examinations for licensing purposes. The Executive Director noted he would collect additional information on these topics and provide updates back to the Advisory Committee at the next meeting.

**X. Committee Discussion on Items for Next Meeting.** Advisory Committee members requested to continue discussing the report from ASWB on the examination pass rates at the next meeting.

**XI. Next Meeting.** The next meeting of the Advisory Committee will be on Tuesday, October 18, 2022. (*Note: the date for the following Advisory Committee meeting was later changed to Monday, October 17, 2022, due to a conflict with a Legislative committee meeting.*)

**VIII. Adjournment.** Lee Ann Gingery moved to adjourn the meeting. Mike Gillett seconded. The motion passed.

# 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

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

114 X. **“Single State License”** means a Social Work license issued by any state that  
115 authorizes practice only within the issuing State and does not include a Multistate  
116 Authorization to Practice in any Member State.

117 Y. **“Social Work” or “Social Work Services”** means the application of social work  
118 theory, knowledge, methods, ethics, and the professional use of self to restore or  
119 enhance social, psychosocial, or biopsychosocial functioning of individuals,  
120 couples, families, groups, organizations, and communities through the care and  
121 services provided by a Regulated Social Worker as set forth in the Member  
122 State’s statutes and regulations in the State where the services are being  
123 provided.

124 Z. **“State”** means any state, commonwealth, district, or territory of the United States  
125 of America that regulates the practice of Social Work

126 AA. **“Unencumbered License”** means a license that authorizes a Regulated Social  
127 Worker to engage in the full and unrestricted practice of Social Work.

128

129

### SECTION 3. STATE PARTICIPATION IN THE COMPACT

130 A. To be eligible to participate in the compact, a potential Member State must  
131 currently meet all of the following criteria:

132 1. License and regulate clinical, master’s, or bachelor’s categories of Social  
133 Work practice.

134 2. Require applicants for licensure to pass a corresponding Qualifying  
135 National Exam for the category of licensure sought as outlined in Section  
136 4.

137 3. Require applicants for licensure to graduate from a program that is  
138 accredited by an accrediting agency recognized by the Council for Higher  
139 Education Accreditation, or its successor, or by the United States  
140 Department of Education and operated by a college or university  
141 recognized by the Licensing Authority and that corresponds to the  
142 licensure sought as outlined in Section 4.

143 4. Require applicants for clinical licensure to complete a period of  
144 supervised practice.

145 5. Have a mechanism in place for receiving, investigating, and adjudicating  
146 complaints about Licensees.

147 B. To maintain membership in the Compact a Member State shall:

148 1. Participate fully in the Commission’s Data System, including using the  
149 Commission’s unique identifier as defined in Rules;

150 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:

- 191 1. Hold an active, Unencumbered License in the Home State;
  - 192 2. Have an active United States Social Security Number, Qualifying National
  - 193 Exam Number, or an identifier as determined by the Commission;
  - 194 3. Pay any applicable fees, including any State fee, for the Interstate Compact
  - 195 License;
  - 196 4. Meet any continuing competence requirements established by the Home
  - 197 State;
  - 198 5. Notify the Home State of any Adverse Action, Encumbrance, or restriction on
  - 199 any professional license taken by any Member State or non-Member State
  - 200 within 30 days from the date the action is taken.
  - 201 6. Abide by the laws, regulations, and Scope of Practice in the Member State
  - 202 where the client is located.
- 203 B. A Regulated Social Worker who is a clinical-category Social Worker must meet the
- 204 following requirements:
- 205 1. Passed a clinical-category Qualifying National Exam. Regulated Social Workers
  - 206 holding an active and unencumbered license, who were licensed in a state
  - 207 before a qualifying national exam was required, may be exempted from this
  - 208 requirement, as provided for by the Rules of the Commission; and
  - 209 2. Graduated with a master's degree, or higher, in Social Work, from a program that
  - 210 is accredited by an accrediting agency recognized by the Council for Higher
  - 211 Education Accreditation, or its successor, or by the United States Department of
  - 212 Education and operated by a college or university recognized by the Licensing
  - 213 Authority; and
  - 214 3. Completed a period of three thousand hours or two years of full-time
  - 215 postgraduate supervised clinical practice.
- 216 C. For a Regulated Social Worker who is a master's-category Social Worker:
- 217 1. Passed a master's-category Qualifying National Exam. Regulated Social
  - 218 Workers holding an active and unencumbered license, who were licensed in a
  - 219 state before a qualifying national exam was required, may be exempted from this
  - 220 requirement, as provided for by the Rules of the Commission; and
  - 221 2. Graduated with a master's degree, or higher, in Social Work, from a program that
  - 222 is accredited by an accrediting agency recognized by the Council for Higher
  - 223 Education Accreditation, or its successor, or by the United States Department of
  - 224 Education and operated by a college or university recognized by the Licensing
  - 225 Authority.
- 226 D. For a Regulated Social Worker who is a bachelor's-category Social Worker:
- 227 1. Passed a bachelor's-category Qualifying National Exam. Regulated Social
  - 228 Workers holding an active and unencumbered license, who were licensed in a
  - 229 state before a qualifying national exam was required, may be exempted from this
  - 230 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:

- 272 i. a Federal Bureau of Investigation fingerprint based criminal  
273 background check if not previously performed or updated pursuant  
274 to applicable rules adopted by the Commission in accordance with  
275 Public Law 92-544;
- 276 ii. other criminal background check as required by the new Home  
277 State; and
- 278 iii. completion of any requisite jurisprudence requirements of the new  
279 Home State.
- 280 3. The former Home State may convert the former Home State license into a  
281 Multistate Authorization to Practice once the new Home State has  
282 activated the new Home State license in accordance with applicable  
283 Rules adopted by the Commission.
- 284 4. Notwithstanding any other provision of this Compact, if the Regulated  
285 Social Worker cannot meet the criteria in Section 4, the new Home State  
286 may apply its requirements for issuing a new Single State License.
- 287 5. The Regulated Social Worker shall pay all applicable fees to the new  
288 Home State in order to be issued a new Home State license.
- 289 C. If a Regulated Social Worker changes primary State of Domicile by moving from  
290 a Member State to a non-Member State, the non-member State criteria shall  
291 apply for issuance of a Single State License in the new non-Member State.
- 292 D. Nothing in this Compact shall interfere with a Regulated Social Worker's ability to  
293 hold a Single State License in multiple States, however for the purposes of this  
294 Compact, a Regulated Social Worker shall have only one Home State license.
- 295 E. Nothing in this Compact shall affect the requirements established by a Member  
296 State for the issuance of a Single State License.

297 **SECTION 6. MILITARY FAMILIES**

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

303 **SECTION 7. ADVERSE ACTIONS**

- 304 A. In addition to the other powers conferred by State law, a Remote State shall have  
305 the authority, in accordance with existing State due process law, to:
- 306 1. Take Adverse Action against a Regulated Social Worker's Multistate  
307 Authorization to Practice within that Member State, and issue subpoenas for  
308 both hearings and investigations that require the attendance and testimony of  
309 witnesses as well as the production of evidence. Subpoenas issued by a  
310 Licensing Authority in a Member State for the attendance and testimony of

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

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

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

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

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

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

336 F. Joint Investigations:

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

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

344 G. If Adverse Action is taken by the Home State against the Interstate Compact  
345 License of a Regulated Social Worker, the Regulated Social Worker's Multistate  
346 Authorization to Practice in all other Member States shall be deactivated until all  
347 Encumbrances have been removed from the Interstate Compact License. All Home  
348 State disciplinary orders that impose Adverse Action against the license of a  
349 Regulated Social Worker shall include a statement that the Regulated Social  
350 Worker's Multistate Authorization to Practice is deactivated in all Member States  
351 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

627                   pursuant to federal law or the laws of the Member State contributing the information  
628                   shall be removed from the Data System.  
629

630                   **SECTION 10. RULEMAKING**  
631

- 632                   A. The Commission shall promulgate reasonable Rules in order to effectively and  
633                   efficiently implement and administer the purposes and provisions of the Compact. A  
634                   Rule shall be invalid and have no force or effect only if a court of competent  
635                   jurisdiction holds that the Rule is invalid because the Commission exercised its  
636                   rulemaking authority in a manner that is beyond the scope and purposes of the  
637                   Compact, or the powers granted hereunder, or based upon another applicable  
638                   standard of review.
- 639                   B. The Rules of the Commission shall have the force of law in each Member State,  
640                   provided however that where the Rules of the Commission conflict with the laws of  
641                   the Member State that establish the Member State's Scope of Practice as held by a  
642                   court of competent jurisdiction, the Rules of the Commission shall be ineffective in  
643                   that State to the extent of the conflict.
- 644                   C. The Commission shall exercise its Rulemaking powers pursuant to the criteria set  
645                   forth in this Section and the Rules adopted thereunder. Rules shall become binding  
646                   as of the date specified in each Rule.
- 647                   D. If a majority of the legislatures of the Member States rejects a Rule or portion of a  
648                   Rule, by enactment of a statute or resolution in the same manner used to adopt the  
649                   Compact within four (4) years of the date of adoption of the Rule, then such Rule  
650                   shall have no further force and effect in any Member State.
- 651                   E. Rules shall be adopted at a regular or special meeting of the Commission.
- 652                   F. Prior to adoption of a proposed Rule, the Commission shall hold a public hearing  
653                   and allow persons to provide oral and written comments, data, facts, opinions, and  
654                   arguments.
- 655                   G. Prior to adoption of a proposed Rule by the Commission, and at least thirty (30)  
656                   days in advance of the meeting at which the Commission will hold a public hearing  
657                   on the proposed Rule, the Commission shall provide a Notice of Proposed  
658                   Rulemaking:
- 659                   1. On the website of the Commission or other publicly accessible platform;
  - 660                   2. To persons who have requested notice of the Commission's notices of proposed  
661                   rulemaking, and
  - 662                   3. In such other way(s) as the Commission may by Rule specify.
- 663                   H. The Notice of Proposed Rulemaking shall include:
- 664                   1. The time, date, and location of the public hearing at which the Commission will  
665                   hear public comments on the proposed Rule and, if different, the time, date, and  
666                   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



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

713 N. No Member State’s rulemaking requirements shall apply under this compact.  
714

715 **SECTION 11. OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT**  
716

717 A. Oversight

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

733 B. Default, Technical Assistance, and Termination

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

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

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

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

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

795

## 796 **SECTION 12. EFFETIVE DATE, WITHDRAWAL, AND AMENDMENT**

797

798 A. The Compact shall come into effect on the date on which the Compact statute is  
799 enacted into law in the seventh Member State. The provisions, which become  
800 effective at that time, shall be limited to the powers granted to the Commission  
801 relating to assembly and the promulgation of Rules. Thereafter, the Commission  
802 shall meet and exercise Rulemaking powers necessary to the implementation  
803 and administration of the Compact. All actions taken for the benefit of the  
804 Commission and/or in furtherance of the purposes of the administration of the  
805 Compact prior to the effective date of the Compact and/or the Commission  
806 coming into existence shall be considered to be actions of the Commission  
807 unless specifically repudiated by the Commission.

808 B. Any State that joins the Compact subsequent to the Commission's initial  
809 adoption of the Rules and bylaws shall be subject to the Rules and bylaws as  
810 they exist on the date on which the Compact becomes law in that State. Any  
811 Rule that has been previously adopted by the Commission shall have the full  
812 force and effect of law on the day the Compact becomes law in that State.

813 C. Any Member State may withdraw from this Compact by enacting a statute  
814 repealing the same.

815 1. A Member State's withdrawal shall not take effect until 180 days after  
816 enactment of the repealing statute.

817 2. Withdrawal shall not affect the continuing requirement of the withdrawing  
818 State's Licensing Authority to comply with the investigative and Adverse  
819 Action reporting requirements of this Compact prior to the effective date of  
820 withdrawal.

821 D. Upon the enactment of a statute withdrawing from this compact, a State shall  
822 immediately provide notice of such withdrawal to all Licensees within that State.  
823 Notwithstanding any subsequent statutory enactment to the contrary, such

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

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

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

834

### 835 **SECTION 13. CONSTRUCTION AND SEVERABILITY**

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

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

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

### 858 **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



The Council  
of State  
Governments

# SOCIAL WORK LICENSURE COMPACT

Review of Model Legislation



# The Council of State Governments

Founded in 1933, CSG is our nation's only organization serving all three branches of state government.

## Scope

The nation's only organization serving all three branches of state government

## Membership

CSG is a region-based membership organization that fosters the exchange of insights and ideas to help state officials shape public policy

## Mission

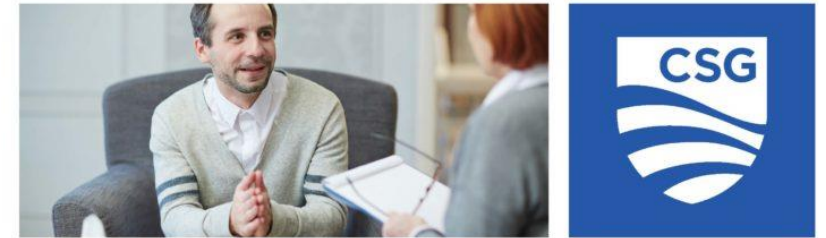
Champion excellence in state governments in order to advance the common good

@CSGovts | [csg.org](http://csg.org)



# National Center for Interstate Compacts (NCIC)

- Exists within The CSG Center of Innovation
- Seeks to help states work cooperatively to solve mutual issues and meet shared goals
- Serves as an:
  1. Information clearinghouse
  2. Provider of training and technical assistance
  3. Primary facilitator for assisting states in the review, revision and creation of new interstate compacts

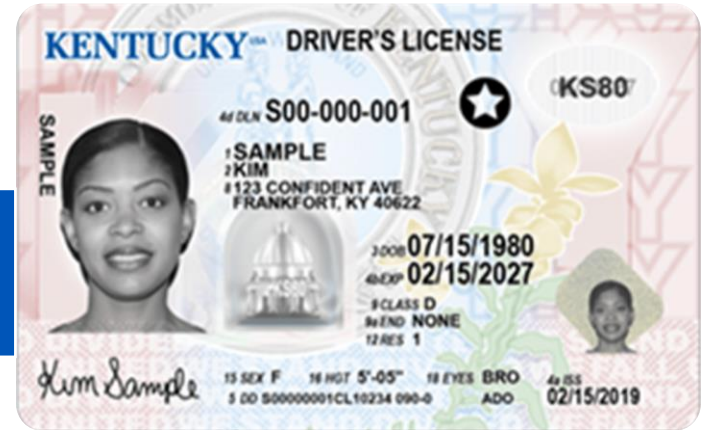


Multistate Problem Solving  
with Interstate Compacts



# What is an interstate compact?

A legal contract between two or more states that allows states to:



#1 Cooperatively address shared problems

#2 Maintain sovereignty over issues belonging to states

#3 Respond to national priorities with one voice

# Occupational Licensing Interstate Compacts

Facilitate  
Multistate  
Practice

Maintain or  
Improve Public  
Health and  
Safety

Preserve State  
Authority Over  
Professional  
Licensing



44 states (+ DC, Guam, USVI) have adopted at least 1 compact.  
35 states (+ DC) have adopted at least 3 compacts.



Over 220 pieces of occupational licensure compact legislation  
have been enacted since January 2016.



9 professions have active interstate compacts for  
occupational licensing.

# Active Occupational Licensing Interstate Compacts

Nurse Licensure  
Compact – 39

Psychology  
Interjurisdictional  
Compact – 31

Occupational Therapy  
Compact – 21

Medical Licensure  
Compact – 38

EMS Compact – 21

Counseling Compact  
– 14

Physical Therapy  
Compact – 34

Audiology and  
Speech Language  
Pathology Compact –  
22

Advanced Practice  
Nursing Compact – 3

# Occupational Licensing Interstate Compacts Under Development

Cosmetology and Barbering

Physician Assistant

Dentistry and Dental Hygiene

Social Work

Massage Therapy

K-12 Teaching

School Psychologists

Dieticians and Nutritionists



# Compact Development Process

## Phase I Development

### TECHNICAL ASSISTANCE GROUP

- Composed of approximately 20 state officials, stakeholders and issue experts
- Examines issues, current policy, best practices and alternative structures
- Establishes recommendations as to the content of an interstate compact

### COMPACT DOCUMENT TEAM

- Composed of 5 to 8 state officials, stakeholders, and issue experts
- Crafts compact based on Technical Assistance Group recommendations
- **Circulates draft compact to states and stakeholder groups for comment**

### FINAL PRODUCT

- Drafting team considers comments and incorporates into compact
- Final product sent to TA group
- Released to states for consideration

## Phase II Education and Enactment

### EDUCATION

- Develop comprehensive legislative resource kit
- Develop informational website with state-by-state tracking and support documents
- Convene “National Briefing” to educate legislators and key state officials

### STATE SUPPORT

- Develop network of “champions”
- Provide on-site technical support and assistance
- Provide informational testimony to legislative committees

### STATE ENACTMENTS

- Track and support state enactments
- Prepare for transition and implementation of compact
- Provide requested support as needed

## Phase III Transition and Operation

### TRANSITION

- Enactment threshold met
- State notification
- Interim Executive Board appointed
- Interim Committee’s established
- Convene first Compact meeting
- Information system development (standards, security, vendors)

### OPERATION

- Ongoing state control and governance
- Staff support
- Annual assessment, if necessary
- Annual business meeting
- Information system oversight (maintenance, security, training, etc.)
- Long-term enhancements / up-grades

# Stakeholder Review

- 1 Draft compact circulated and published online for public review
- 2 Virtual meetings to explain provisions of the compact
- 3 Provide comments and feedback through survey
- 4 Development Teams consider feedback and edit the compact as needed
- 5 Released to states for consideration and enactment



The Council  
of State  
Governments

# Overview of the Social Work Licensure Compact

# Commonly Used Terms

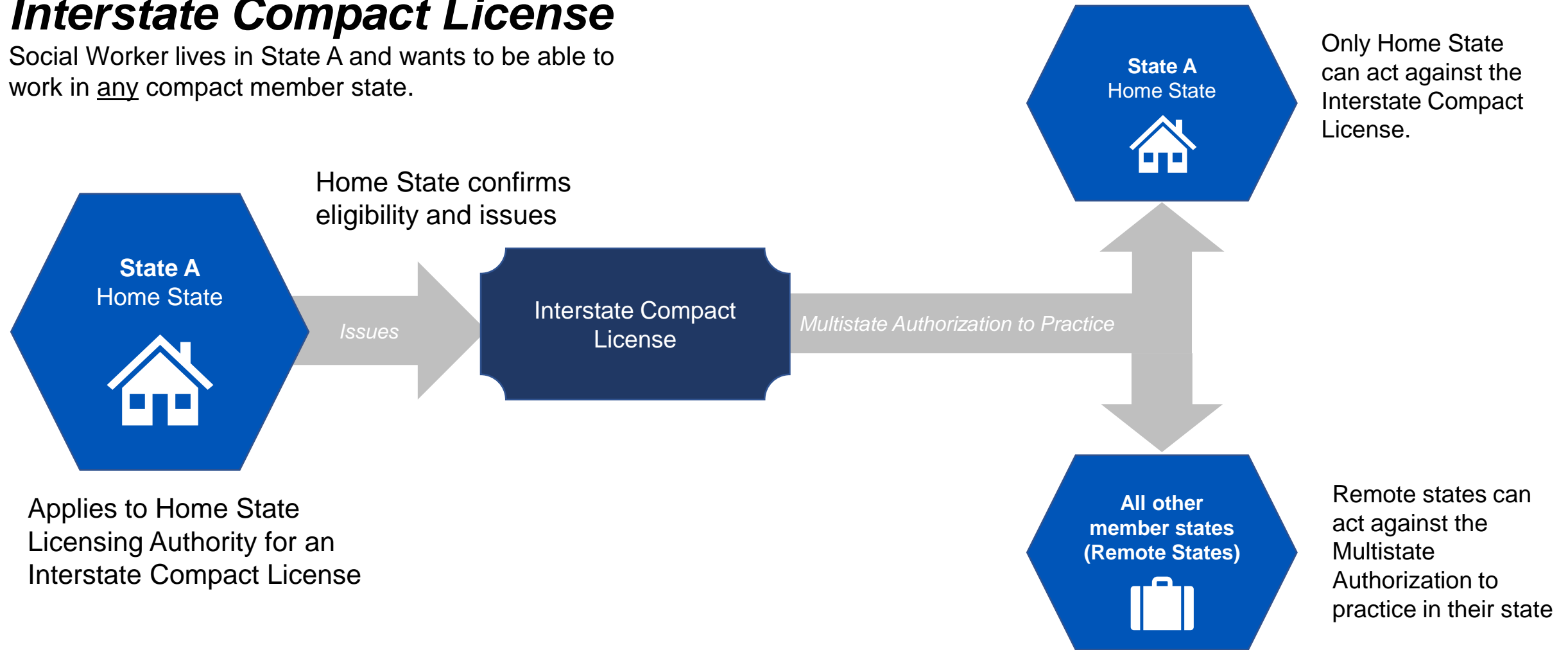
Social Work Licensure Compact Defined Term	What does it mean?
Regulated Social Worker	Social Worker who holds a license to practice
Home State	Compact Member State where a Regulated Social Worker is Domiciled
Remote State	Compact Member State other than a Regulated Social Worker's Home State
Interstate Compact License	License granted by the compact that authorizes practice in all compact member states
Multistate Authorization to Practice	Authorization granted through an Interstate Compact License to practice in a single Remote State
Compact Commission or Commission	Agency responsible for administering the compact



# Social Work Licensure Compact Model

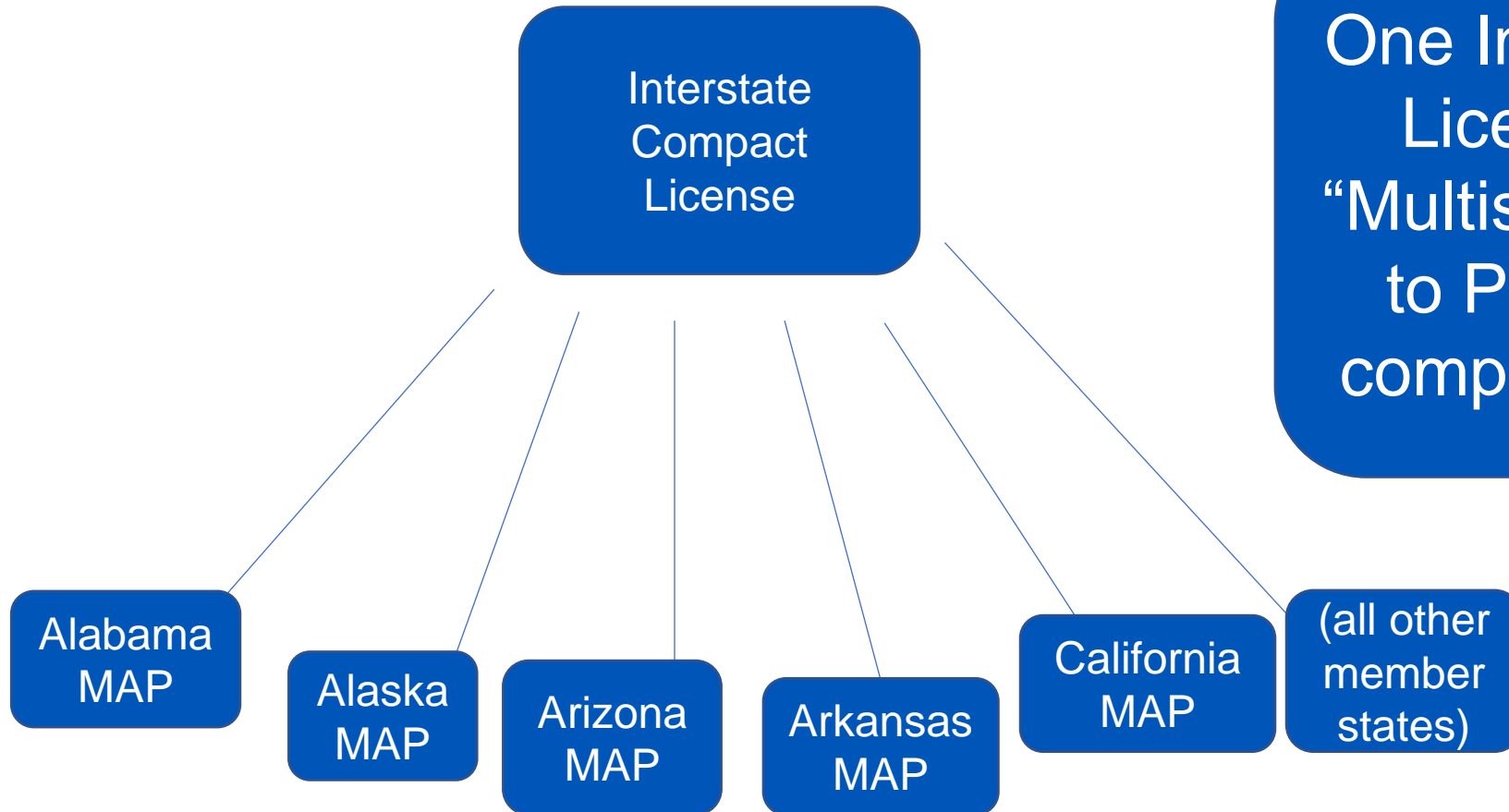
## ***Interstate Compact License***

Social Worker lives in State A and wants to be able to work in any compact member state.



Applies to Home State  
Licensing Authority for an  
Interstate Compact License

# Interstate Compact License



One Interstate Compact License grants you “Multistate Authorization to Practice” in every compact member state

# State Requirements to Join the Compact



License and regulate social work in one or more of the following categories: bachelors, masters or clinical



Require licensees graduate from an accredited social work program corresponding to category of license sought (BSW or higher for Bachelors, MSW or higher for Masters and Clinical)



Require licensees pass Qualifying National Exam corresponding to category of license sought (ASWB Exam or other competency assessment approved by the Commission)



Require clinical-category Regulated Social Workers complete a period of supervised clinical practice

# State Participation in the Compact



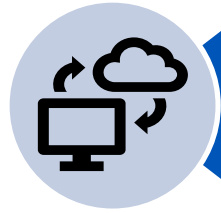
Notify the commission of discipline actions taken against a licensee



Comply with the rules of the Commission



Implement and utilize a criminal history or background check of applicants for licensure



Participate in the Data System

# Eligibility Requirements for Social Workers



Hold an active, Unencumbered License in a compact Member State



Graduate from an accredited social work program corresponding to category of license sought (BSW or higher for Bachelors, MSW or higher for Masters and Clinical)



Pass a Qualifying National Exam corresponding to category of license sought (those licensed prior to exam requirement will be exempted)

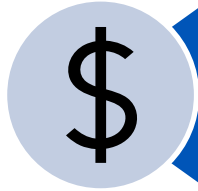


Clinical Social Workers must have completed three thousand (3,000) hours or two years of full-time, post-graduate supervised clinical practice

# Social Worker Participation in the Compact



Hold and maintain a unique identifier as determined by the Commission



Pay all required fees related to the application



Complete the continuing competency/education requirements of the Home State



Notify the Home State License Authority of any Adverse Action, Encumbrance or Restriction on ANY professional license within 30 days



Agree to abide by the laws, regulations and scope of practice of the state where client is located

# Interstate Compact License Transfer

A Regulated Social Worker moves from one Member State to another Member State



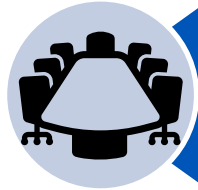
Regulated Social Workers may only hold one Interstate Compact License at a time. States may opt-in to a set of provisions allowing a Regulated Social Worker to seamlessly transfer an Interstate Compact License to a new Home State if/when a Regulated Social Worker moves (defined in the compact as change of domicile). States using this provision can confirm a Regulated Social Worker's eligibility via the compact Data System.

# Summary of other significant provisions



## Section 7: Adverse Action

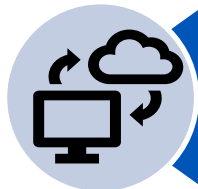
The compact provides a regulatory framework whereby remote states can act against a regulated social worker's multistate authorization to practice in the remote state, while the home state has exclusive authority to take action against the social worker's interstate compact license.



## Section 8: Establishment of the Compact Commission

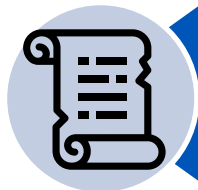
Member states must appoint 1 delegate and the delegate must be a current member of the state's licensing authority who is either a:

- a. Regulated social worker
- b. Public member of the member state's licensing authority
- c. An administrator or director of the member state's licensing authority OR their designee



## Section 9: Data System

To function, the compact requires the Commission to develop, maintain and operate a data system containing licensure, Adverse Action and Current Significant Investigative Information on all licensees.



## Section 10: Rulemaking

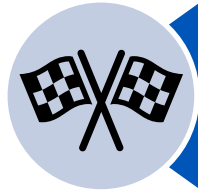
The compact gives the Commission the power to promulgate rules in order to effectively and efficiently implement and administer the purposes and provisions.



# Summary of other significant provisions



## Section 11: Oversight, Dispute Resolution and Enforcement



## Section 12: Effective Date, Withdrawal and Amendment

The compact shall come into effect and the commission established once the Compact legislation has been enacted by a seventh member state.



## Section 13: Construction and Severability



## Section 14: Binding Effect of Compact and Other Laws

# Next Steps

---

Weekly Stakeholder Review Meetings  
Every Monday beginning July 18 @ 3 pm ET

---

Request a presentation for your stakeholder group  
(CSWA, ASWB, CSWE)

---

Submit feedback via the survey

---

Compact development teams review survey  
feedback and edit model legislation as necessary

---

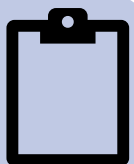
Compact released to states for consideration  
(targeting 2023 legislative sessions)

---

# Stakeholder Survey



Interested in providing feedback on the draft of the compact?



Fill out survey questionnaire:  
<https://www.surveymonkey.com/r/socialworkcompact>



<https://compacts.csg.org/compact-updates/social-work/>

## Social Work Stakeholder Review Survey

### Feedback Survey

Thank you for participating in the stakeholder review process for the Social Work Licensure Compact. The Council of State Governments and our partners value community feedback and your participation will help shape the Compact to best serve regulators and social workers. This survey will take about 30 minutes. You are not required to provide a response to each question.

If you have additional thoughts or questions not covered in the presentation visit:

<https://compacts.csg.org/compact-updates/social-work/> or reach out to our staff at [socialworkcompact@csg.org](mailto:socialworkcompact@csg.org).

Click "Next" to begin survey.

NEXT

# FAQs

1. What is an “Interstate Compact License” and how much does it cost?
2. What is a compact member state? What is a home state? What is a remote state?
3. What do social workers do when practicing in a remote state with scope of practice rules that are different from their home state?
4. What is a Qualifying National Exam? If I already passed the ASWB exam do I need to pass another exam?
5. How do social workers renew an interstate compact license? Do licensees have to complete continuing education in each member state?
6. What is the Compact Commission? How is it funded?



**The Council  
of State  
Governments**

# QUESTIONS?

- **General Inquiries:** <[socialworkcompact@csg.org](mailto:socialworkcompact@csg.org)>
- **Matt Shafer** <[matthew.shafer@csg.org](mailto:matthew.shafer@csg.org)>
- **Keith Buckhout** <[kbuckhout@csg.org](mailto:kbuckhout@csg.org)>



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

### Contents

INTRODUCTION .....	1
METHODOLOGY .....	3
INTERPRETING FIGURES .....	7
CLINICAL EXAM FINDINGS .....	10
Test-taker population .....	10
Pass rates.....	13
MASTERS EXAM FINDINGS .....	21
Test-taker population .....	21
Pass rates.....	24
BACHELORS EXAM FINDINGS .....	32
Test-taker population .....	32
Pass rates.....	35
ASSOCIATE EXAM FINDINGS .....	43
Test-taker population .....	43
Pass rates.....	46
ADVANCED GENERALIST EXAM FINDINGS .....	53
Test-taker population .....	53
Pass rates.....	56
DISCUSSION .....	64
REFERENCES .....	68
APPENDIX A – EXAMINATION CATEGORIES.....	70
APPENDIX B – CLINICAL EXAM: ADDITIONAL STATISTICS.....	72
APPENDIX C – MASTERS EXAM: ADDITIONAL STATISTICS .....	76
APPENDIX D – BACHELORS EXAM: ADDITIONAL STATISTICS.....	80
APPENDIX E – ASSOCIATE EXAM: ADDITIONAL STATISTICS .....	84
APPENDIX F – ADVANCED GENERALIST EXAM: ADDITIONAL STATISTICS.....	87

# 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](http://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





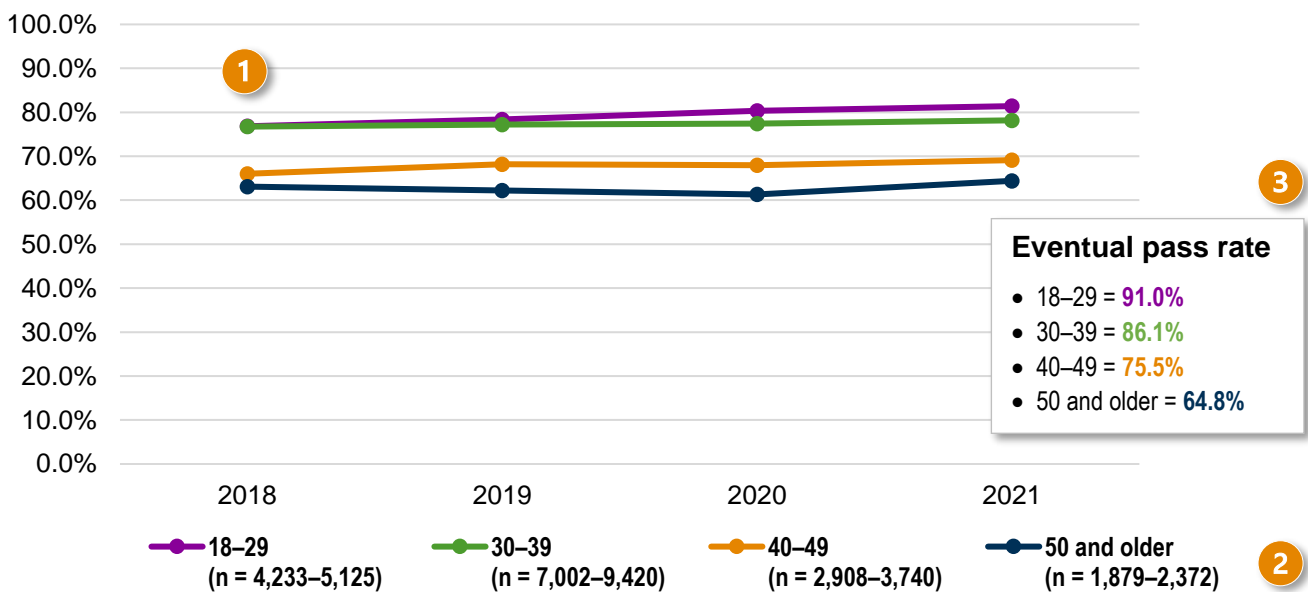
## INTERPRETING FIGURES

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**

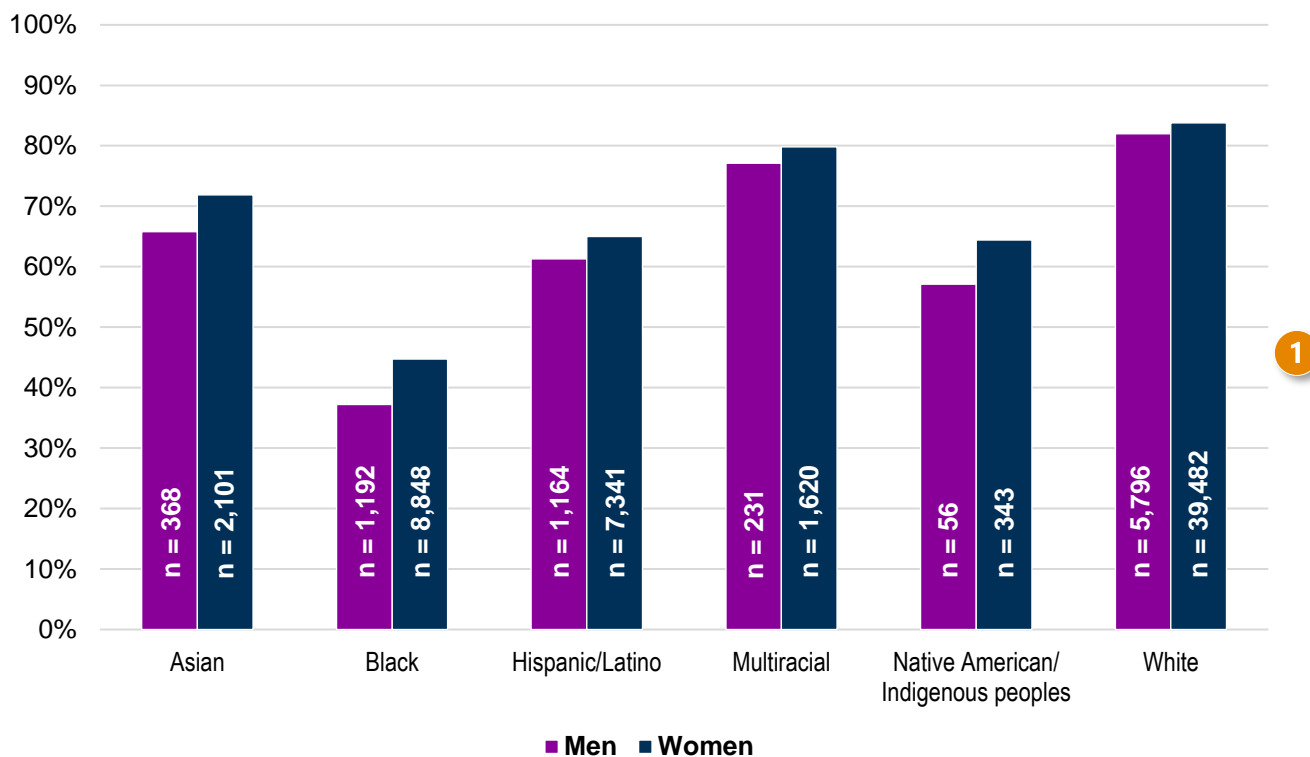


- 1 First-time pass rates** are reported on a year-by-year basis for the target time period using individual lines to represent different demographic subgroups. The lines are presented to reflect longitudinal trends over the target time period. First-time pass rates by year, where applicable, are provided 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.

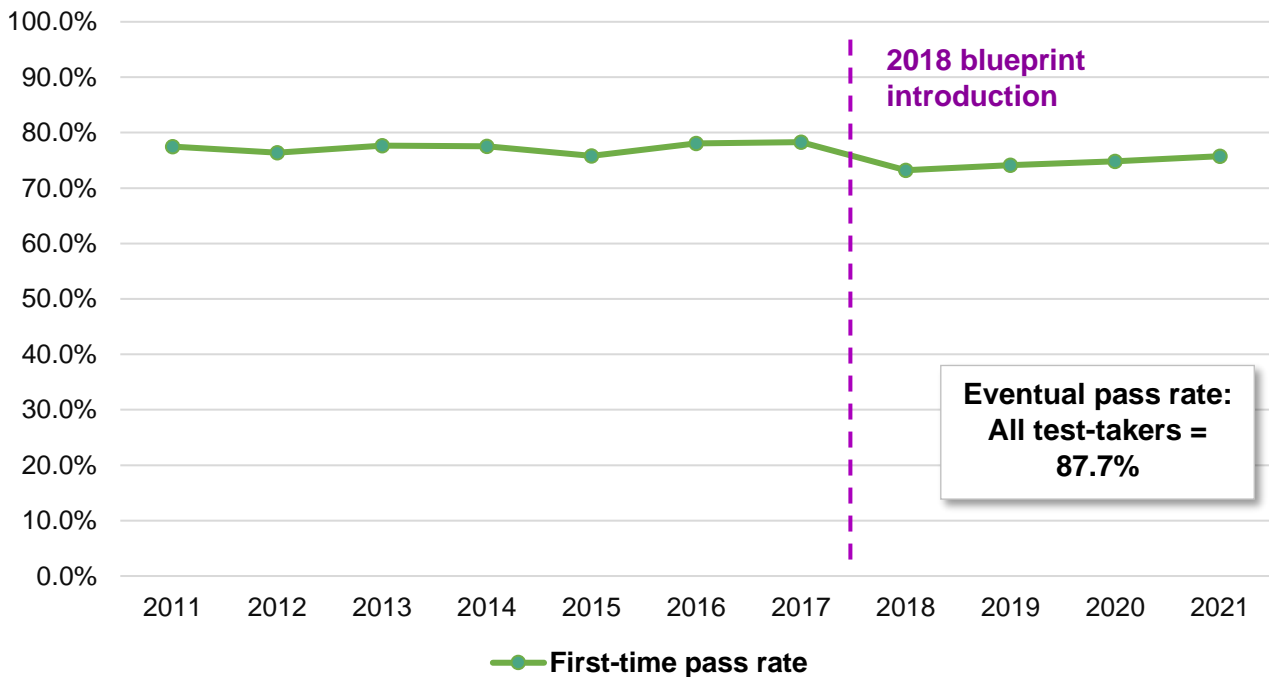
First-time pass rate numbers by year are not reported in the figures below but can be found in Appendix B.

### 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**



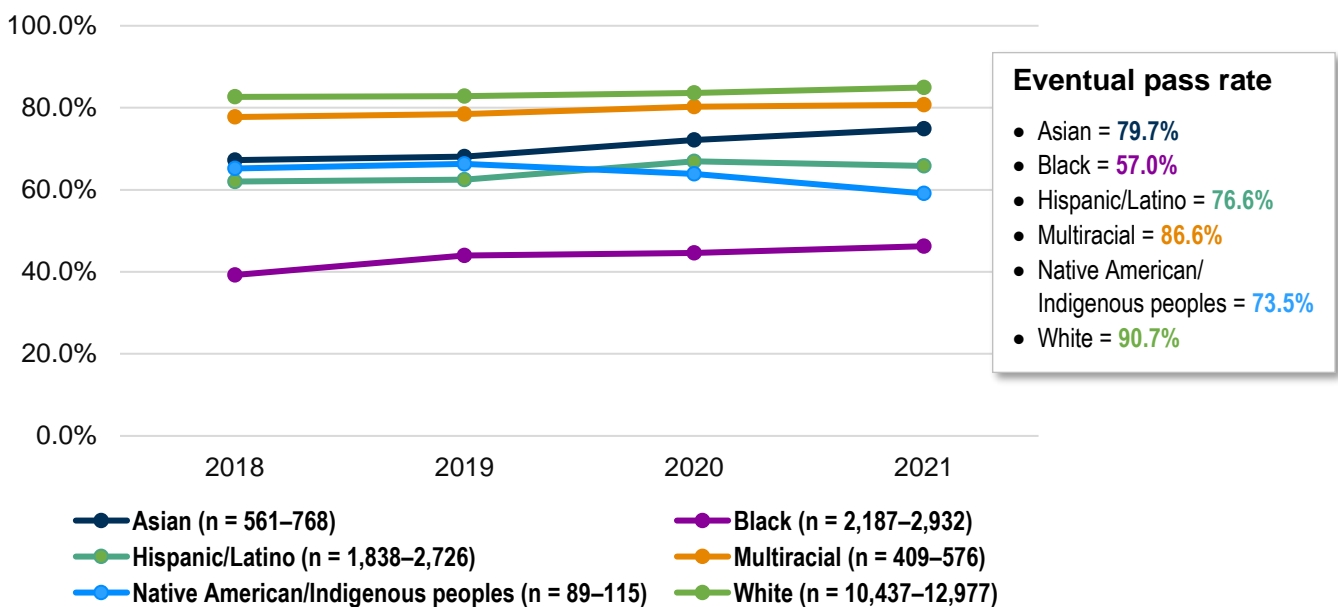
## Pass rates by race/ethnicity

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**



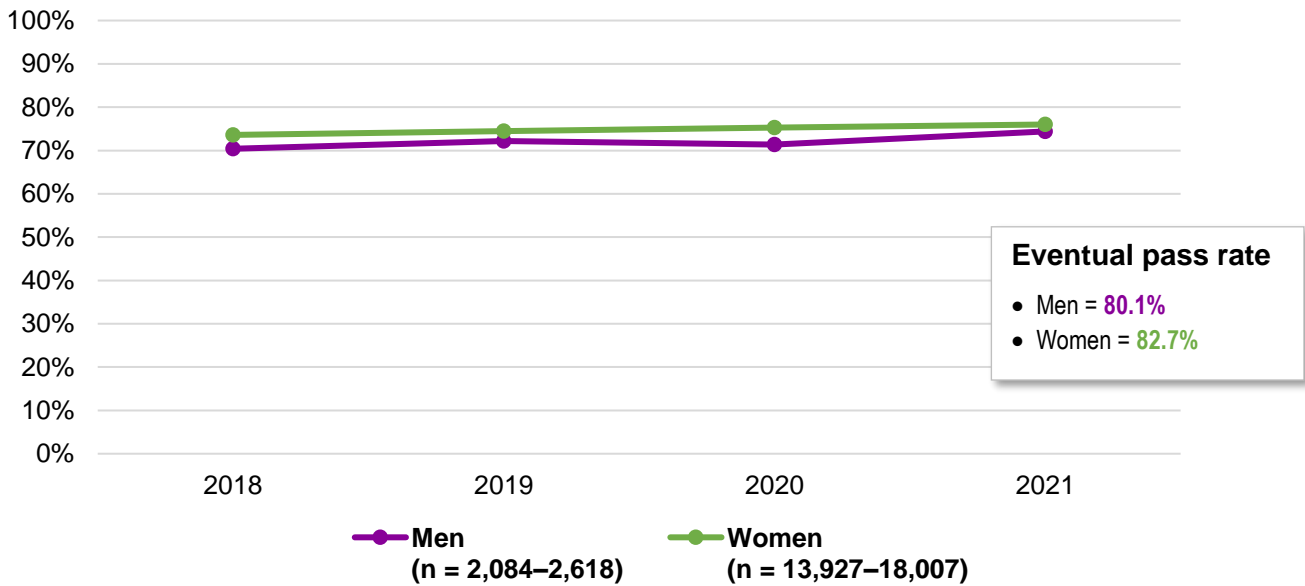
**Note.** Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response 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**

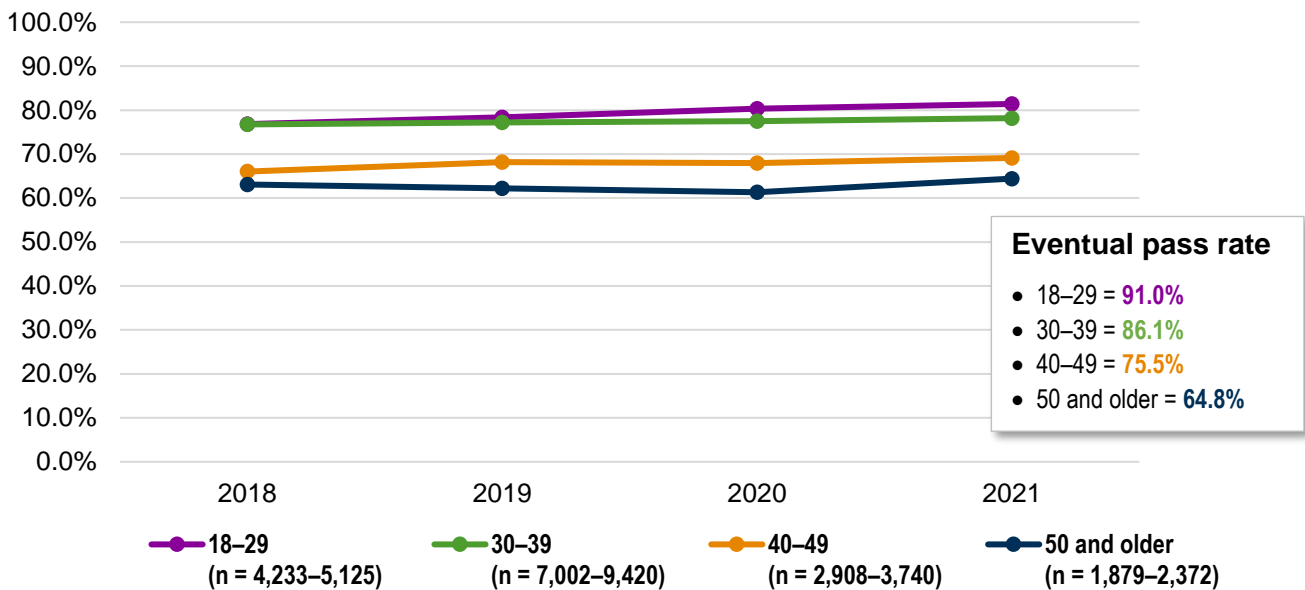


**Note.** Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response 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.

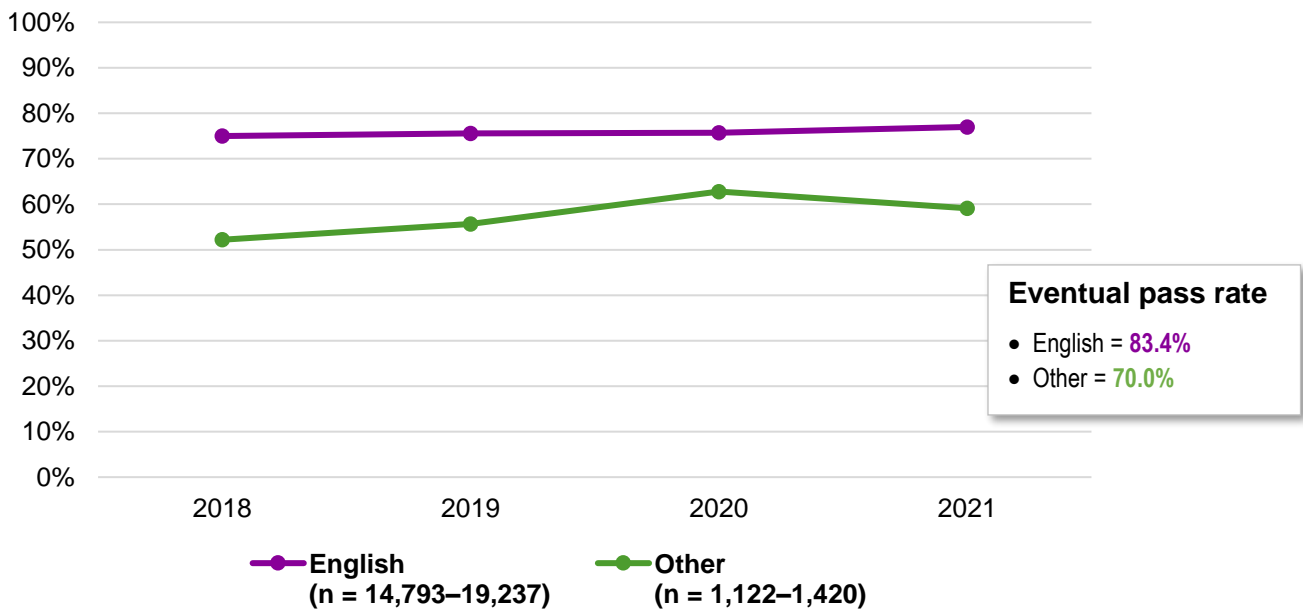
**Figure 4. 2018–2021 Clinical exam first-time pass rates by year and eventual pass rates by age**



## 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**

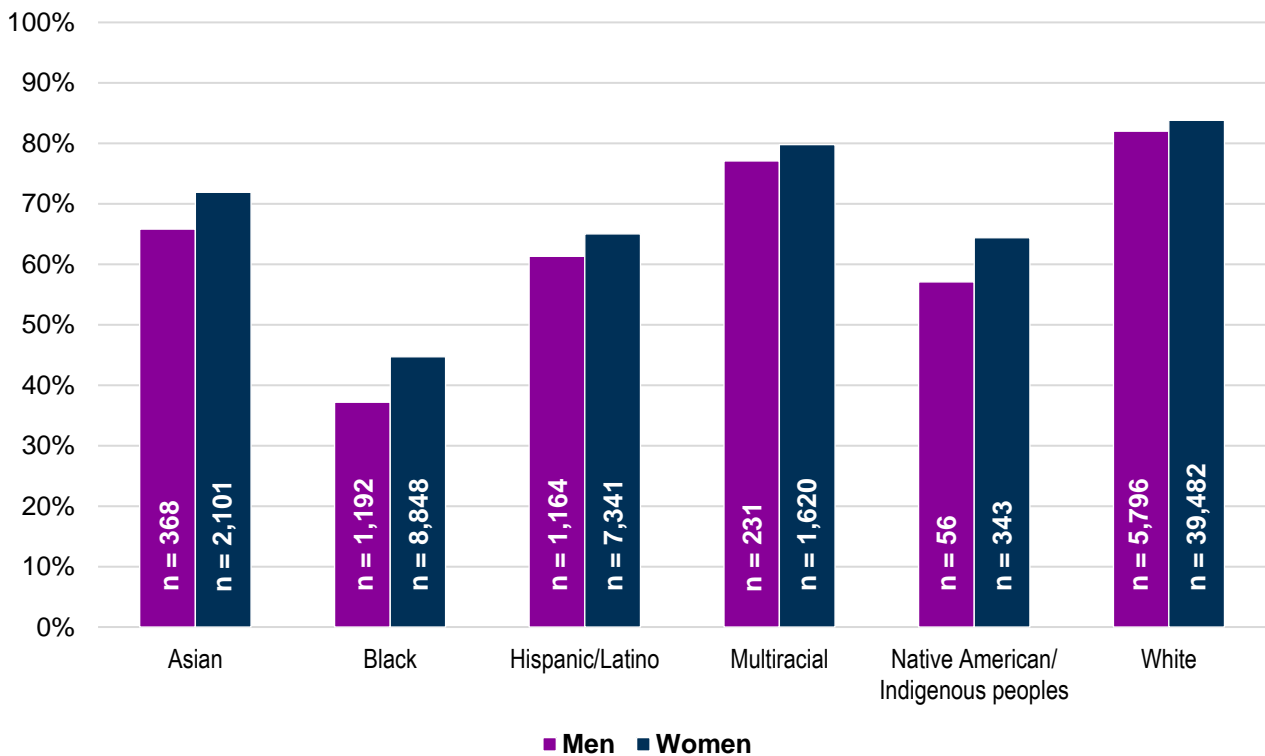


## Pass rates by race/ethnicity and gender

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**



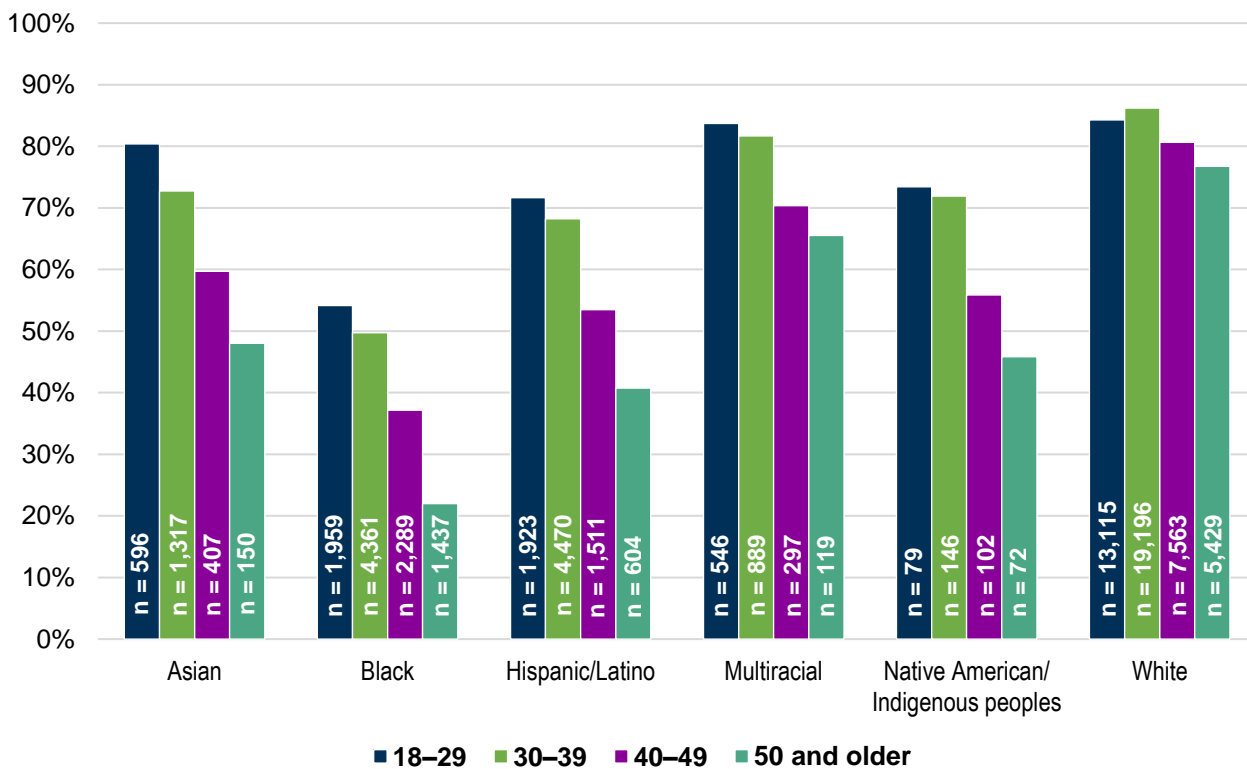
**Note.** Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response 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.

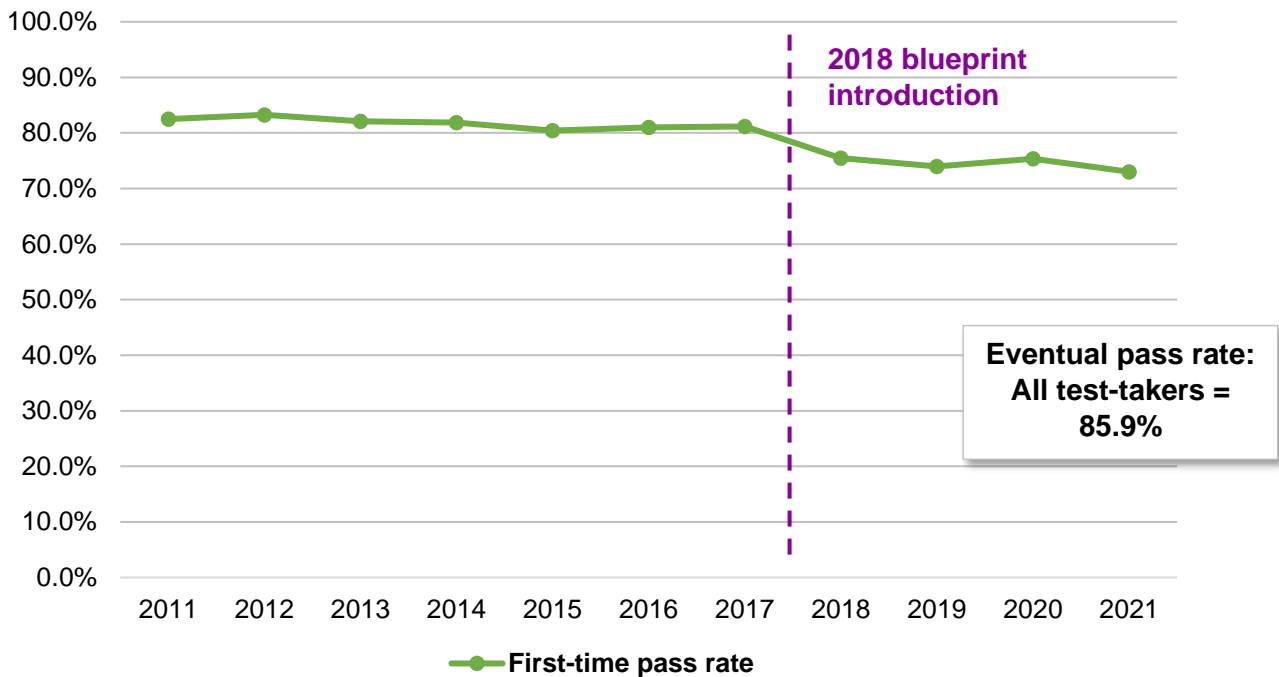
First-time pass rate numbers by year are not reported in the figures below but can be found in Appendix C.

### 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**

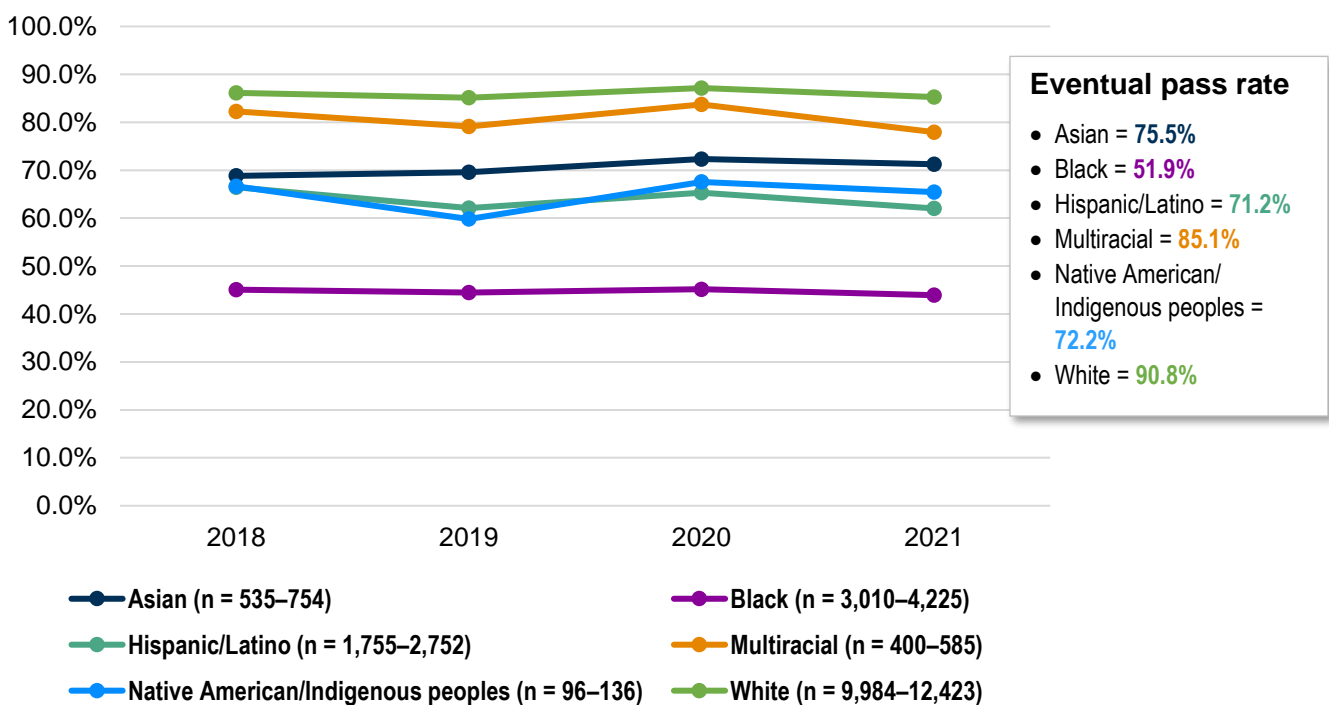


## Pass rates by race/ethnicity

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**

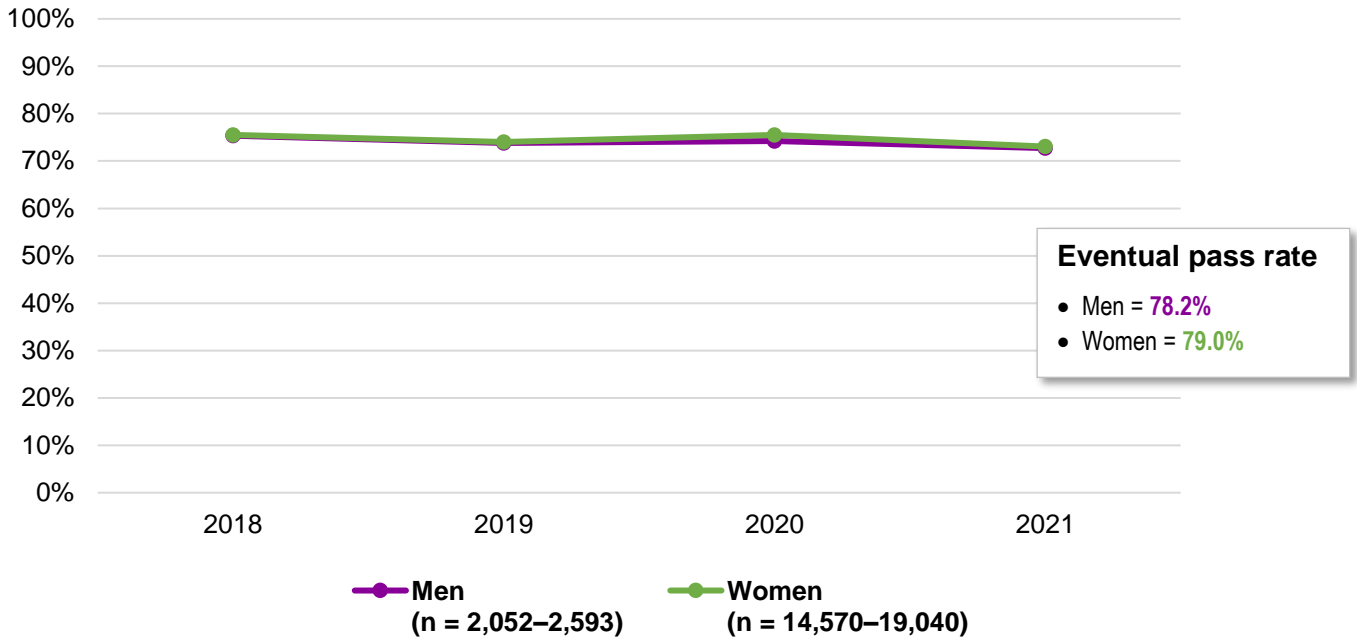


**Note.** Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response 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**

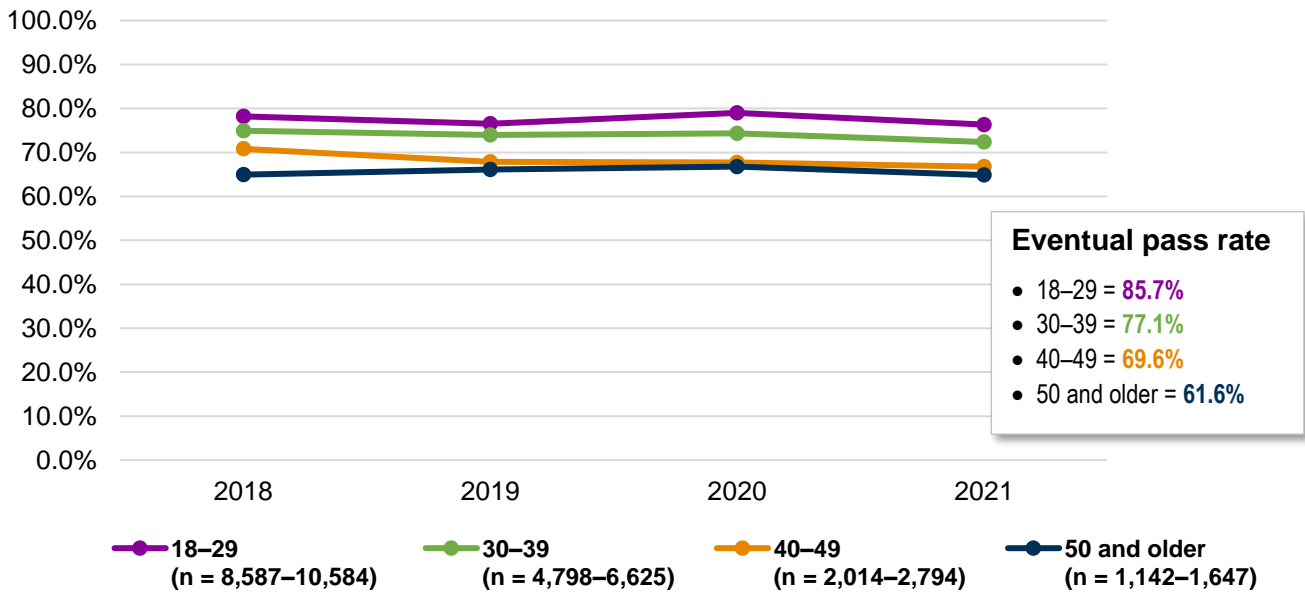


**Note.** Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response 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.

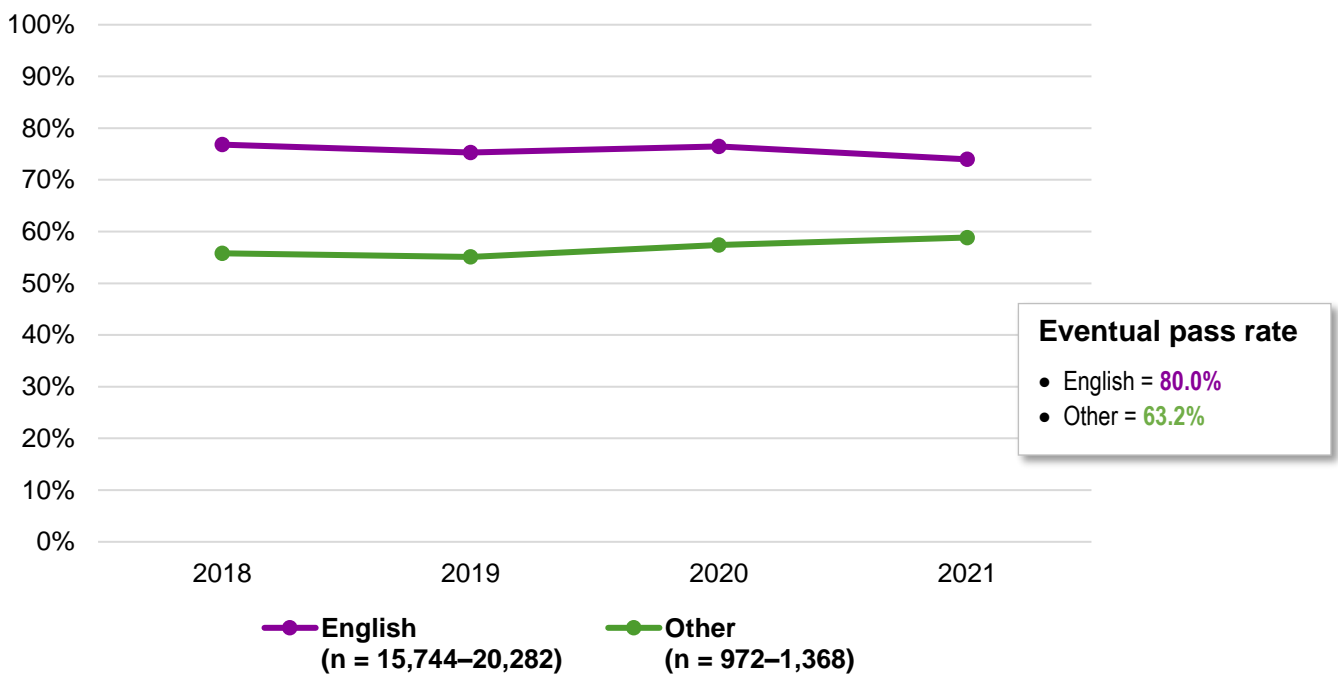
**Figure 11. 2018–2021 Masters exam first-time pass rates by year and eventual pass rates by age**



## 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**



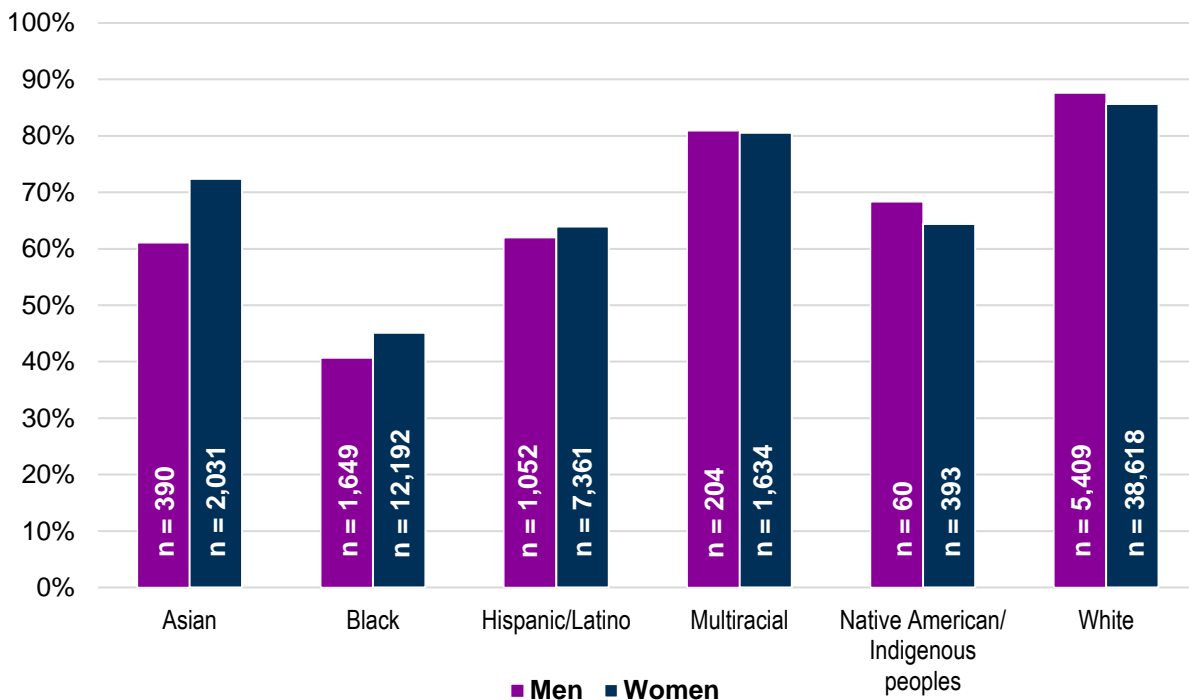
### Pass rates by race/ethnicity and gender

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**



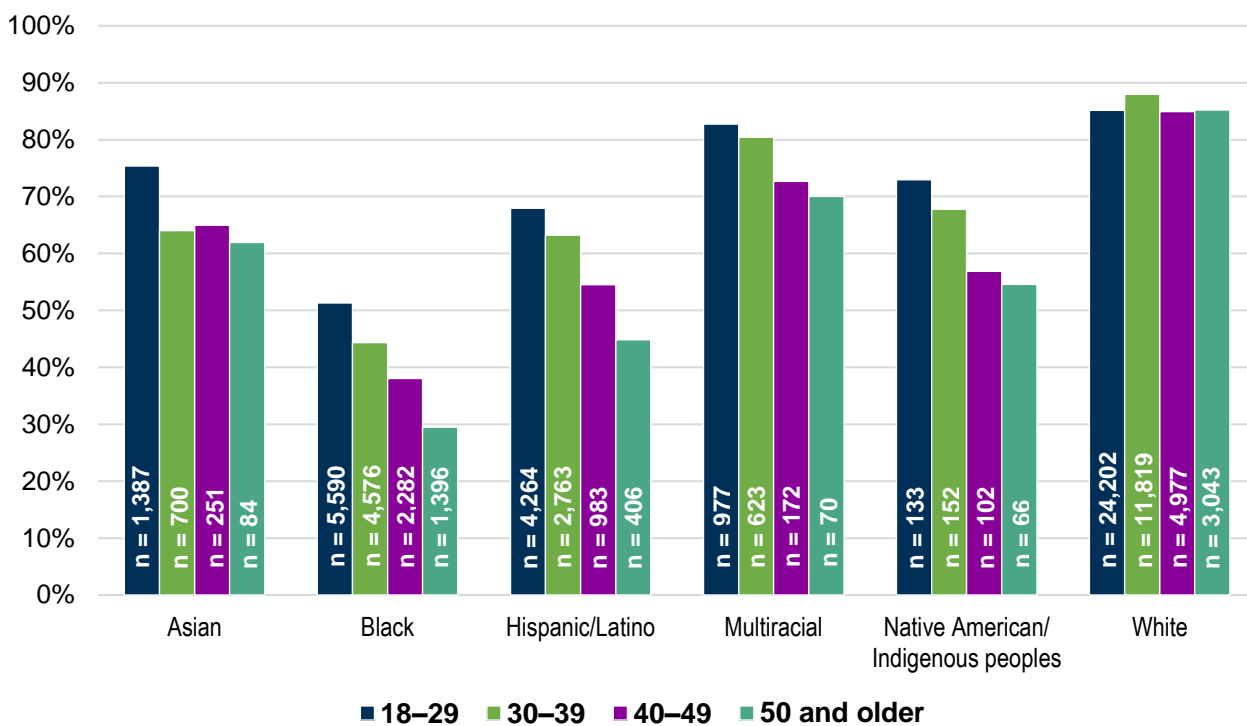
**Note.** Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response 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.

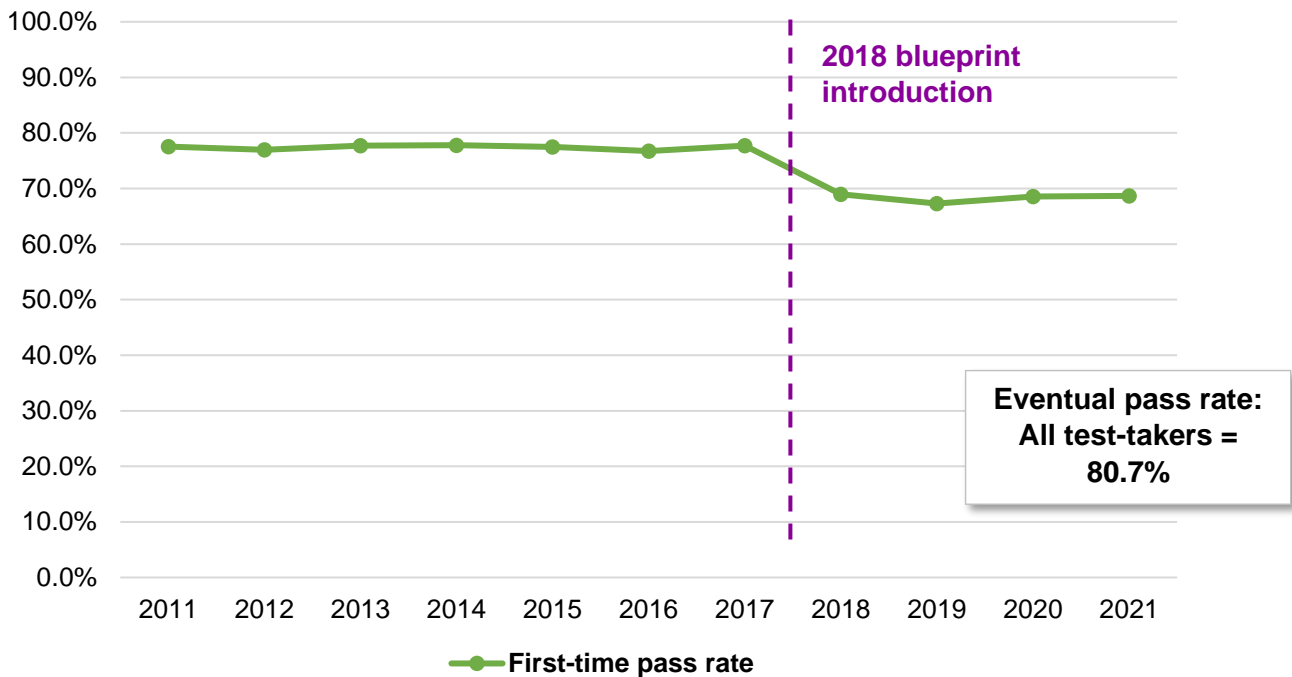
First-time pass rate numbers by year are not reported in the figures below but can be found in Appendix D.

### 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**

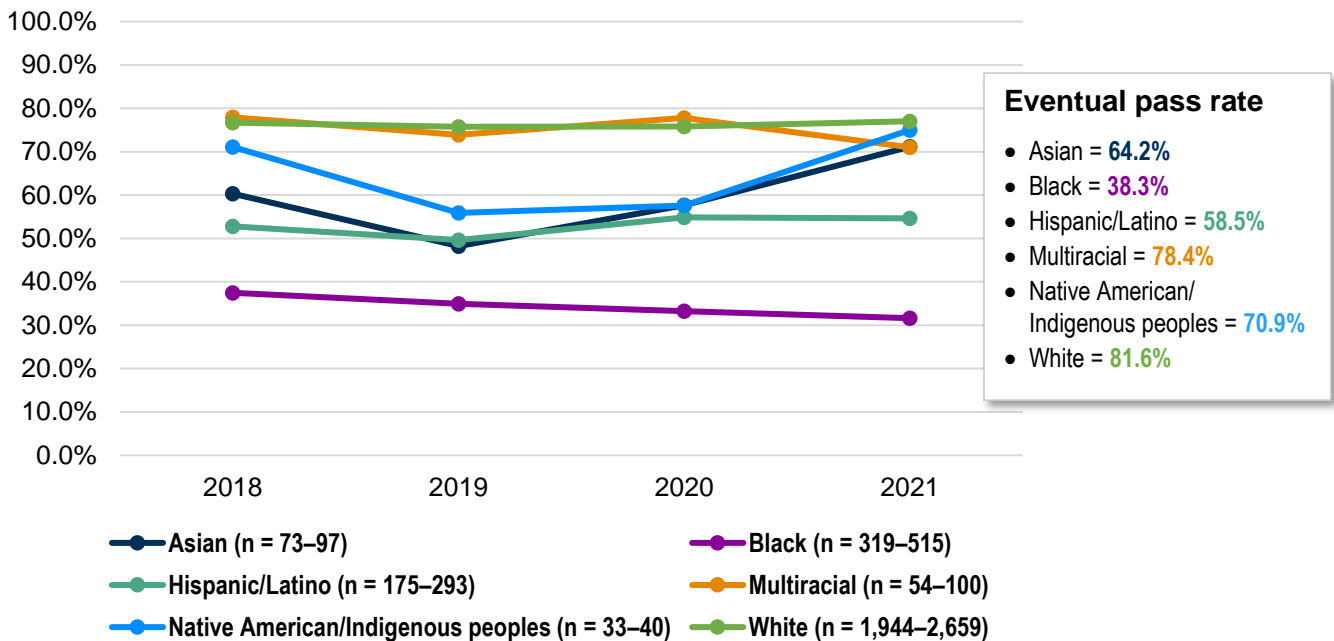


### Pass rates by race/ethnicity

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**

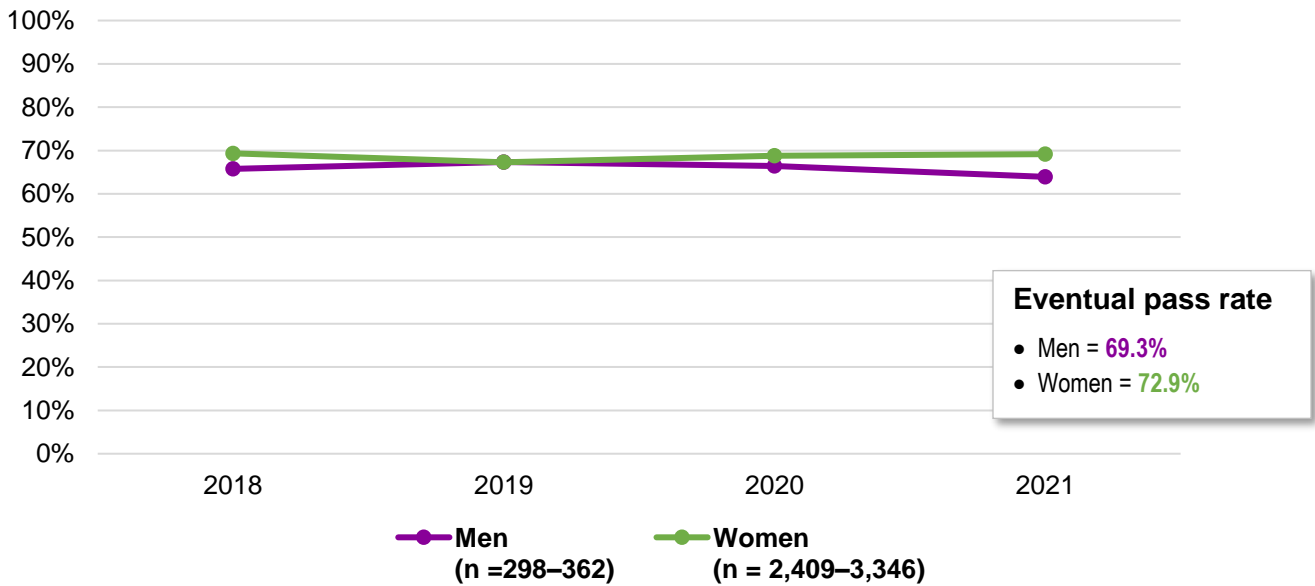


**Note.** Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response 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**

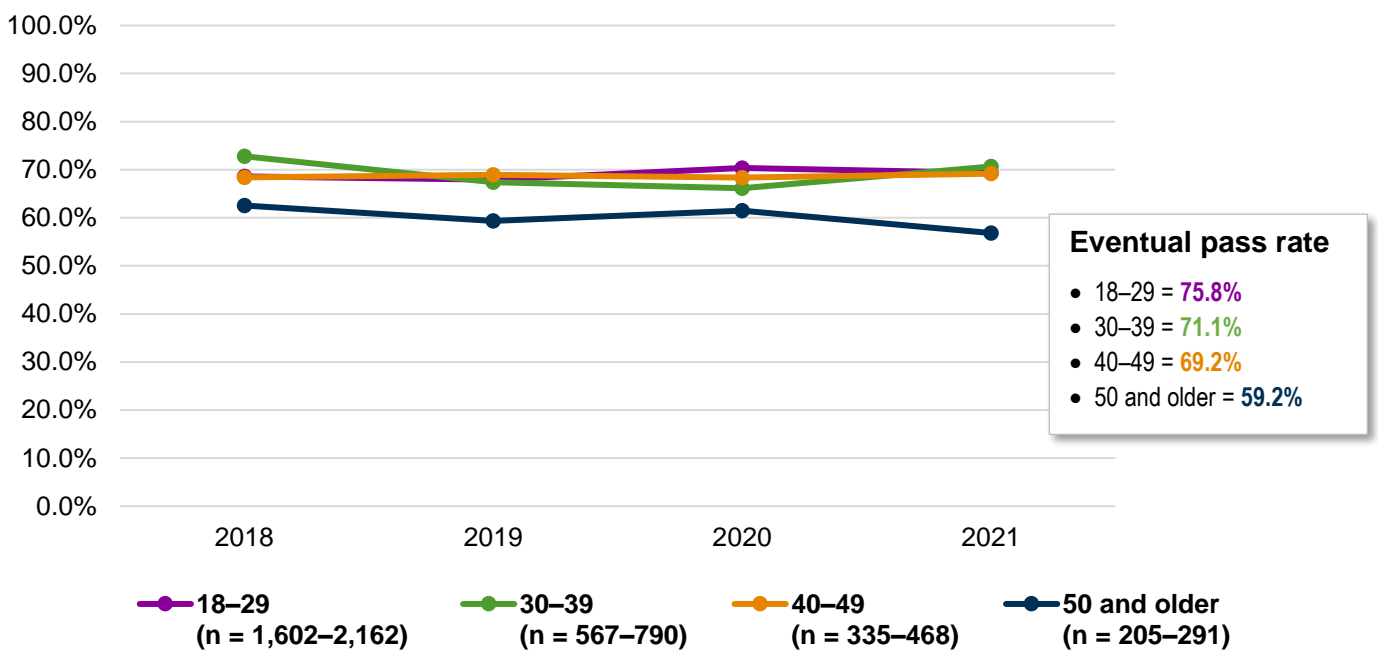


**Note.** Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response 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**

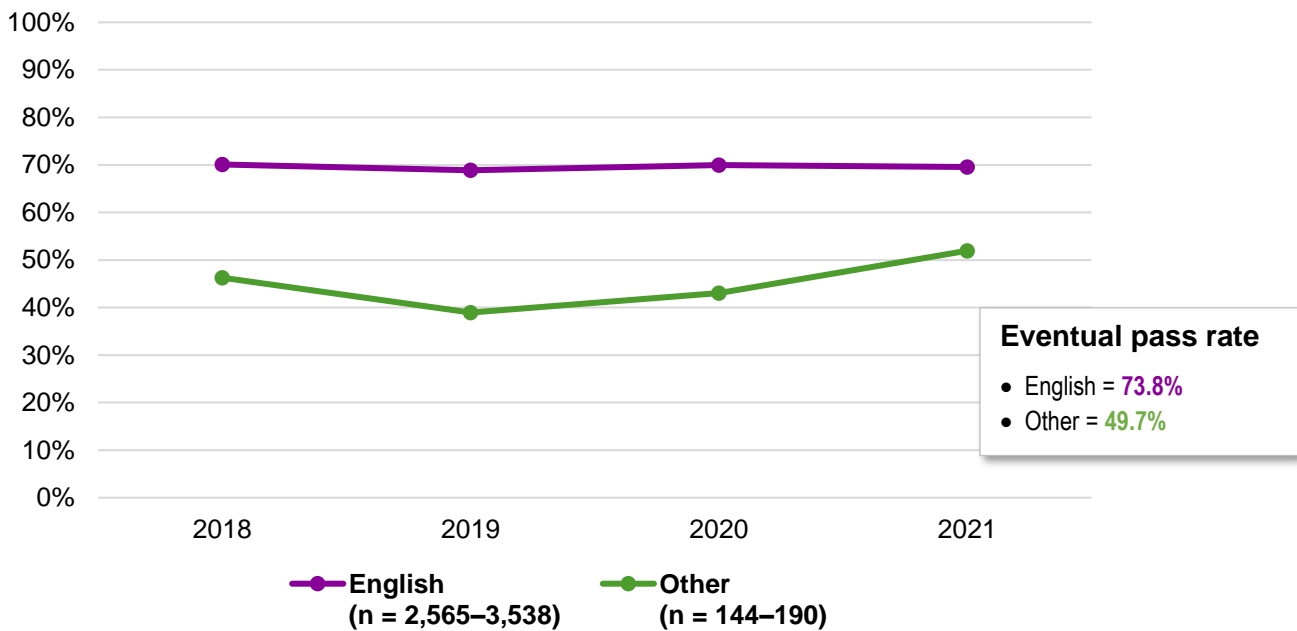




### Pass rates by primary language

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**



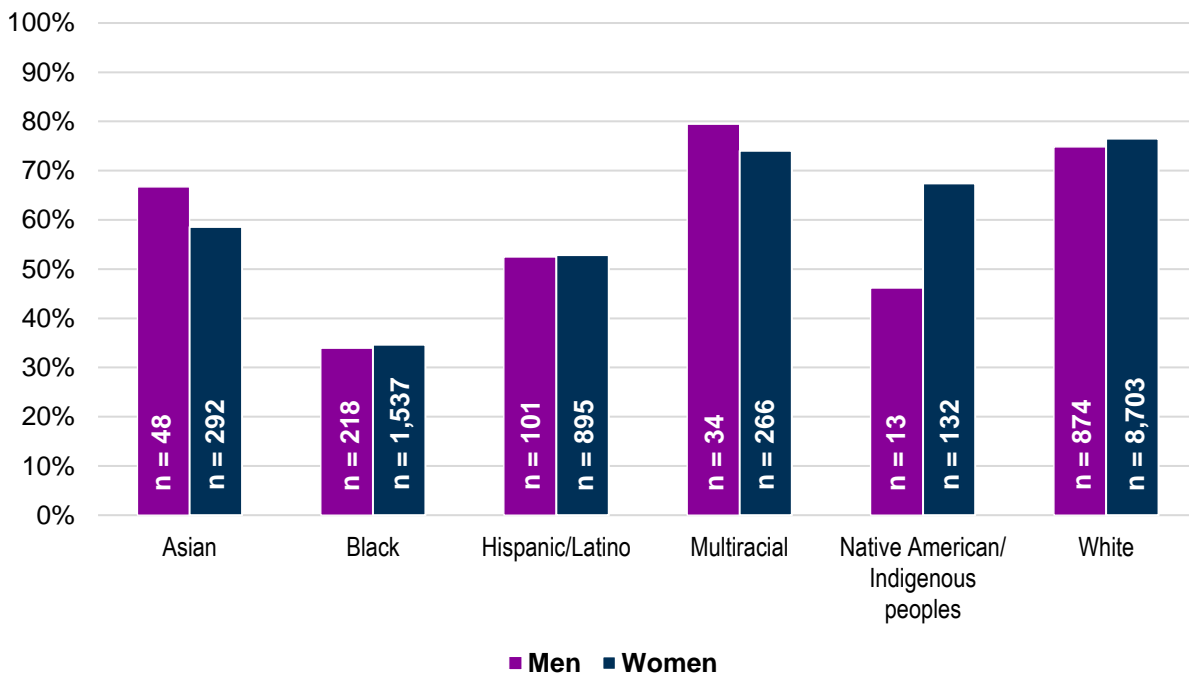
## Pass rates by race/ethnicity and gender

*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.

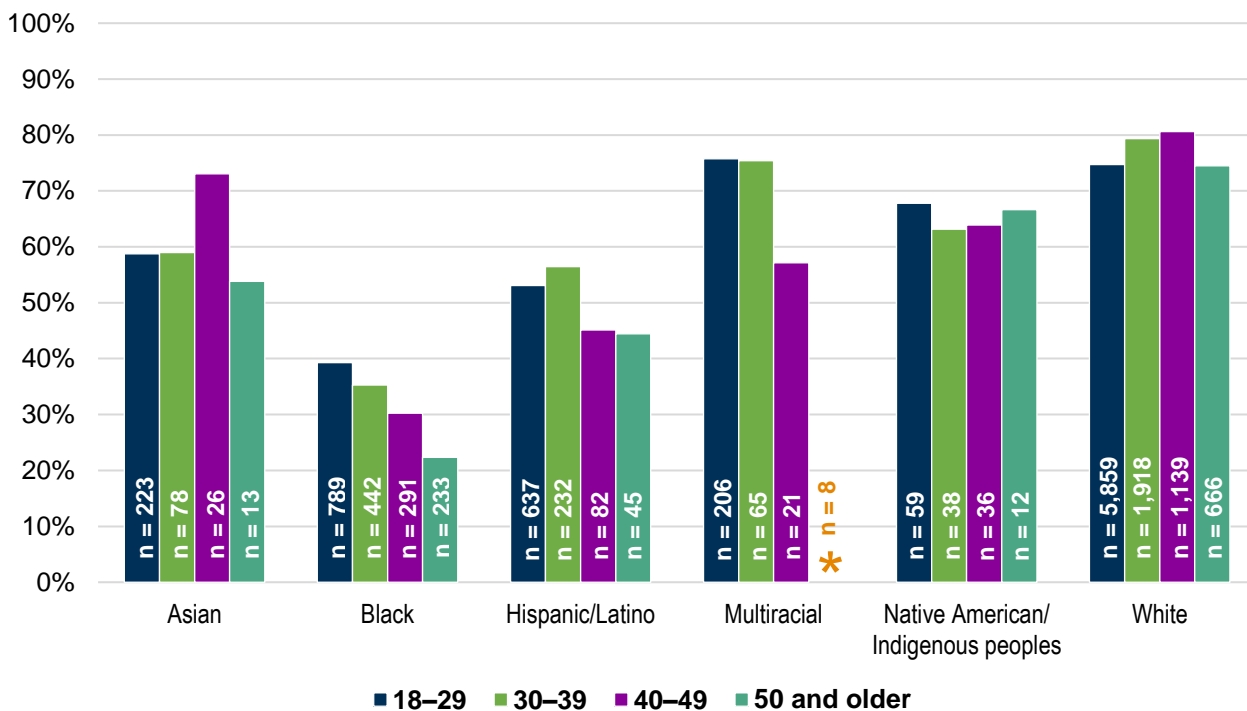
## Pass rates by race/ethnicity and age

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.

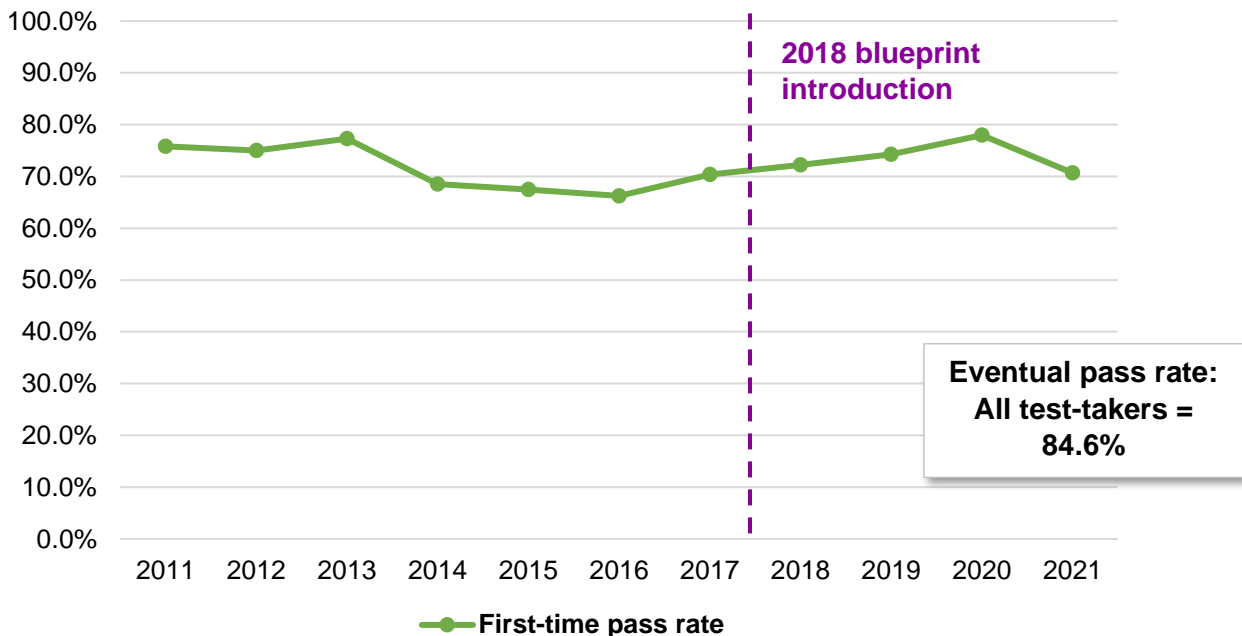
Because of the small sample sizes for many subgroups taking the Associate exam, most figures below reflect eventual pass rates rather than first-time pass rates. Eventual pass rates include more test-takers and therefore allow for more opportunities to present relevant data, while still protecting the 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**



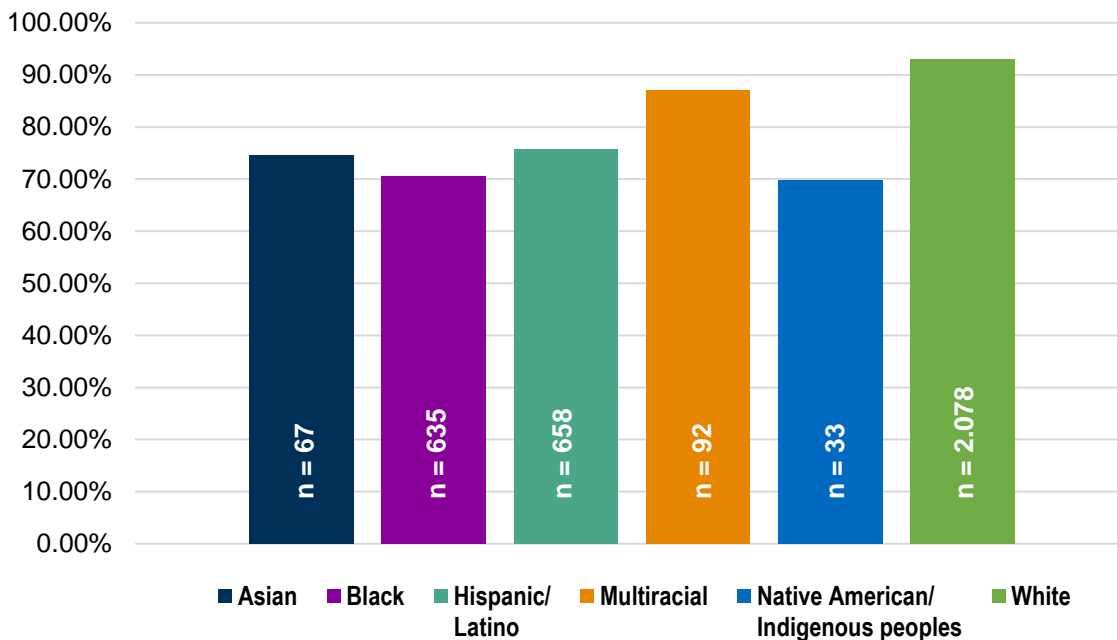


### Pass rates by race/ethnicity

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

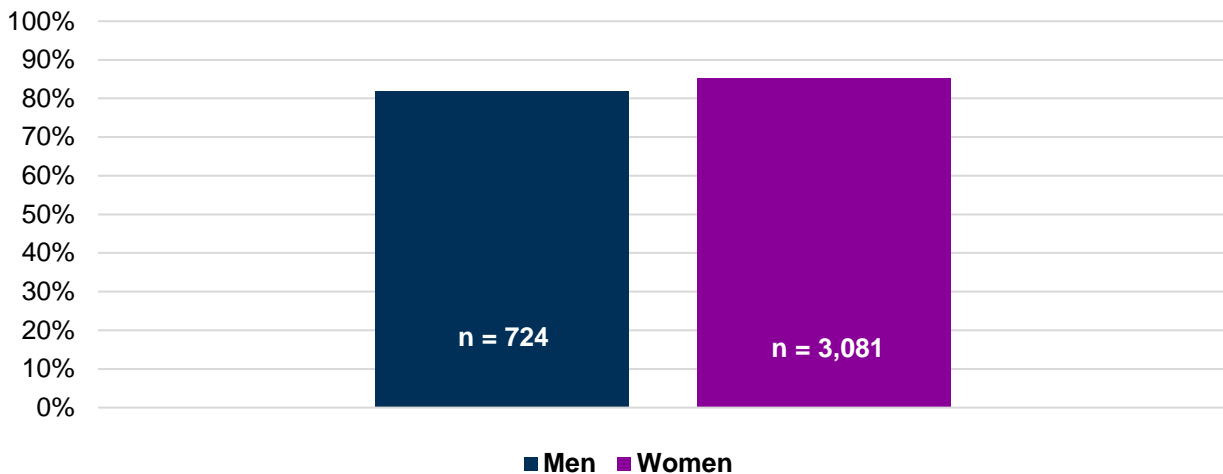


Note. Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response 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**

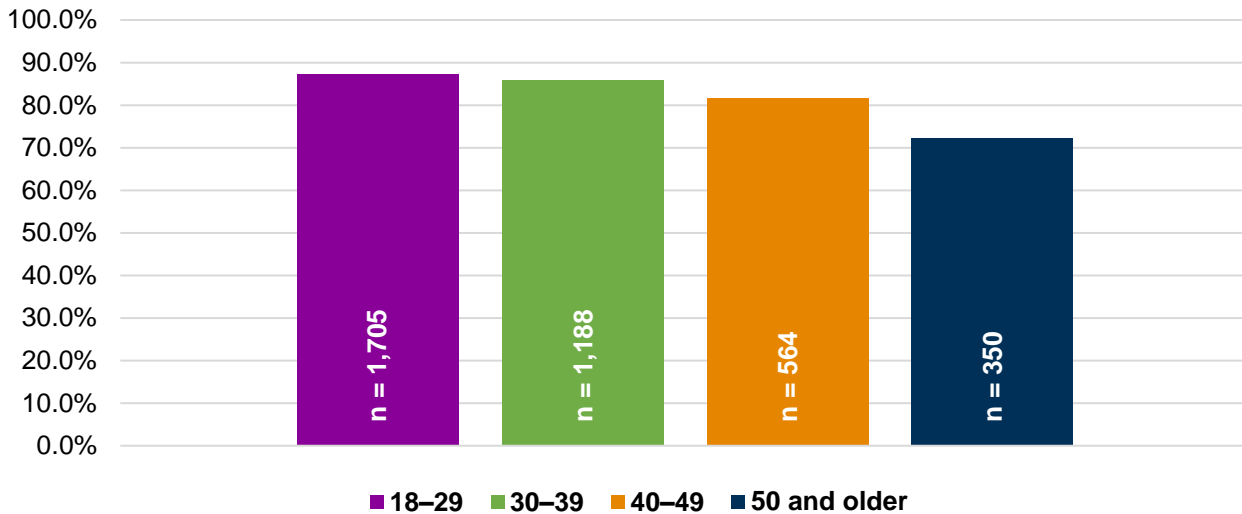


**Note.** Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response 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.

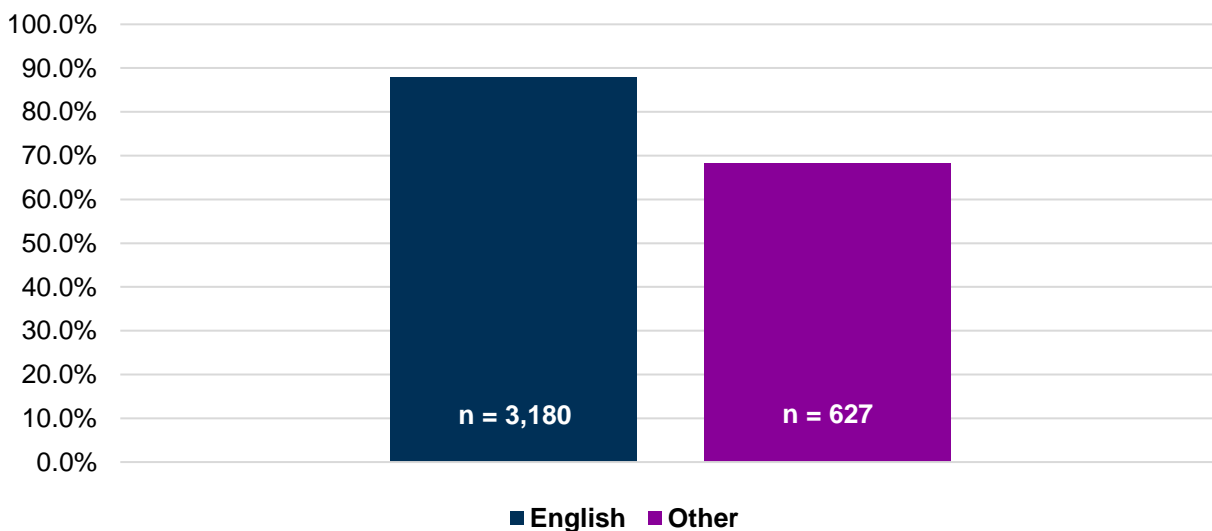
**Figure 25. 2011–2021 Associate exam eventual pass rates by age**



### 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**

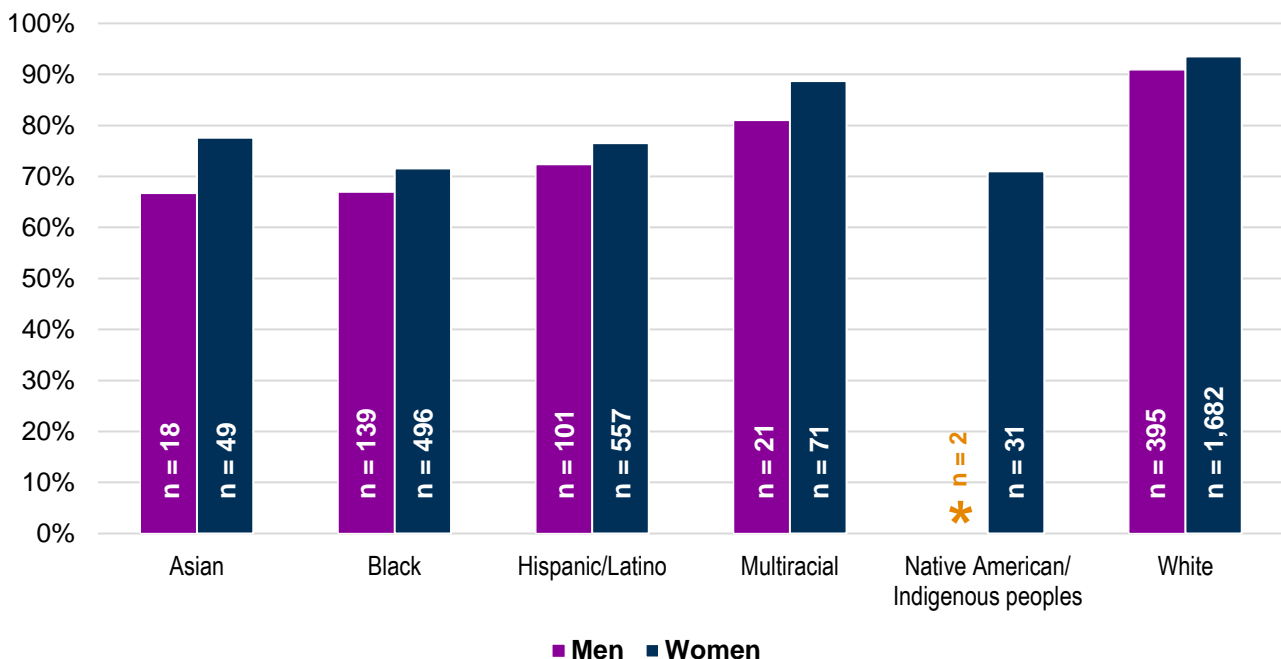


## Pass rates by race/ethnicity and gender

*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**



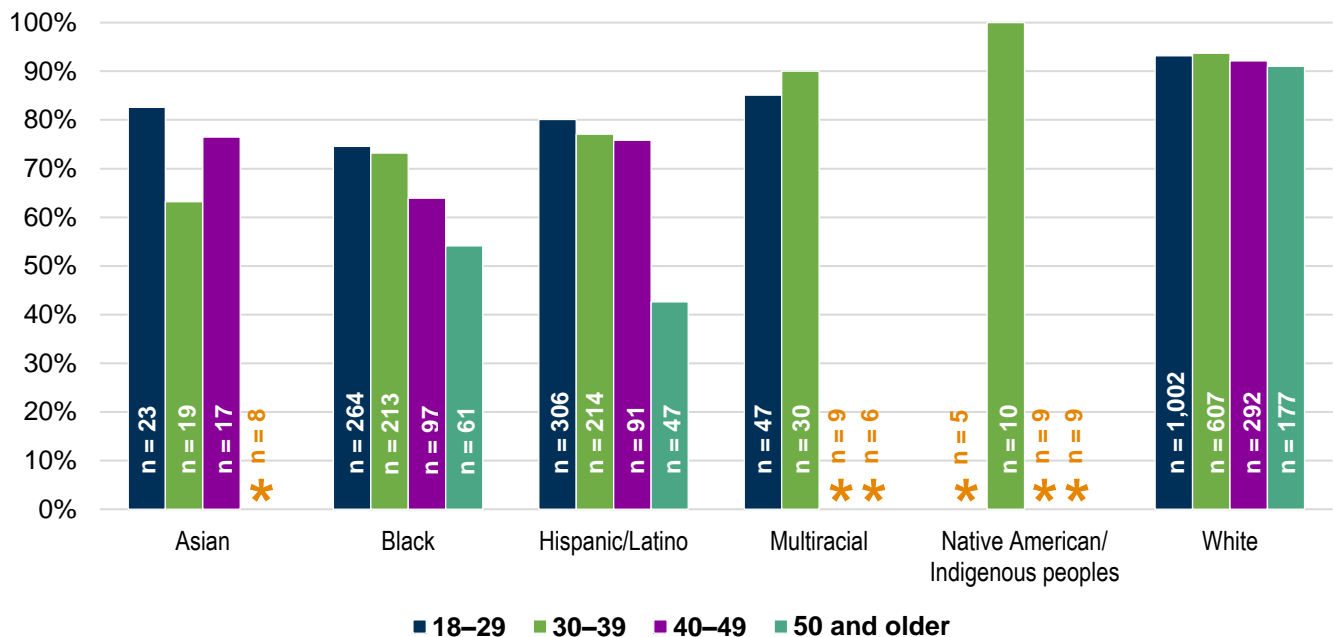
**Note.** (✱) To protect the privacy of test-takers, pass rate data are not reported for numbers less than 10. Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were 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.

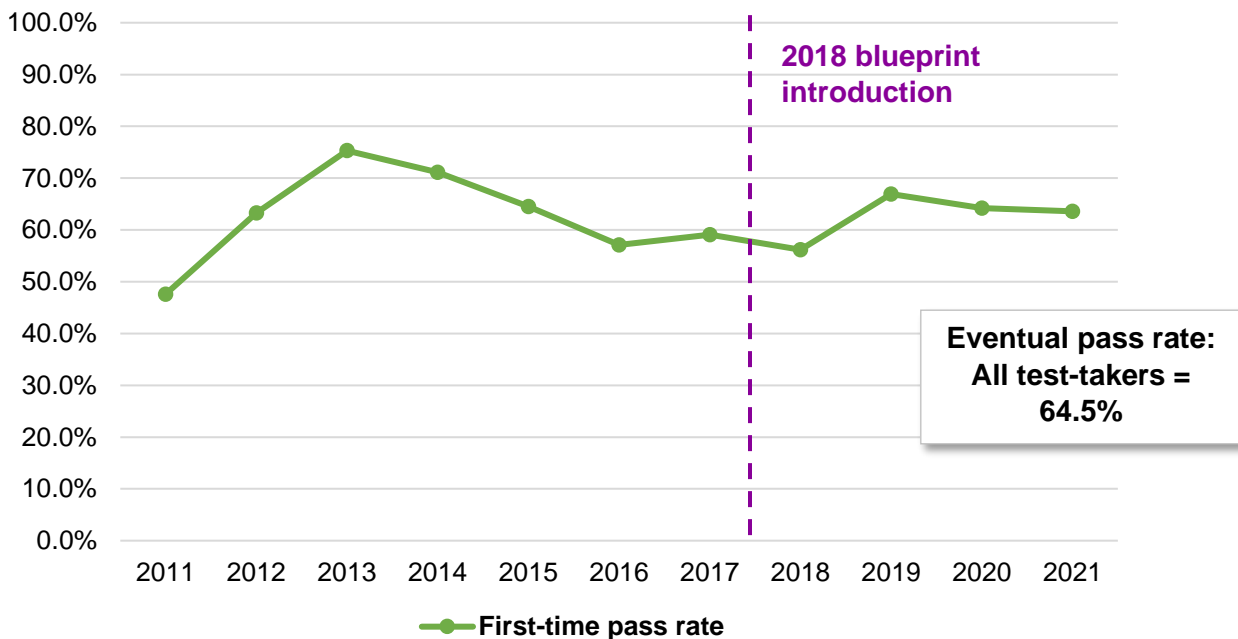
Because of the small sample sizes for many subgroups who took the Advanced Generalist exam, most figures below reflect eventual pass rates rather than first-time pass rates. Eventual pass rates include more test-takers and therefore allow for more opportunities to present relevant data while still protecting 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**

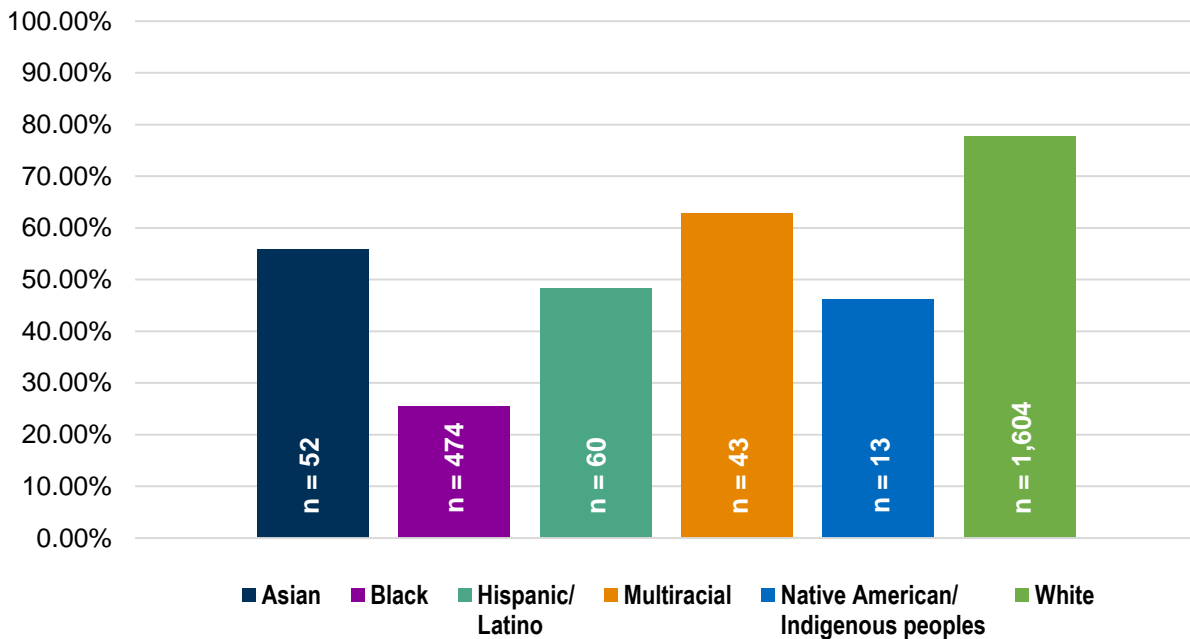


### Pass rates by race/ethnicity

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

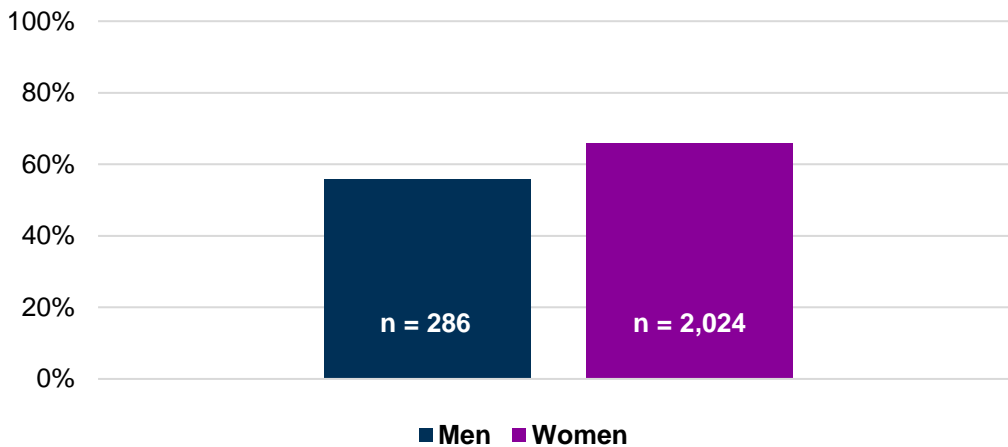


Note. Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response 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**

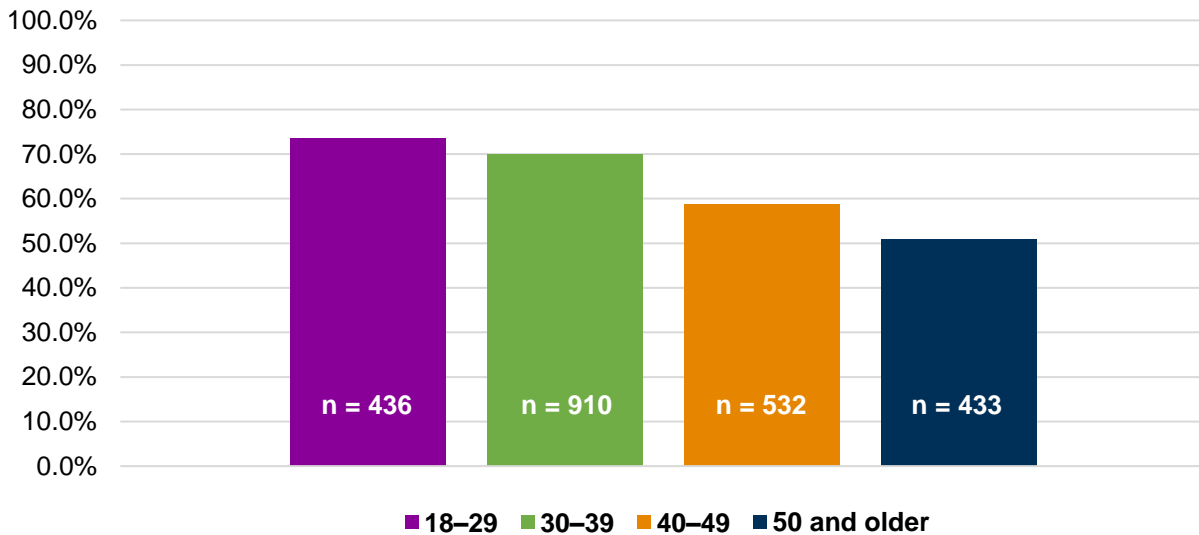


**Note.** Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response 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.

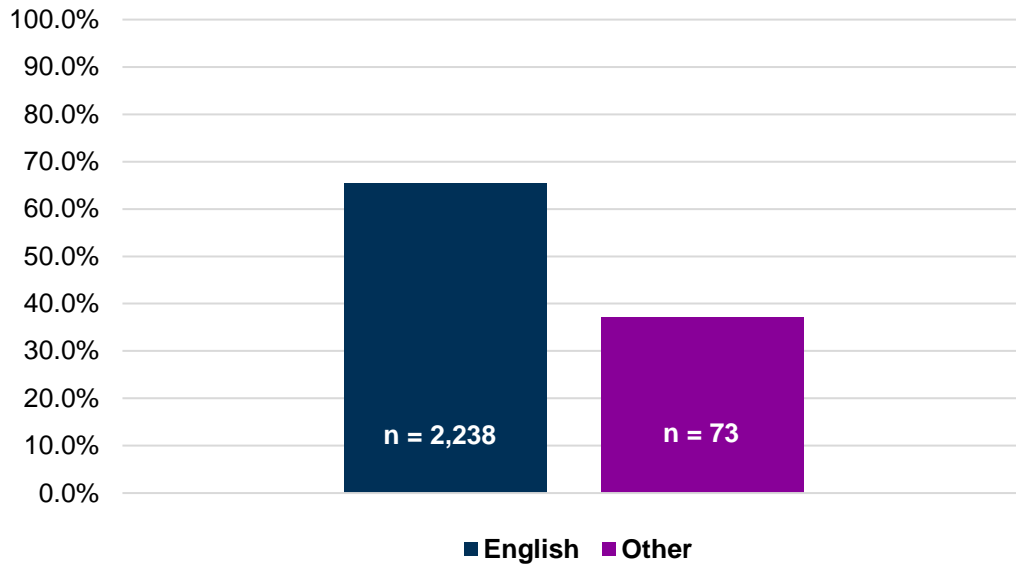
**Figure 32. 2011–2021 Advanced Generalist exam eventual pass rates by age**



### 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**

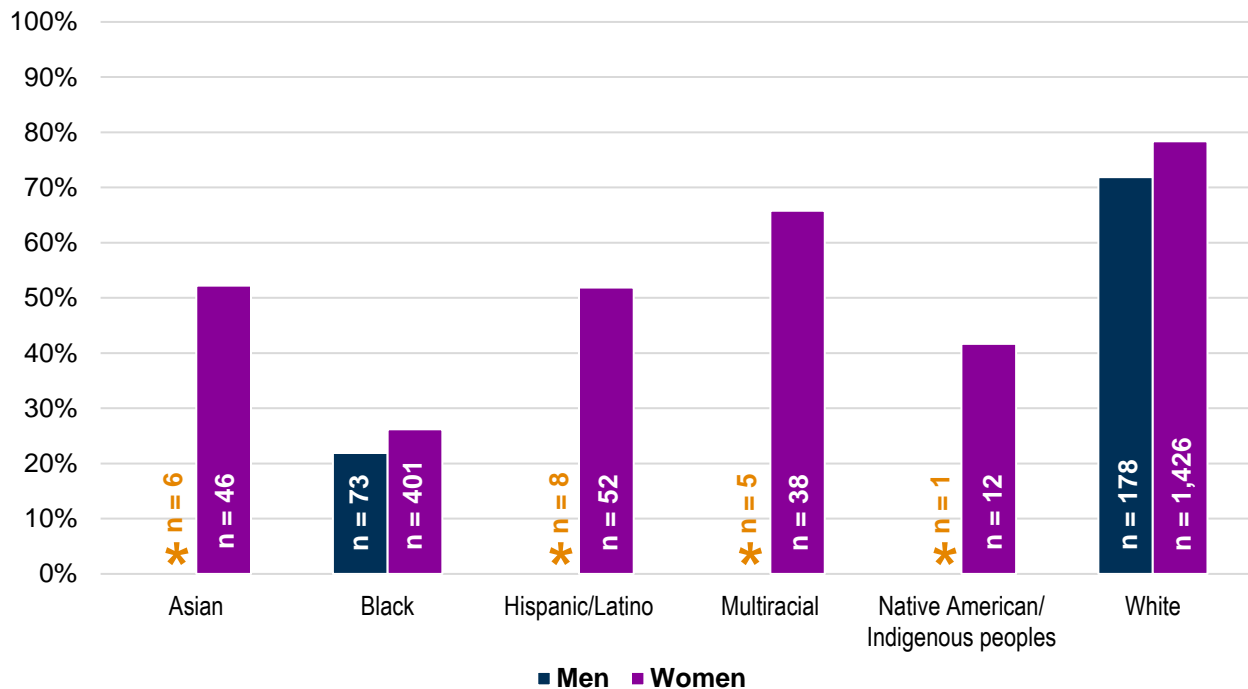


## Pass rates by race/ethnicity and gender

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 General 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**



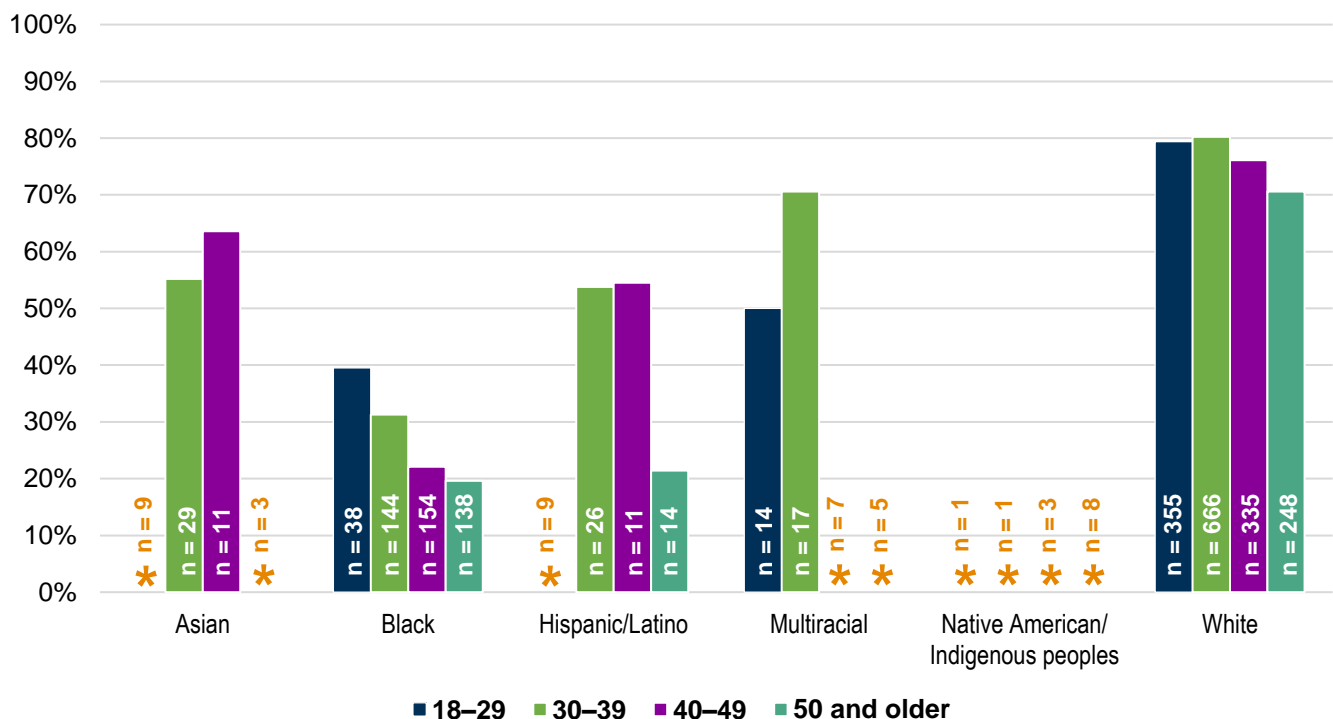
Note. (\*) To protect the privacy of test-takers, pass rate data are not reported for numbers less than 10. Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were 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.

# REFERENCES



## REFERENCES

- American Bar Association. (2022). *Summary bar pass data: Race, ethnicity, and gender*. [https://www.americanbar.org/content/dam/aba/administrative/legal\\_education\\_and\\_admissions\\_to\\_the\\_bar/statistics/2022/2022-bpq-national-summary-data-race-ethnicity-gender-fin.pdf](https://www.americanbar.org/content/dam/aba/administrative/legal_education_and_admissions_to_the_bar/statistics/2022/2022-bpq-national-summary-data-race-ethnicity-gender-fin.pdf)
- Chisholm-Burns, M., Spivey, C., Byrd, D., McDonough, S., & Phelps, S. (2017). Examining the association between the NAPLEX, Pre-NAPLEX, and pre- and post-admission factors. *American Journal of Pharmaceutical Education*, 81(5), Article 86. <https://doi.org/10.5688/ajpe81586>
- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory, and antiracist politics. *University of Chicago Legal Forum*, 1989(1), 139–167. <https://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8>
- Lockie, N., Van Lanen, R., & McGannon, T. (2013). Educational implications of nursing students' learning styles, success in chemistry, and supplemental instruction participation on NCLEX-RN performance. *Journal of Professional Nursing*, 29(1), 49-58. <https://doi.org/10.1016/j.profnurs.2012.04.003>
- Nettles, M. T., Scatton, L. H., Steinberg, J. H., & Tyler, L. L. (2011). Performance and passing rate differences of African American and white prospective teachers on Praxis examinations: A joint project of the National Education Association (NEA) and Educational Testing Service (ETS). *ETS Research Report Series*, 2011(1), i-82. <https://doi.org/10.1002/j.2333-8504.2011.tb02244.x>
- Shrider, E. A., Kollar, M., Chen, F., & Semega, J. (2021). *Income and poverty in the United States: 2020*. U.S. Census Bureau, Current Population Reports (P60-273). U.S. Government Publishing Office, Washington, DC. <https://www.census.gov/content/dam/Census/library/publications/2021/demo/p60-273.pdf>
- Spencer, S.J., Logel, C., & Davies, P.G. (2016). Stereotype threat. *Annual Review of Psychology*, 67, 415–437. <https://doi.org/10.1146/annurev-psych-073115-103235>
- Steele, C.M., & Aronson, J. (1995). Stereotype threat and the intellectual test performance of African Americans. *Journal of Personality & Social Psychology*, 69(5), 797–811. <https://doi.org/10.1037/0022-3514.69.5.797>
- Walton, G. M., & Spencer, S. J. (2009). Latent ability: Grades and test scores systematically underestimate the intellectual ability of negatively stereotyped students. *Psychological Science*, 20(9), 1132–1139. <https://doi.org/10.1111/j.1467-9280.2009.02417.x>

# APPENDIX A

## EXAMINATION CATEGORIES



## APPENDIX A

### EXAMINATION CATEGORIES

Exam	Requirements	Purpose
<b>Associate</b>	Social work degree not required	For use in jurisdictions that issue licenses to applicants who do not possess a social work degree
<b>Bachelors</b>	Bachelor's degree in social work	Basic generalist practice of baccalaureate social work
<b>Masters</b>	Master's degree in social work	Practice of master's social work including the application of specialized knowledge and advanced practice skills
<b>Advanced Generalist</b>	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
<b>Clinical</b>	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
<b>Pass rate</b>	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
<b>Pass rate</b>	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
<b>Pass rate</b>	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
<b>Pass rate</b>	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.



**From:** [Cara Sanner](#)  
**To:** [Fye, David \[BSRB\]](#)  
**Cc:** [Jennifer Henkel](#)  
**Subject:** Follow up to social work advisory committee meeting  
**Date:** Tuesday, August 23, 2022 1:18:10 PM  
**Attachments:** [Social work license framework US Canada 6.2.22.pdf](#)

---

**EXTERNAL:** This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Hello Dave,

I hope this email finds you well. I'm writing to follow up on the social work advisory committee's meeting this past Wednesday. Thank you for inviting CSG to come speak about the social work licensing compact. I think it's great that you and the board are being so proactive in learning about the compact and providing input on the draft legislation. After listening to the recording of the meeting, I want to offer a few clarifying comments and information. First, ASWB is not aware of multiple state licensing boards eliminating the licensing exam for bachelors or masters social workers. With limited exceptions the social work licensing exams are used by states for each category of practice they regulate. I've enclosed an overview of the state licensing frameworks for further information. Secondly, the ASWB Model Social Work Practice Act clearly defines three categories of practice, bachelors, masters, and clinical. Each of the categories has specific requirements for entry to practice, as well as specific scopes of practice. The Model Law does not see these categories as hierarchical, with clinical being the penultimate, but as individual categories of practice. A social worker could work their entire career in one of these licensed categories.

The exam represents a uniform standard for social work licensure with limited exception:

1. Rhode Island suspended until August 2025 the masters exam requirement for their clinical provisional license (H 7269 sub A of 2022).
2. Illinois no longer requires the masters exam for the LSW which regulates bachelors and masters practice (S 1632 of 2021).
3. Three states do not require the bachelors exam for the bachelors license (Louisiana, Nebraska and New Jersey).

Regarding items one and two, these are not unprecedented changes. There are about a dozen states with a licensing framework that includes both a masters and clinical license (50 states in total) who do not require the masters exam (or even a license) for individuals going directly from their MSW degree program to practicing under formal clinical supervision towards their clinical license. However, individuals seeking the masters license in these states are required to take the masters exam. This is also permitted in California and now Rhode Island.

As you know there are further opportunities to participate in the weekly stakeholder meetings hosted by CSG to learn more about the compact. You can register for those [here](#).

Additionally, ASWB will host two townhalls (dates below) with the membership to discuss the exam data release, registration will be open soon and you will be notified via email.

- Tuesday, September 6, 2022- 1-2pm ET
- Tuesday, September 20, 2022- 12:30-1:30 pm ET

Jennifer and I are available to speak with staff and board members if you think that would be helpful as you prepare your feedback for CSG. Please don't hesitate to email or call.

Respectfully,  
Cara

**Cara Sanner**

Regulatory Support Services Program Manager  
17126 Mountain Run Vista Ct., Culpeper VA 22701  
800.225.6880, ext. 3052

[aswb.org](http://aswb.org)



## Social work regulation in the U.S. and Canada

### Clinical, Masters and Baccalaureate License – 37 U.S. jurisdictions

Alabama	Kansas	Nevada <sup>7, 11</sup>	South Carolina <sup>7</sup>
Alaska	Kentucky	New Jersey	Tennessee <sup>7</sup>
Arizona	Louisiana	New Mexico <sup>7</sup>	Texas <sup>5, 7</sup>
Arkansas	Maine	North Carolina <sup>7</sup>	Utah
Delaware	Maryland <sup>5, 7</sup>	North Dakota	Virginia
Guam	Minnesota <sup>7</sup>	Northern Mariana	Washington DC <sup>7</sup>
Hawaii	Mississippi	Islands	West Virginia <sup>7</sup>
Idaho <sup>2</sup>	Missouri <sup>3, 7</sup>	Oklahoma <sup>8</sup>	Wisconsin <sup>7</sup>
Indiana	Montana	Oregon	
Iowa	Nebraska <sup>4, 7</sup>	Pennsylvania	

### Clinical and Masters License – 8 states

Colorado	Florida <sup>9</sup>	Illinois	Vermont
Connecticut	Georgia	New York <sup>6</sup>	Washington <sup>9</sup>

### Clinical License – 2 states

California	Rhode Island <sup>1</sup>
------------	---------------------------

### Clinical, Masters, Baccalaureate and Associate/Non-SW Certification – 5 U.S. jurisdictions

Massachusetts	Michigan <sup>9</sup>	Ohio <sup>12</sup>	South Dakota	Virgin Islands
---------------	-----------------------	--------------------	--------------	----------------

### Clinical, Baccalaureate, Associate/Non-SW Certification – 1 state

New Hampshire<sup>11</sup>

### Clinical and Baccalaureate License – 1 state

Wyoming

### Clinical Registry and Non-Clinical Social Work Registry – 3 provinces

Alberta	British Columbia	Saskatchewan
---------	------------------	--------------

### Social Work Registry – 7 provinces

Manitoba	Nova Scotia <sup>10</sup>	Prince Edward Island
New Brunswick	Ontario	Quebec
Newfoundland & Labrador <sup>10</sup>		

<sup>1</sup>Clinical licensees may apply for the private independent clinical practice license

<sup>2</sup> Masters licensees may apply for the independent practice designation

<sup>3</sup>Baccalaureate licensees may apply for the independent practice designation

<sup>4</sup>Clinical and master's licensees may apply for the independent practice designation

<sup>5</sup>Masters and baccalaureate licensees may apply for the independent non-clinical practice designation

<sup>6</sup> Clinical licensees may apply for psychotherapy "R" privilege

<sup>7</sup>Jurisdiction has masters license and advanced practice macro masters license

<sup>8</sup> Jurisdiction has masters license and two advanced practice macro masters licenses

<sup>9</sup>Advanced macro practice is the only masters license

<sup>10</sup>Registered social workers may apply for the private practice designation

<sup>11</sup>Legislation to add one or more license categories adopted in 2021; regulations pending

<sup>12</sup>The LSW encompasses both bachelors and masters practice

# Lower Black and Latino Pass Rates Don't Make a Test Racist

McWhorter, John . New York Times (Online) , New York: New York Times Company. Aug 27, 2022.

[ProQuest document link](#)

---

## FULL TEXT

The Association of Social Work Boards administers tests typically required for the licensure of social workers. Apparently, this amounts to a kind of racism that must be reckoned with.

There is a Change.org petition circulating saying just that, based on the claim that the association's clinical exam is biased because from 2018 to 2021 84 percent of white test-takers passed it the first time while only 45 percent of Black test-takers and 65 percent of Latino test-takers did. "These numbers are grossly disproportionate and demonstrate a failure in the exam's design," the petition states, adding that an "assertion that the problem lies with test-takers only reinforces the racism inherent to the test." The petitioners add that the exam is administered only in English and its questions are based on survey responses from a disproportionately white pool of social workers. But the petition doesn't sufficiently explain why that makes the test racist. We're just supposed to accept that it is. The petitioners want states to eliminate requirements that social workers pass the association's tests, leaving competence for licensure to be demonstrated through degree completion and a period of supervised work.

So: It's wrong to use a test to evaluate someone's qualifications to be a social worker? This begins to sound plausible only if you buy into the fashionable ideology of our moment, in which we're encouraged to think it's somehow antiracist to excuse Black and brown people from being measured by standardized testing. There have been comparable claims these days with regard to tests for math teachers in Ontario and state bar exams, and, in the past, on behalf of applicants to the New York City Fire Department.

One of the weirdest assertions in the petition is that the social work association "is suggesting that Black, Latine/Hispanic and Indigenous social workers, by virtue of their race, are less capable of passing standardized tests." (The first-time pass rate for Indigenous test-takers was 63 percent; for those of Asian descent it was 72 percent.) But based on the numbers, it would appear some are, absent details of just *how* the test is racist. If there were clear evidence of this, presumably the petitioners would have outlined it in order to make their case. But the petition doesn't prove the exam's design is fatally flawed and doesn't show which test components are out of bounds. We must address this problem more constructively.

This will mean taking a deep breath and asking why it is that in various instances, Black and Latino test-takers disproportionately have trouble with standardized tests. The reason for the deep breath is the implication ever in the air on this subject: that if the test isn't racist, then the results might suggest that they aren't as smart as their white peers. That's an artificially narrowed realm of choices, however. There is more to what shapes how people handle things like standardized tests.

Broadly speaking, standardized testing has been criticized in a variety of ways. A 2021 article in NEA Today, a publication of the National Education Association, claims, "Since their inception a century ago, standardized tests have been instruments of racism and a biased system," an observation channeling an opinion common in education circles that standardized tests measure test-taking ability rather than proficiency. But these claims miss a dynamic that sheds light on this issue.

One source I've always valued is a book published in 1983, "Ways With Words: Language, Life and Work in Communities and Classrooms," by the linguistic anthropologist Shirley Brice Heath, who compared how language was used with children in a middle-class white community, a working-class white one and a working-class Black

one. She found that in conversation, questions were wielded differently depending on the community. A key difference was that in middle-class white ones, children were often asked disembodied, information-seeking questions as a kind of exercise amid general social interaction. Heath wrote:

Mothers continue their question-answer routines when the children begin to talk and add to them running narratives on items and events in the environment. Children are trained to act as conversation partners and information-givers.

In the middle-class subculture Heath describes, children unconsciously incorporate into their mental tool kit a comfort with retaining and discussing facts for their own sake, as opposed to processing facts mainly as they relate to the practicalities of daily existence. The same kind of skill development that's fostered by reading for pleasure or personal interest —as opposed to reading for school lessons —a ritual which preserves and displays information beyond the everyday.

Heath found that while the printed page is hardly alien to the working-class Black community (which she gives the pseudonym "Trackton"; her pseudonymous white working-class community is "Roadville" and her pseudonymous white middle-class community is "Maintown"), and questions themselves are certainly part of how language is used within it, particular kinds of questions about matters unconnected to daily living were relatively rare. A paper published in 1995 by the National Languages and Literacy Institute of Australia cited Heath and notes that "the Trackton world is warm, buzzing with emotion and adult communication, an environment to which the child gradually adapts by a process of imitation and repetition." However, it adds, "the language socialization of the Trackton child is," in contrast to Maintown, "almost book-free." One Trackton grandmother described part of the dynamic to Heath in this way: "We don't talk to our chil'rn like you folks do. We don't ask 'em 'bout colors, names 'n things."

Yes, Heath's book was written some time ago. Certainly, Black kids don't grow up not knowing their colors or that things have names. But that quote does get at something in a general sense. Importantly, Heath's study was objective and respectful. She isn't a culture-wars partisan. Her point wasn't that Black culture, or working-class culture, is unenlightened or that Black people or working-class white people are in any sense inarticulate. Neither she then, nor I now, say there is some flaw in Black or working-class white culture.

The issue is, rather, how we square what worked for the past with what will work for today. No culture can be faulted for lagging a bit on that. Working-class Black culture was born amid hard-working people in segregated America for whom higher education was, in many, if not most cases, a distant prospect, and language was used to operate in the here and now. Think of August Wilson's plays.

That makes perfect sense in a working-class setting and is the way most people in the world proceed linguistically. Heath noted, though, about both the white and Black working-class communities she studied that "neither community's ways with the written word prepares it for the school's ways." In that context, it's easier to understand stubbing a proverbial toe on standardized tests at first.

I experienced this as a 1970s middle-class Black kid, coming of age just a decade or so after the assassination of Martin Luther King Jr., growing up in neighborhoods with lots of "post-civil rights" Black kids of various backgrounds. Middle- and upper-middle class Black families, while taking advantage of widened opportunities, could still dialogue in the way Trackton families did, and many still do. This is hardly limited to Black people. However, to the extent that we still have a wealth gap and an education gap, and that the poverty rate is disproportionately high for Black, Latino and Indigenous people, we might expect these groups, in the aggregate, to be affected by this aspect of language and its legacies.

Let's recognize, then, that calling something like a credentialing exam racist is crude —it flies past issues more nuanced and complex. Heath's study doesn't have all the answers, and there are many working-class homes in which children are prepared with the conversational and analytical skills required to excel on standardized tests. But we might absorb the reality that circumstances will leave some people better poised to take tests than others, and that will mean pass rates on such tests will differ according to race at least for a while.

And let's recognize that the pass rate on the social work association's clinical exam goes up after successive



attempts: According to the association, the eventual pass rate is 57 percent for Black test-takers, 77 percent for Latinos and 74 percent for Native Americans. Also, among social workers, Black people are overrepresented –over 20 percent as of 2017 –in relation to our proportion of the population, which hardly suggests an obstacle to Black participation in the profession.

Might there be a reason to adjust the exams? Perhaps, if, as the petition states, among the social workers surveyed in order to compose the questions, 80 percent are white people, even though Black and Latino people combined constitute 36 percent of new social workers. If nothing else, to eliminate the appearance of bias, the association ought to survey a representative group to generate test questions.

But insisting simply that it is racist, and therefore, constructively, immoral, to subject Black and Latino social workers to standardized test questions is itself a kind of immorality. It's a squeak away from arguing that Black and Latino people just aren't very quick on the uptake or can't think outside of the box. What kind of antiracism is that?

Have feedback? Send a note to [McWhorter-newsletter@nytimes.com](mailto:McWhorter-newsletter@nytimes.com).

John McWhorter (@JohnHMcWhorter) is an associate professor of linguistics at Columbia University. He hosts the podcast "Lexicon Valley" and is the author, most recently, of "Woke Racism: How a New Religion Has Betrayed Black America."

## DETAILS

<b>Subject:</b>	Language; White people; Families & family life; Working class; Standardized tests; Racism; Social work; Race; Black culture; Petitions; Verbal communication; Black people; Social workers
<b>Business indexing term:</b>	Subject: Working class
<b>Identifier / keyword:</b>	Tests and Examinations; Accreditation; Hispanic-Americans; Black People; Discrimination; Assn of Social Work Boards; internal-sub-only-nl
<b>Publication title:</b>	New York Times (Online); New York
<b>Publication year:</b>	2022
<b>Publication date:</b>	Aug 27, 2022
<b>Section:</b>	opinion
<b>Publisher:</b>	New York Times Company
<b>Place of publication:</b>	New York
<b>Country of publication:</b>	United States, New York
<b>Publication subject:</b>	General Interest Periodicals--United States
<b>Source type:</b>	Blog, Podcast, or Website
<b>Language of publication:</b>	English
<b>Document type:</b>	News

**ProQuest document ID:** 2707213230

**Document URL:** <https://www.proquest.com/blogs-podcasts-websites/lower-black-latino-pass-rates-don-t-make-test/docview/2707213230/se-2?accountid=14033>

**Copyright:** Copyright 2022 The New York Times Company

**Last updated:** 2022-08-28

**Database:** New York Times

---

Database copyright © 2022 ProQuest LLC. All rights reserved.

[Terms and Conditions](#) [Contact ProQuest](#)

**From:** [Cara Sanner](#)  
**To:** [Eye, David \[BSRB\]](#)  
**Subject:** Follow up from today  
**Date:** Tuesday, September 6, 2022 4:14:31 PM  
**Attachments:** [Praxis Exam Data Report.pdf](#)

---

**EXTERNAL:** This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Dave,

I want to share the attached report to follow up on your discussion today re. evaluating testing outcomes for other standardized tests. Table 2 on pg. 8 provides a summary that is most comparable to how ASWB presented the exam data.

Last year NCARB released pass rate data by demographic group, however I'm unable to find the detailed data. There's the press release here: <https://www.ncarb.org/press/ncarb-releases-demographic-data-architecture-licensing-and-exam-performance>  
That links to the report here <https://www.ncarb.org/nbtn2021/examination> The report has a link to the demographic data, but it returns the user to that same page. The third to last graph provides some summary information.

Few entities have released pass rate data for their licensing exams. I'm looking into any available information from nursing. As we learn more, I'll be happy to share further.

**Cara Sanner**

Regulatory Support Services Program Manager  
17126 Mountain Run Vista Ct., Culpeper VA 22701  
800.225.6880, ext. 3052  
[aswb.org](http://aswb.org)





Listening. Learning. Leading.®



# Toward Increasing Teacher Diversity: *Targeting Support and Intervention for Teacher Licensure Candidates*

By Linda Tyler, Educational Testing Service

*With Brooke Whiting, Sarah Ferguson and Segun Eubanks, National Education Association, and  
Jonathan Steinberg, Linda Scatton and Katherine Bassett, Educational Testing Service*





# Table of Contents

---

Acknowledgements .....	2
Letter from Kurt M. Landgraf and Dennis Van Roekel .....	3
Introduction .....	4-5
Findings from Data Analysis .....	6-18
Findings from Campus Interviews .....	19-23
Examples of Intervention for Prospective Teachers .....	24-26
Next Steps and Conclusion .....	27

## Acknowledgements

---

We would like to thank many people for their contributions to this report. We recognize the efforts of our collaborators from NEA: Segun Eubanks, Sarah Ferguson, Brooke Whiting and Nesa Chappelle for raising some of the original questions that guided the research, as well as for reviewing and reacting to several drafts. We also acknowledge the contributions of many of our ETS colleagues: Katherine Bassett for her leadership in bringing our two organizations together; Shelby Haberman, Jerry DeLuca, Kevin Larkin, Amy Schmidt, Rick Tannenbaum and Michael Zieky for lending their expertise in reviewing, advising and shaping this report; Cathy Trapani, Darlene Rosero, Waverley VanWinkle, Steven Holtzman, Yunfeng Chen, Tony Chu and Jinny Lieberman for providing various levels of analytical and research support; and Drew Gitomer, Catherine Millett and Dan Eignor for reviewing the report.

Since 2006, the National Education Association (NEA) and Educational Testing Service (ETS) have been working collaboratively to support teacher candidates in preparing for *The Praxis Series*™ of teacher licensure assessments, currently used in 41 states and territories. Our focus has been particularly targeted to assisting minority candidates. This work is foundational to the mission of both of our organizations.

As we embarked upon this work, we realized that we needed stronger research into specific areas of performance gaps on teacher assessments between minority and nonminority candidates. We then jointly conducted research into this issue. The research involved both statistical analyses of *Praxis*™ data and field research, collecting information from faculty and candidates. The purpose of this research was to form a solid foundation of understanding to inform our efforts to support candidates.

In this report, we share the findings of that research, as well as a summary of our efforts, to date, to support teacher candidates. In the report, we focus on the disparate performance between minority and nonminority teacher candidates on licensure tests. The data show that minority teacher candidates score lower on average on their licensure tests. The data also show that minority teacher candidates take licensure tests later in their academic and professional careers, and that the delay correlates with lower test scores and passing rates.

In all, the challenges involved in closing the diversity gap at the head of the classroom are as complex as those involved in closing the achievement gap among students. Yet there is much already in place on which to build. Many colleges and universities, for example, operate extensive intervention and support programs to help minority students through the licensure process. And numerous organizations provide tools and services to help minority teacher candidates gain the knowledge and skills they need for academic and professional success.

The quality of a child's education has an enormous influence on his or her success in life, and on the health and vitality of our communities and our nation. We can only attain those goals by producing a teaching force that is both of the highest professional quality and as diverse as our nation's student body.

ETS and NEA are committed to this work, and we hope you find this report a useful resource. We invite you to join us in our efforts to bring more minority teachers into our nation's public school classrooms.

Best regards,



Kurt M. Landgraf  
President and CEO  
Educational Testing Service



Dennis Van Roekel  
President  
National Education Association





## Introduction

---

The demographic disparity between the U.S. teaching force and the pre-kindergarten through grade 12 (P–12) student population is well known within the education community. In 2007–08, the most recent year for which we have both student and staff data from the National Center for Education Statistics, minority students made up 40.7% of the public school population, while minority teachers made up only 16.5% of the teaching force.<sup>1</sup> Considering both the importance of role models for students and the importance of a teaching force that reflects the country’s diversity, this demographic gap needs attention.

In 2007–08, the most recent year for which we have both student and staff data from the National Center for Education Statistics, minority students made up 40.7% of the public school population, while minority teachers made up only 16.5% of the teaching force. Considering both the importance of role models for students and the importance of a teaching force that reflects the country’s diversity, this demographic gap needs attention.

Increasing the diversity of the teaching workforce is critical to the NEA’s vision of a great public school for every student. While NEA has undertaken numerous initiatives to address this challenge — in the areas of teacher recruitment, preparation, licensure, district hiring, compensation, tenure and other aspects of retention — NEA decided to address the issue of initial teacher licensing and licensure assessments with ETS, an organization that provides teacher licensure assessments to 41 states and territories. NEA and ETS want to better understand why and how minority candidates struggle with teacher licensure assessments in order to improve interventions that could help address the problem.

NEA and ETS decided that the initial phase of research would focus on four key questions:

- What is the extent of the achievement gaps on teacher licensure tests and how do we articulate them?
- Is the gap the same on all of the highest-volume tests?
- What are the characteristics of people who do well or poorly on these tests?
- How and in what ways can ETS and NEA intervene to narrow the gaps?

The research was conducted in two parts: first, an examination of the data for a number of high-volume *Praxis*™ tests over the period of time from 2005 to 2009; and second, in parallel, informal field research, in which NEA and ETS staff conducted faculty and student interviews on a number of campuses.

Both organizations realize that success on teacher licensure assessments is not an isolated phenomenon; it is consistent with the performance or achievement gap that is persistent from early on in the P–12 system in this country. NEA and ETS, however, are committed to improving interventions for prospective teachers — that is, appropriate and systematic intervention in the form of extensive learning programs, not simply last-minute test prep, to help candidates gain knowledge and skills to better prepare them for success on teacher licensure assessments and, more importantly, success in the classroom.

---

<sup>1</sup> National Center for Education Statistics, *Characteristics of Public, Private, and Bureau of Indian Education Elementary and Secondary School Teachers in the United States: Results From the 2007-08 Schools and Staffing Survey* (NCES 2009-324), 2009, Table 2, “Percentage distribution of school teachers by race/ethnicity, school type, and selected school characteristics: 2007–08;” [http://nces.ed.gov/pubs2009/2009324/tables/sass0708\\_2009324\\_t12n\\_02.asp](http://nces.ed.gov/pubs2009/2009324/tables/sass0708_2009324_t12n_02.asp), accessed November 8, 2010; and Table 3, “Percentage distribution of students by sex, race/ethnicity, school type, and selected school characteristics: 2007–08;” [http://nces.ed.gov/pubs2009/2009321/tables/sass0708\\_2009321\\_s12n\\_03.asp](http://nces.ed.gov/pubs2009/2009321/tables/sass0708_2009321_s12n_03.asp), accessed November 8, 2010.

In this report, we summarize the results of the data analysis and interviews to provide insight and direction to intervention, we describe some model intervention programs that have been developed to assist students and we offer commitments and recommendations for the future.

The report contains four sections:

- **Findings from Data Analysis** — We describe and explore the performance differences between minority- and nonminority-teacher candidates based on available licensure assessment data. First, we focus on tests of academic skills and then on tests of specialty areas and pedagogy.
- **Findings from Campus Interviews** — NEA and ETS interviewed faculty involved in teacher programs that graduate large numbers of minority students to better understand the challenges their students face and how support can be provided. We summarize six major findings from these interviews.
- **Examples of Intervention for Prospective Teachers** — We describe several efforts where significant intervention is being offered for prospective and in-service teachers, some on academic skills and some in the areas of content and pedagogy. We also describe intervention, preparation efforts and tools offered by NEA and ETS.
- **Next Steps and Conclusion** — We discuss NEA's and ETS's commitments to increasing teacher diversity and lay out the next steps for both organizations, recognizing the need for more collaborators to help improve intervention efforts.

## Findings from Data Analysis

---

This section summarizes the results of research and analysis designed to answer the questions posed in the introduction. The full results of this research can be found in a free technical research report available for download on the ETS website.<sup>2</sup>

The analyses were based on the records of more than 300,000 test takers from the *Praxis* database who took a paper-based test.

The analyses were based on the records of more than 300,000 test takers from the *Praxis* database who took a paper-based test. The teacher candidates took either a *Praxis I*® test (for program entrance or for licensure) or a *Praxis II*® test (for licensure) from *The Praxis Series*™ between November 2005 and November 2009. During that period, there were 20 test administrations for the *Praxis I* tests and 29 for the *Praxis II* tests. Only first-time test takers were included; if a candidate repeated a test, the performance on the second (or third or subsequent) attempt was not included.

We also used selected biographical factors that the *Praxis* program routinely collects from all test takers. These background data are self-reported by test takers. The characteristics collected include the following:

- Race/ethnicity
- Best language of communication
- Language(s) first learned as a child
- Language other than English in which the test taker is proficient
- Highest education level the test taker has attained
- Type of teacher preparation program
- The number of years it has been since the test taker attended college or graduate school
- Cumulative undergraduate grade point average to date
- Whether the test taker has ever been enrolled in a teacher education program
- The test taker's current teaching status
- The test taker's intention to teach in the same state as the one in which they are taking the assessment
- The kind of geographic area in which the test taker is most likely to teach next year

It should be noted that all background information is self-reported by the test takers. If candidates from one racial/ethnic group, for example, were less likely than others to identify their racial/ethnic background on the Biographical Information Questionnaire that accompanies each *Praxis* test, our analyses by race/ethnicity could be skewed. There is no feasible way to identify erroneous background information.

It also should be noted that we present many of our results in terms of average scores for various demographic subgroups. While this is a useful way to reveal overall gaps, these averages do not mean that all members of particular subgroups performed at the mean performance level of their subgroups. In fact, there is wide variability in all subgroups' performances, and there are high and low performers in every subgroup, regardless of the overall performance of the demographic subgroup.

---

<sup>2</sup> Michael T. Nettles, Linda H. Scatton, Jonathan H. Steinberg and Linda L. Tyler, *Performance and Passing Rate Differences of African American and White Prospective Teachers on Praxis Examinations* (A Joint Project of the National Education Association and the Educational Testing Service), ETS Research Report, forthcoming 2011.

We have included performance data of minority subgroups as numbers allow. For several of the more fine-grained analyses, there were adequate data for only African-American and White test takers.

### Praxis I Tests of Academic Skills

Our analysis first addressed the *Praxis I* Pre-Professional Skills Tests (PPST®) in Mathematics, Reading and Writing. Many colleges and universities use these tests to evaluate individuals for entry into teacher education programs, and in some states, the tests are required for licensure. The Writing test contains a 30-minute essay; all other questions on the test are multiple-choice. The Mathematics test focuses on the key concepts of Mathematics and on the ability to solve problems in a quantitative context; the level is equivalent to that of the first two years of high school Mathematics. The Reading test features Reading passages of a variety of lengths and on a variety of subjects, accompanied by questions that address literal, critical and inferential comprehension. All of the content and skills in the three *Praxis I* tests are expected to have been mastered in P–12 education, are covered in all states’ P–12 standards and in the Common Core Standards and, therefore, cover skills that do not exceed a high school level.

**Performance gaps.** The results from our analyses were consistent with results from similar tests of academic skills, such as the SAT® and ACT®. That is, we found significant differences in average scores between test takers of different racial/ethnic subgroups. Table 1 shows the average scores of test takers<sup>3</sup> for each of the *Praxis I* tests broken out by race/ethnicity and the standardized differences between each minority group and White test takers.<sup>4</sup>

Note that the scale of each test has a range of 150-190. While the three tests use the same scale, the scales are not related to each other. For example, a score of 170 on the *Praxis I* Mathematics test does not indicate the same level of performance as a score of 170 on the *Praxis I* Reading test.

Note also that in some states, candidates who score above a state-selected score on the SAT, ACT and/or GRE® tests are exempt from taking the *Praxis I* tests. This means that some of the best-prepared students in all subgroups are not included in the data in Table 1.

The standardized difference for each minority group is shown in parentheses in the chart.<sup>5</sup> The standardized difference statistic is a helpful way of representing the difference between two subgroups because it provides a common way of looking at disparities across tests with different score scales. If there were no differences between the subgroups, the standardized difference would be zero. Most assessment experts consider a standardized difference of 1.0 or greater to be large, representing a significant disparity in performance between the two subgroups.

The results from our analyses were consistent with results from similar tests of academic skills, such as the SAT® and ACT®. That is, we found significant differences in average scores between test takers of different racial/ethnic subgroups.

3 More complete descriptive statistics can be found in the Nettles, et al., research report forthcoming 2011.

4 Approximate sample sizes by racial/ethnic group were: 65,400 White test takers, 8,200 African-American test takers, 1,900 Hispanic test takers, 2,200 Asian test takers, and 450 Native-American test takers.

5 The standardized difference between two subgroups on a test represents how much greater or smaller the difference between subgroups is compared to the standard deviation of the test and is calculated by dividing the score gap by that test’s standard deviation. (The standard deviation for a test is a measure of the variability among scores on a test, that is, how widely spread out the performances are across the score scale.)

**Table 1**

*Group means on Praxis I tests by ethnicity and race, and standardized differences between White and minority subgroups*

Race/Ethnicity	Praxis I Tests		
	Mathematics	Reading	Writing
White test takers	178.59	178.03	175.96
African-American test takers	170.56 (-1.16)	171.61 (-1.14)	171.97 (-0.95)
Hispanic test takers	174.02 (-0.66)	175.06 (-0.54)	173.71 (-0.54)
Asian test takers	177.99 (-0.09)	174.09 (-0.71)	173.82 (-0.51)
Native-American test takers	174.51 (-0.59)	175.33 (-0.50)	173.69 (-0.54)

The gaps shown in Table 1 are not uniform across tests or race/ethnicity subgroups. For example, for African-American test takers, Mathematics and Reading show the largest gaps, followed by Writing. In the case of Hispanic test takers, the gap is largest in Mathematics, followed by Reading and Writing. Asian test takers have the largest gap between their average performance and White test takers' average performance in the area of Reading, followed by Writing, and then Mathematics, which has the smallest gap (less than 1 scale score point or 0.09 of a standard deviation). The largest gaps in the tables are in the area of Mathematics, where the average mean scores of the African-American test takers are over 8 scale score points or 1.16 standard deviations lower than the average mean score of the White test takers.

Table 2 presents a different view of the gaps, this time in terms of the pass rate gap, the difference between the proportions of each subgroup that passed the test. "Passing" is defined as meeting the cut score set by whichever state the candidate has designated as the state in which he or she wants to teach.

**Table 2**

*Differences in pass rates on Praxis I tests by race and ethnicity*

Race/Ethnicity	Praxis I Tests		
	Mathematics	Reading	Writing
Gap between African-American and White test takers	-41.4%	-40.8%	-35.3%
Gap between Hispanic and White test takers	-21.0%	-16.8%	-16.5%
Gap between Asian and White test takers	-7.0%	-24.3%	-16.3%
Gap between Native-American and White test takers	-18.7%	-16.4%	-22.2%

The largest differences exist for African-American test takers, with passing rates that are lower than White test takers by 35% or more. Native-American candidates have the next highest pass rate differences with White test takers, ranging from 16.4% lower on the Reading test to 22.2% on the Writing test. Asian test takers have the greatest range of differences, from 7.0% on the Mathematics test to 24.3% on the Reading test.

An additional analysis was undertaken to check whether these differences would change significantly if we did not include the first-time score of all candidates, but instead, the subsequent performance for those who did not pass initially and took it a second time. We found that retaking a test did not make a significant difference. When candidates who passed the test after taking it a second time are included, the pass rates increase slightly more for African-American and Native-American candidates than for White, Hispanic or Asian candidates. The greatest gains in passing rates across the groups occurred on the Reading test (from a 1.8% gain for Asian test takers to 3.1% for Native-American test takers), with lower gains on the Writing test (gains of 1.3–2.5%) and the Mathematics test (gains of 0.7–1.6%).

As previously mentioned, the standardized performance differences found on the *Praxis I* tests of basic academic competencies are similar to those found on the SAT, ACT and GRE tests and similar assessments used for admissions purposes. In their 1999 study on group differences on standardized admissions tests and other indicators of educational achievement, Wayne Camara and Amy Schmidt from the College Board® provided the information shown in Table 3, expressed in terms of standardized differences, on the performance gaps between race/ethnicity subgroups.<sup>6</sup>

**Table 3**

*Standardized performance differences on various standardized admissions tests by race and ethnicity*

Admissions Test	African-American–White Gap	Hispanic–White Gap	Asian–White Gap
SAT Verbal	-0.83	-0.63	-0.25
SAT Math	-0.92	-0.61	-0.02
ACT English	-0.89	-0.61	-0.13
ACT Mathematics	-0.88	-0.47	0.39
ACT Reading	-0.82	-0.50	-0.13
GRE Verbal	-0.96	-0.53	-0.07
GRE Quantitative	-0.98	-0.46	0.46
GRE Analytical	-1.11	-0.62	-0.06
GMAT® Total	-1.03	-0.35	0.02
LSAT	-1.14	-0.88	-0.08
MCAT® Verbal Reasoning	-0.96	-1.00	-0.29

Some stakeholders in the preparation and licensure process have questioned the value of the *Praxis I* tests. Sometimes the tests are seen as needless hurdles to a teaching career that can trip up candidates who would otherwise become effective teachers. But the importance of passing the *Praxis I* tests is borne out by a recent study by ETS researchers Drew Gitomer, Terran Brown and John Bonett. The study offers an important piece of good news in the discussion of differences in subgroup performances on the *Praxis I* and *Praxis II* tests.<sup>7</sup> Gitomer, Brown and Bonett posed the question of whether the *Praxis I* tests are an unwarranted obstacle to pursuing a teaching career or whether they are measures of content and skills that

<sup>6</sup> W.J. Camara and A.E. Schmidt, *Group differences in standardized testing and social stratification*, College Board Report No. 99-5, New York: College Board, 1999. No data for Native-American test takers were included in this report.

<sup>7</sup> D.H. Gitomer, T. Brown and J. Bonett, "Useful signal or unnecessary obstacle? The role of basic skills tests in teacher preparation." Paper prepared for Association for Public Policy Analysis and Management Conference. Los Angeles, Calif., 2008.

Undertaking a rigorous analysis of three years of performance data, the researchers found that candidates who successfully passed the *Praxis I* tests on their first try had a much better chance of passing their *Praxis II* content tests than those who required more than one attempt to pass the *Praxis I* tests.

One common perception in the field is that non-White subgroups struggle more with constructed-response (essay) questions than with multiple-choice questions. The data show that this is not universally the case and that an intervention program based solely on that belief would miss the need to address other, sometimes larger, opportunities for improvement.

are important for success in teacher preparation, particularly as shown by the ability to pass the required *Praxis II* tests. Undertaking a rigorous analysis of three years of performance data, the researchers found that candidates who successfully passed the *Praxis I* tests on their first try had a much better chance of passing their *Praxis II* content tests than those who required more than one attempt to pass the *Praxis I* tests. The researchers reported their results not just for test takers in the aggregate, but also by subgroup. Their results showed that African-American test takers who passed the *Praxis I* tests successfully on their first try were nearly as likely to pass their *Praxis II* tests as were White test takers with similar success on the *Praxis I* tests and similar undergraduate grade point averages. (Adequate data were available for White and African-American subgroups only.) These results strongly suggest that when African-American students come into their programs with a strong skill base and do not struggle to pass the *Praxis I* tests, the gaps around program success and *Praxis II* performance virtually disappear.

### *Opportunities for Praxis I Intervention*

One common perception in the field is that non-White subgroups struggle more with constructed-response (essay) questions than with multiple-choice questions. The data show that this is not universally the case and that an intervention program based solely on that belief would miss the need to address other, sometimes larger, opportunities for improvement.

The *Praxis I* Writing test contains a 30-minute essay to assess Writing proficiency, in addition to 38 multiple-choice questions. As Table 4 shows the gaps between White and non-White test takers are smaller on average for the essay than for the multiple-choice questions. All race/ethnicity subgroups perform better on the constructed-response item than the multiple-choice questions. From this perspective, the greatest area of opportunity for improvement in the *Praxis I* Writing test is the multiple-choice section, which covers Grammatical Relationships, Structural Relationships and Word Choice and Mechanics.

**Table 4**

Differences in percent correct on multiple-choice questions and percent of the highest possible score on the constructed-response question, with standardized differences, on the *Praxis I Writing* test by race/ethnicity

Race/Ethnicity	Item Type	
	Multiple Choice	Constructed Response
White test takers	61.8%	65.8%
African-American test takers	48.5%	59.8%
<b>Gap between White and African-American test takers</b>	<b>-0.27</b>	<b>-0.12</b>
Hispanic test takers	54.5%	62.0%
<b>Gap between White and Hispanic test takers</b>	<b>-0.15</b>	<b>-0.08</b>
Asian test takers	55.6%	61.5%
<b>Gap between White and Asian test takers</b>	<b>-0.13</b>	<b>-0.09</b>
Native-American test takers	54.5%	62.3%
<b>Gap between White and Native-American test takers</b>	<b>-0.15</b>	<b>-0.07</b>

Our data analysis uncovered several other significant findings that may assist institutions and organizations in their work on intervention programs to build the academic skills of prospective teachers. The first finding relates to candidates' education levels when they took the *Praxis I* tests for the first time. (Sufficiently reliable data were available for White and African-American candidates only.)

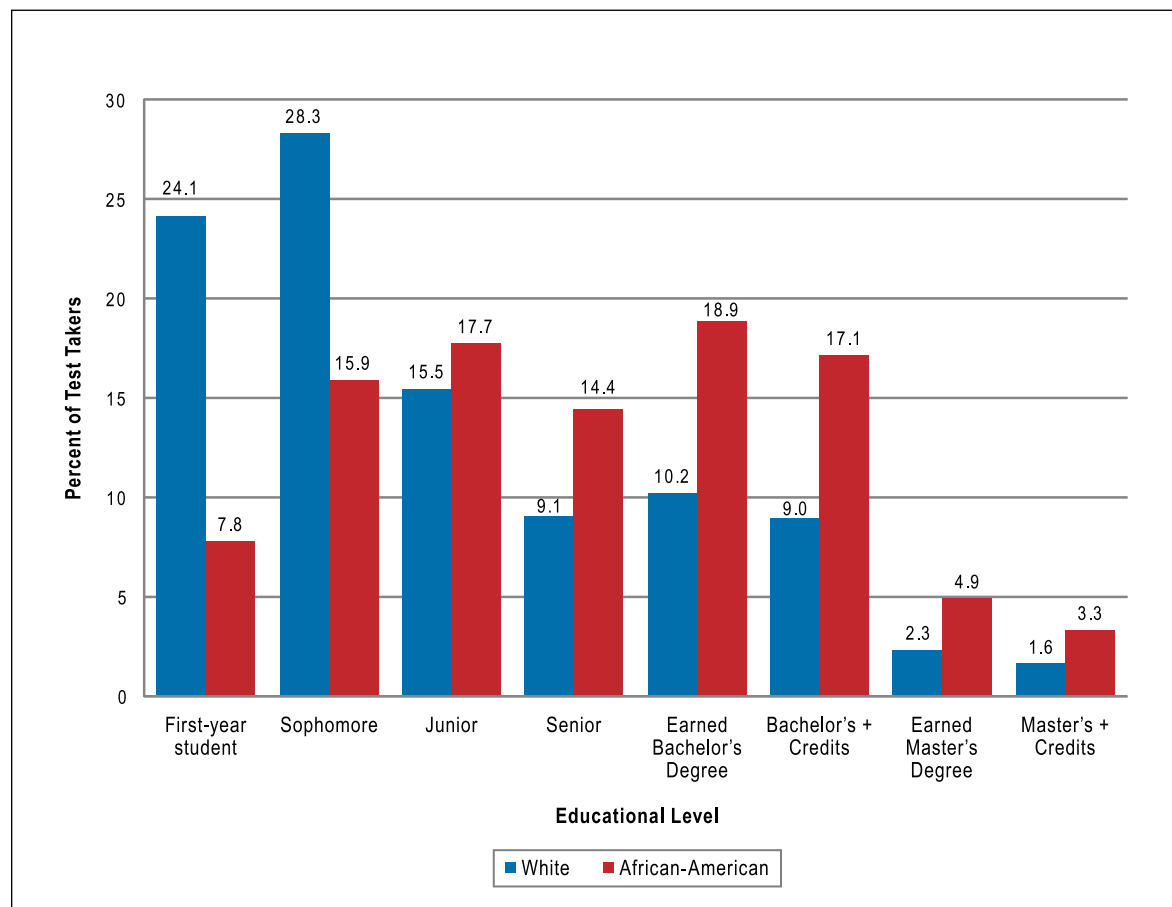
Figure 1 shows that African-American test takers in significant numbers took the *Praxis I* tests at later stages in their college careers than did White test takers. White candidates tended to be in their first two years of college when taking the *Praxis I* tests, while African-American candidates tended to be further along in their schooling or careers.

Slightly over half of the White test takers (51.0%), as compared with slightly more than one-fifth of the African-American test takers (20.4%), were either first-year students or sophomores when they took the *Praxis I* tests. Test performance is, on average, higher for candidates in their first two years of college, as compared with later stages of their education or careers. For White candidates, first-year students and sophomores scored about one to two points higher on the *Praxis I* Mathematics test, for example, than those taking the test as juniors or seniors. For African-American test takers, first-year students and sophomores scored about one to three points higher on the *Praxis I* tests than those at all other educational levels. Available data explain neither why African-American candidates were more likely to take the *Praxis I* tests later in their careers than White candidates, nor why first-year students and sophomores score higher on average than those at later educational or career stages.



**Figure 1**

*Distribution of White and African-American test takers by education level when taking the Praxis I tests*



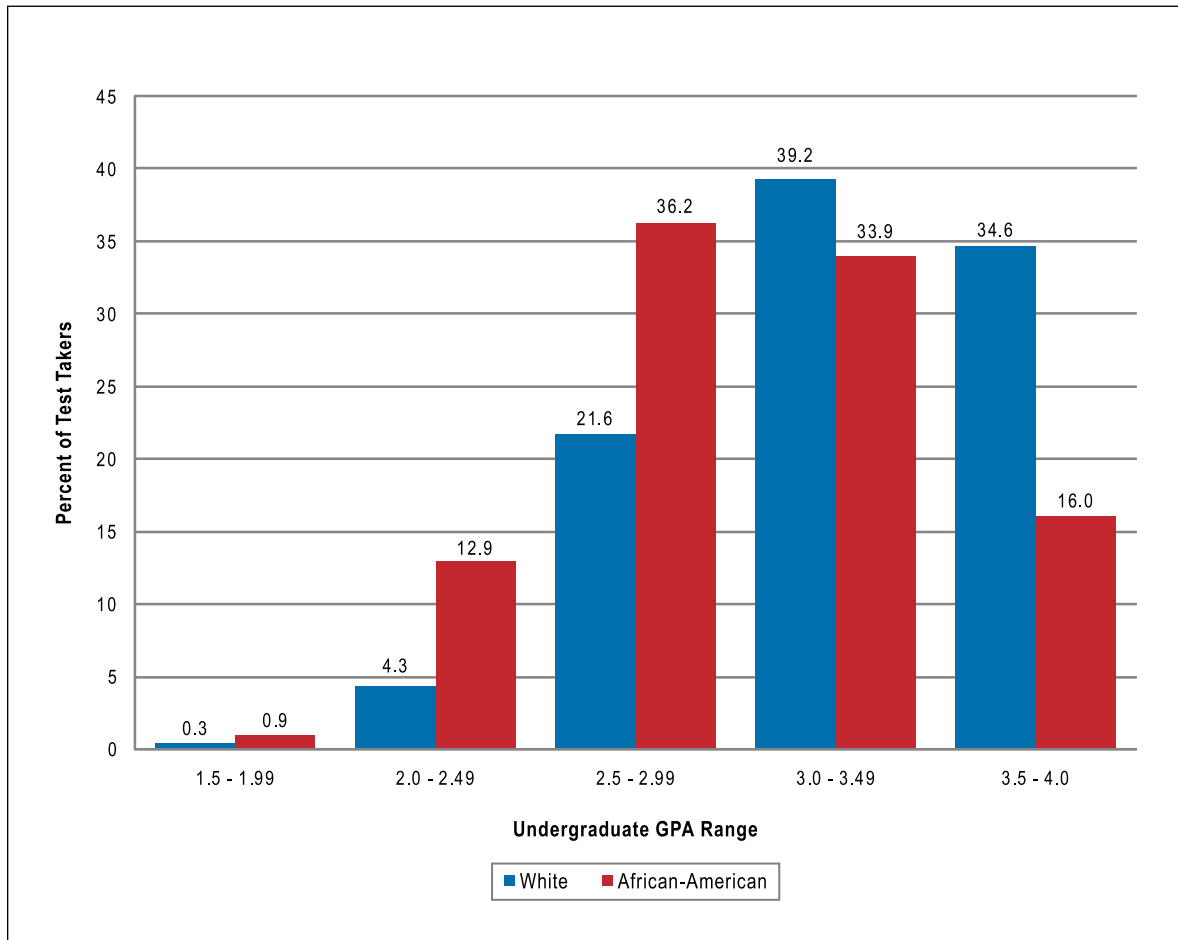
Although these results raise more questions than the program's biographical data can answer and demand more investigation, the findings can inform colleges and universities assisting prospective teachers in their preparation programs. Students who express an interest in teaching may benefit from taking the *Praxis I* tests earlier in their college careers rather than waiting. If they need intervention to build their academic skills, it should be started as early in their college careers as possible.

Students who express an interest in teaching may benefit from taking the *Praxis I* tests earlier in their college career rather than waiting. If they need intervention to build their academic skills, it should be started as early in their college careers as possible.

The second most relevant factor in our exploration of test-taker characteristics was undergraduate grade point average (UGPA). Figure 2 compares the UGPAs of African-American and White *Praxis I* test takers in five ranges, 3.5–4.0, 3.0–3.49, 2.5–2.99, 2.0–2.49 and 1.5–1.99. It is important to note that UGPAs are self-reported and confounded with other factors, such as school selectivity and choice of major (i.e., it may be easier to get better grades at some colleges and in some majors). Just under three-quarters of the White test takers had UGPAs in the two highest ranges, as compared with about half of the African-American test takers. A larger share of African-American test takers had UGPAs in the 2.5–2.99 range and the two ranges below 2.5 than did their White counterparts.

**Figure 2**

*Distribution of White and African-American Praxis I test takers by undergraduate grade point average*



The difference in UGPA matters because, on average, scores on the *Praxis I* tests increased as UGPA increased. This was true for White and African-American candidates. On the *Praxis I* Reading test, the difference in average score for White candidates from the lowest to the highest UGPA interval was 6.4 points and 3.9 points for African-American candidates. A very similar pattern was found with the *Praxis I* Mathematics (White candidates = 4.3 points; African-American candidates = 2.5 points) and Writing (White candidates = 5.0 points; African-American candidates = 2.9 points) tests.

While the finding about the correlation between UGPA and *Praxis I* scores is intuitive, there are implications for programs that are actively assisting their students to prepare for entry and licensure tests. UGPA should generally be a useful gauge of students' readiness to test and a measure of the depth of intervention needed. If a student is achieving a C average or less, his or her chances of passing the required licensure tests are significantly lower than a student with an A or B average. The students with lower UGPAs may benefit from taking targeted diagnostic tests and receiving help in relevant academic areas before taking their official tests.

UGPA should generally be a useful gauge of students' readiness to test and a measure of the depth of intervention needed.

## Praxis II Specialty Area and Pedagogy Tests

The *Praxis II* tests are designed to measure knowledge of content, general pedagogy and content-specific pedagogy and are used to satisfy state licensure requirements. Over 140 *Praxis II* test titles are offered, covering the entire range of content-specialty areas and pedagogy domains. Various types of test questions, with multiple-choice and constructed-response questions being the most prevalent, are used on the tests.

The pedagogy tests with the highest testing volumes are the Principles of Learning and Teaching (PLT) tests.

For our analysis, we examined the 12 assessments in the *Praxis II* series that had the highest testing volumes. First, we looked at the total scores. We found that, as with the *Praxis I* assessments, there were significant performance differences among subgroups.

For our analysis, we examined the 12 assessments in the *Praxis II* series that had the highest testing volumes. First, we looked at the total scores. We found that, as with the *Praxis I* assessments, there were significant performance differences among subgroups. Table 5 shows performances of African-American, Hispanic, Asian, Native-American and White test takers in terms of the average scaled scores and the standardized differences between the White and minority subgroups.

It is important to note that while all 12 test titles use a score scale with the same range (100–200), the scales are not related to each other. For example, a score of 150 on the Mathematics: Content Knowledge test does not indicate a level of performance comparable to that indicated by a score of 150 on the PLT: K–6 test.

**Table 5**

Group means and standardized differences on Praxis II tests by race and ethnicity<sup>8</sup>

Praxis II Tests	Race/Ethnicity				
	White test takers	African-American test takers	Hispanic test takers	Asian test takers	Native-American test takers
<b>Elementary Education</b>					
Elementary Education: Curriculum, Instruction, and Assessment	176.75	159.72 (-1.25)	168.93 (-0.58)	171.10 (-0.42)	168.07 (-0.65)
Elementary Education: Content Area Exercises	158.58	152.05 (-0.74)	154.08 (-0.51)	155.41 (-0.36)	154.03 (-0.52)
Elementary Education: Content Knowledge	166.48	146.60 (-1.27)	154.33 (-0.78)	161.89 (-0.29)	159.67 (-0.44)
<b>Subject Specific</b>					
English Language, Literature, and Composition: Content Knowledge	178.23	157.90 (-1.41)	171.68 (-0.46)	172.50 (-0.40)	173.18 (-0.36)
Mathematics: Content Knowledge	147.36	121.45 (-1.19)	136.33 (-0.50)	143.09 (-0.19)	138.15 (-0.42)

table continued on next page

<sup>8</sup> The testing volumes of these 12 titles vary overall and by race/ethnicity. Higher volumes tended to occur with Elementary Education and Pedagogy exams (approximately 53,000–120,000 test takers), while lower volumes tended to occur with the content-area tests, particularly Sciences (approximately 5,000–15,000 test takers). By race/ethnicity across tests, approximate volumes ranged from 4,200 to 100,000 among White test takers, from 350 to 11,000 among African-American test takers, from 100 to 4,000 among Hispanic test takers, from 230 to 2,550 among Asian test takers and from 100 to 700 among Native-American test takers.

**Table 5** (continued)

<i>Praxis II</i> Tests	Race/Ethnicity				
	White test takers	African-American test takers	Hispanic test takers	Asian test takers	Native-American test takers
Middle School Mathematics	165.43	148.74 (-0.96)	156.82 (-0.49)	162.95 (-0.14)	157.42 (-0.46)
Social Studies: Content Knowledge	168.43	152.27 (-1.10)	164.00 (-0.30)	162.95 (-0.38)	165.19 (-0.22)
Chemistry: Content Knowledge	161.70	141.30 (-1.00)	*	159.67 (-0.10)	*
General Science: Content Knowledge	166.74	141.59 (-1.37)	159.29 (-0.41)	163.74 (-0.16)	*
Middle School Science	159.01	143.16 (-0.97)	152.58 (-0.39)	158.67 (-0.02)	*
<b><i>Pedagogy</i></b>					
Principles of Learning and Teaching: Grades K–6	174.89	162.62 (-1.06)	169.65 (-0.47)	169.90 (-0.44)	167.00 (-0.70)
Principles of Learning and Teaching: Grades 7–12	174.09	162.60 (-1.08)	167.21 (-0.66)	168.72 (-0.51)	168.92 (-0.50)

\* *Insufficient sample size*

As Table 5 reveals, the largest gaps existed between the White and African-American subgroups, with a gap of 1.0 standard deviation or larger for nine of the 12 tests. For Hispanic candidates, the gap with White test takers was largest on the Elementary tests, Mathematics tests and the PLT: 7–12 test. For Asian and Native-American test takers, the PLT and Elementary tests presented the largest gaps.

Table 6 displays the differences in pass rates for the same *Praxis II* tests. The passing rates were not entirely predictable from the score gaps and standardized differences found in Table 5. The passing standard in each state may be relatively high or low in relation to the performance gap and the distribution of scores for the test; depending on the test and subgroup performance, the cut-score level could have a larger or smaller effect on the percent passing within a subgroup and the pass rate gaps between subgroups. For example, the standardized difference in scores between White and African-American candidates for the Social Studies: Content Knowledge test was -1.10, similar to that for the PLT: 7–12 test. But the pass rate gaps were not as similar, as evidenced by a 36.3% gap for Social Studies and a 28.3% gap for PLT: 7–12.

**Table 6***Differences in pass rates on selected Praxis II tests by race/ethnicity*

<i>Praxis II Tests</i>	Gap Between White Test Takers and ...			
	African-American test takers	Hispanic test takers	Asian test takers	Native-American test takers
<b><i>Elementary Education</i></b>				
Elementary Education: Curriculum, Instruction, and Assessment	-34.8%	-14.0%	-11.1%	-13.7%
Elementary Education: Content Area Exercises	-19.6%	-5.6%	-2.3%	-7.1%
Elementary Education: Content Knowledge	-35.0%	-18.6%	-9.8%	-13.6%
<b><i>Subject-Specific</i></b>				
English Language, Literature, and Composition: Content Knowledge	-42.3%	-10.9%	-11.9%	-8.2%
Mathematics: Content Knowledge	-47.3%	-21.1%	-11.8%	-15.0%
Middle School Mathematics	-31.8%	-16.8%	-5.0%	-14.4%
Social Studies: Content Knowledge	-36.3%	-10.4%	-11.9%	-2.9%
Chemistry: Content Knowledge	-38.2%	*	-5.3%	*
General Science: Content Knowledge	-49.1%	-14.4%	-6.3%	*
Middle School Science	-34.9%	-14.3%	-4.6%	*
<b><i>Pedagogy</i></b>				
Principles of Learning and Teaching: Grades K–6	-25.1%	-13.0%	-12.8%	-15.5%
Principles of Learning and Teaching: Grades 7–12	-28.3%	-18.4%	-10.1%	-12.5%

\* *Insufficient sample size*

The largest pass rate gaps between White and African-American test takers were found on the subject-specific tests in English, Mathematics, Social Studies and Science. For Hispanic test takers, the gaps were fairly similar across test types. For Asian candidates, among the subject-specific tests, the gap on Science tests was particularly small, as was the Middle School Mathematics gap, while the gaps on the Pedagogy and one of the Elementary Education tests were larger. For Native-American test takers, Elementary Education, Mathematics and Pedagogy were areas with the largest pass rate gaps compared with White test takers.

### **Opportunities for Praxis II Intervention**

While overall performance results provide guidance on what subject areas may need the most intervention, we also conducted a more fine-grained analysis, where possible, for additional information. Data from the PLT tests, for example, suggested that areas covered by the constructed-response questions provide the greatest opportunity for intervention. For the PLT: K–6 test, as Table 7 shows, the gap between White test takers and minority test takers was greater for the constructed-response questions than the multiple-choice questions, the opposite of what was found in the *Praxis I* Writing test. In addition, all subgroup averages were lower for the constructed-response questions than the multiple-choice questions, including White test takers. This was unlike the

Data from the PLT tests, for example, suggested that areas covered by the constructed-response questions provide the greatest opportunity for intervention.

*Praxis I* Writing test, where all subgroup averages were higher for constructed response than for multiple choice. The opportunity for improvement for PLT tests appears largest, on average, in the constructed-response questions. These constructed-response questions are linked to the case-study portion of the test and cover the following content: Students as Learners, Instruction and Assessment, Communication Techniques and Teacher Professionalism.

**Table 7**

*Differences in percent correct on multiple-choice questions and percent of the highest possible score on constructed-response questions, with standardized differences, on the Principles of Learning and Teaching: Grades K–6 test by race/ethnicity*

Race/Ethnicity	Principles of Learning and Teaching: Grades K–6	
	Multiple Choice	Constructed Response
White test takers	76.0%	74.6%
African-American test takers	67.3%	61.5%
<b>Gap between White and African-American test takers</b>	<b>-0.19</b>	<b>-0.28</b>
Hispanic test takers	73.5%	68.0%
<b>Gap between White and Hispanic test takers</b>	<b>-0.06</b>	<b>-0.15</b>
Asian test takers	72.9%	68.9%
<b>Gap between White and Asian test takers</b>	<b>-0.07</b>	<b>-0.13</b>
Native-American test takers	71.2%	65.8%
<b>Gap between White and Native-American test takers</b>	<b>-0.11</b>	<b>-0.19</b>

The final breakdown that may assist with intervention priorities for the *Praxis II* tests is from the Elementary Education: Content Knowledge test. As Table 8 reveals, for three of the non-White subgroups — African Americans, Hispanics and Native Americans — the gap with White test takers was the largest in the Mathematics section. However, in terms of percent correct in each category, several sections show opportunity for improvement, not just Mathematics. For example, Social Studies, Science and Mathematics for African-American test takers, with average percent-correct levels of 53.2, 54.7 and 55.0, respectively, all represent areas where improvement could yield a significant gain in performance. There is less opportunity for gain in the Language Arts section because, while the gap with White test takers was still significant, all subgroups were scoring at relatively high levels compared with the other subject areas.

**Table 8**

*Differences in percent correct in standardized terms on sections of the Praxis II Elementary Education: Content Knowledge test by race/ethnicity*

Race/Ethnicity	Language Arts	Mathematics	Social Studies	Science
White test takers	79.9%	73.1%	63.6%	68.8%
African-American test takers	70.0%	55.0%	53.2%	54.7%
<b>Gap between White and African-American test takers</b>	<b>-0.23</b>	<b>-0.38</b>	<b>-0.21</b>	<b>-0.29</b>
Hispanic test takers	73.0%	62.8%	57.3%	60.2%
<b>Gap between White and Hispanic test takers</b>	<b>-0.16</b>	<b>-0.22</b>	<b>-0.13</b>	<b>-0.18</b>
Asian test takers	75.3%	71.8%	60.4%	65.9%
<b>Gap between White and Asian test takers</b>	<b>-0.11</b>	<b>-0.03</b>	<b>-0.07</b>	<b>-0.06</b>
Native-American test takers	75.4%	65.7%	61.4%	64.7%
<b>Gap between White and Native-American test takers</b>	<b>-0.11</b>	<b>-0.16</b>	<b>-0.05</b>	<b>-0.09</b>

## Findings from Campus Interviews

---

In addition to data analysis, NEA and ETS representatives conducted campus-based interviews in 2006 to ask the faculty and students questions about student preparation for licensure tests and intervention strategies utilized by the institution. The interview guide used for these one-day visits focused on the approaches the faculty used to address the need for intervention and major hurdles faced in efforts to close achievement gaps on teacher licensure tests.

This fieldwork design was qualitative and the sample was small. While we cannot generalize from our findings, the design represents a useful model for conversing with college and university faculty and administrators about the challenges their students face and how institutions provide support.

In order to focus attention on the African-American, Hispanic and Native-American candidates who are likely to experience the greatest challenges, we identified a small sample of higher education institutions that serve mainly these populations. We included three Historically Black Colleges and Universities (HBCUs), two Hispanic-Serving Institutions (HSIs), one majority institution with a large Native-American enrollment and one urban-majority institution with a diverse minority population.

Six major findings resulted from the interviews.

- Faculty struggled with students' deficiencies in Mathematics, Reading Comprehension and Writing stemming from poor preparation in P–12.

Chief among the comments from faculty were those that focused on students' high school academic deficiencies. It was clear to the faculty members that many of their students left the P–12 system without the skills that should have been mastered before high school graduation.

- Familiarity of the education faculty with teacher licensure tests varies widely.

The degree to which teacher education faculty had direct experience with licensure tests varied widely. One institution actively urged its faculty to take the tests by setting aside funds to support the activity. Others merely encouraged it, with varying degrees of success. Those faculty members who took the tests reported that they gained a better understanding of what was expected of their students; several of them also commented that they had incorporated licensure-test-like items into their own classroom tests as a way to prepare students. On one campus, the faculty interviewed objected to the idea of any direct test preparation in their classrooms; they chose instead a standards-based approach to improve the preparation of their teacher candidates.

- Close cooperation between Arts and Sciences (A&S) faculty and Teacher Education faculty is recognized as a goal but not always achieved.

Close cooperation between A&S faculty and Teacher Education faculty was seen as critical for teacher education programs, particularly in the secondary certification disciplines, which relate more to content-area performance than to academic skills performance. Most schools reported some degree of cooperation, but it was uneven, with some A&S departments actively participating and others less so. For example, the nature of the cooperation ranged from one joint faculty meeting per year to a licensure assessment-coordinating group across the academic divisions. Some faculty reported working together with A&S colleagues on grants and team-teaching courses. When significant cooperation with A&S faculty was achieved, the Schools of Education reported improvements in test scores and higher passing rates.

The interview guide used for these one-day visits focused on the approaches the faculty used to address the need for intervention and major hurdles faced in efforts to close achievement gaps on teacher licensure tests.



- Two models of licensure assessment support emerged as prevalent, though there were no consistent models.

Each institution had developed its own licensure assessment-support program in accordance with its own traditions, perspectives and structures. The programs fell into two general categories. In the first category, licensure assessment content was integrated directly into the course work for the program degree. For example, one campus described how professors in Science Education required students to practice constructing and responding to licensure-test-like questions in Science Education courses. This model seemed more prevalent for content-area support and, to a lesser extent, for academic skills. The second model was to provide freestanding licensure assessment preparation, whether

In spite of the fact that many students arrive with educational deficiencies, they often have to be pushed to go to the labs and devote the necessary time to do the work required to pass the tests.

in the form of a test preparation course or longer-term clinics. This type of licensure assessment support varied from a comprehensive approach, often in the form of a course, to a more independent study arrangement. Math and Writing tutors and clinics are available on most of the campuses. In addition, some institutions provide test-specific tutorials, including Saturday workshops. The primary tools used on the seven campuses to help students prepare for the *Praxis* tests are PLATO® (an online tutorial for the *Praxis I* tests developed by PLATO® Learning), ETS Test at a Glance materials (downloadable test descriptions), and ETS study guides and retired tests. Many programs are set up to offer help to anyone interested in becoming a teacher pass the first hurdle, the *Praxis I* tests, and continue into the program.

- Motivating students to use the university's preparation services is a challenge.

All of the schools mentioned the serious challenge of providing licensure assessment support and making sure that students take full advantage of services offered. In spite of the fact that many students arrive with educational deficiencies, they often have to be pushed to go to the labs and devote the necessary time to do the work required to pass the tests.

- Faculty members want the test to have more questions relevant to the minority experience.

A number of faculty members of color who were interviewed expressed a belief that an increase in test items with relevance to the minority experience could help to close the gaps. They believed that this could be accomplished through greater involvement of minority educators in the test development process, both as item writers and reviewers.<sup>9</sup>

A reported lack of alignment and articulation between area high schools and teacher preparation institutions seems to be a particularly disturbing deficit and needs attention.

Findings from our conversations with faculty during our campus visits, as well as the testing results discussed earlier, point to the specific need for interventions to compensate for academic deficiencies. A reported lack of alignment and articulation between area high schools and teacher preparation institutions seems to be a particularly disturbing deficit and needs attention.

<sup>9</sup> In the case of the *Praxis* assessments, ETS requires all programs to meet four requirements related to producing tests that reflect the multicultural nature of society and treat diverse populations with respect:

- All assessment materials and informational materials must be evaluated for their sensitivity to and awareness of the contributions of various groups to society. This fairness review also verifies that our assessments do not use stereotyping or language, symbols, words or examples that are sexist, racist or otherwise offensive, inappropriate or negative toward any group.
- All multiple-choice assessments with sufficient numbers of examinees must apply a procedure called differential item functioning to check whether each test item performs comparably across candidates, regardless of their sex, race or ethnicity.
- Programs with people-related test questions must include appropriate specifications for the number and types of minority-related questions to be included on all forms of their tests.
- Programs must use external experts from a variety of backgrounds to write and review items and tests.

## Examples of Preparation and Intervention

Many colleges and universities — including all of the institutions that NEA and ETS visited for the campus-based interviews — have developed extensive programs to support their students through the licensure assessment process, many with significant programs for academic intervention. In addition, numerous organizations have contributed tools and services to help candidates gain the knowledge and skills they need for success in their programs and success in teaching. In this section, we provide a summary of a few representative programs.

- A university program developed to assist candidates in preparing for their teacher licensure assessments
- A professional development project in Tennessee to help practicing and preservice elementary teachers develop their Mathematics knowledge and Mathematics teaching skills
- Courses developed and delivered by NEA for licensure assessment preparation
- Tools and services available from ETS

**University of Maryland-Eastern Shore (UMES).** Faculty at UMES make clear to their students that they expect them to prepare for their licensure exams in a similar way to students preparing for licensure in professions such as law, medicine or social work.

The university's key tool for *Praxis I* preparation is the Learning Plus System (LPS), an online system developed by ETS in the 1990s.<sup>10</sup> LPS provides a set of computer-based diagnostic tests, practice tests and more than 35 hours of instruction in each of the three content areas to help college students and other learners improve these basic academic skills.

Dr. Michael Nugent, *Praxis* Coordinator for UMES, used *Praxis I* preparation as the basis for his dissertation, "Effects of a *Praxis I* Preparation Program on *Praxis I* Test Scores Among Students Attending an Historically Black University."<sup>11</sup> His goal was to identify the impact of a *Praxis I* preparation program on *Praxis I* Mathematics, Reading and Writing scores among 82 teacher education candidates at UMES.

Dr. Nugent examined the *Praxis I* pretest and posttest scores for two groups of candidates: those who prepared for their tests in a structured (instructor-directed) environment and those who prepared in an unstructured (student-directed) environment. Overall, both groups of students scored higher on *Praxis* posttest scores than pretest scores in Mathematics, Reading and Writing. Analysis also revealed that students who prepared for *Praxis I* tests in the structured classroom settings scored significantly higher on the *Praxis I* Mathematics section than on the Reading and Writing sections, suggesting that the Mathematics knowledge was a more limited set of knowledge and skills that could be mastered (or re-mastered) in the course of study represented by the LPS. Dr. Nugent suggested that the *Praxis I* Reading and Writing domains, because they span more general academic skills, require the

Analysis also revealed that students who prepared for *Praxis I* tests in the structured classroom settings scored significantly higher on the *Praxis I* Mathematics section than on the Reading and Writing sections, suggesting that the Mathematics knowledge was a more limited set of knowledge and skills that could be mastered (or re-mastered) in the course of study represented by the LPS.

<sup>10</sup> Sales of Learning Plus were discontinued by ETS in June 2002 because of the prohibitive cost of converting it into an Internet-based service. Several universities maintain the system using their own technology support services.

<sup>11</sup> Michael A. Nugent, *Effects of a Praxis I preparation program on Praxis I test scores among students attending an historically Black university*, Dissertation at University of Maryland Eastern Shore, 2005.

kind of skill development and practice that could not be adequately provided in a short span of test preparation.

**SITES-M Project.** The Strengthening Instruction in Tennessee Elementary Schools – Focus on Mathematics (SITES-M) project in Tennessee is an effort to help practicing and preservice elementary teachers improve their knowledge, skills and confidence in Mathematics and Mathematics teaching. In July 2007, ETS and Tennessee State University formed a consortium of Tennessee HBCUs to participate in a five-year professional development program focusing on Mathematics instruction at the elementary school level. Participating campuses are: Fisk University, Knoxville College, Lane College, LeMoyne-Owen College and Tennessee State University.

The project's goal is to strengthen instruction in Mathematics at the K–4 level by working with HBCU Mathematics and Mathematics education professors, preservice teachers and in-service teachers in partner elementary schools selected by each HBCU for the project.

The professional development provided takes the form of a summer institute, Weekend Math Workshops, training in the use of standardized observation protocols, implementation of Professional Learning Communities (PLCs), Mathematics Challenges and a project-based website for participants.

At each HBCU, there is a Campus Project Director and an Associate Campus Project Director who provide leadership and direction for all project-related activities. Mathematics and Mathematics education faculty at each HBCU participate in the professional development alongside teachers from the partner elementary school. They also assist in organizing the Weekend Math Workshops and, most importantly, participate in PLCs throughout the school year. Each HBCU also identifies an Assessment Coordinator to serve as the primary contact at the partner elementary school for all issues related to assessment. Specific responsibilities include the following:

- Serve as a member of the partner elementary school's PLC.
- Coordinate collection of the relevant data at the partner elementary school (from in-service teachers and principal), as defined by the project research plan.
- Collect student work on each Mathematics Challenge from participating teachers at the partner elementary school and prepare student work for analysis.
- Plan for and implement the analysis of the Mathematics Challenges administered at the partner elementary school and provide timely feedback to the partner elementary school.
- Work with the partner elementary school principal to ensure that participating teachers complete monthly Mathematics Challenge logs.
- Participate with ETS researchers in analyzing data and drafting reports of the research findings.

At the school level, the principals are responsible for general oversight of the project. They identify and recruit participating teachers and brief them on their responsibilities, assist in organizing the Weekend Math Workshop sponsored by their school and partner university, schedule PLC meetings, oversee faculty observations of the participating in-service teachers, and work with their SITES-M team to assess the impact of the project on the Mathematical knowledge and pedagogical proficiency of the in-service teachers.

The following programs are used in the SITES-M program:

- Mathematical Knowledge for Teaching
  - *Developing Mathematical Ideas*
- Formative Assessment
  - Unwrapping, Teaching & Assessing Learning Targets
  - Mathematics Challenges
  - The *Keeping Learning on Track*® program
- Components of Effective Teaching
  - Framework for Teaching
  - Observation Program with Plan, Teach, Reflect & Apply Process

To determine whether the project is meeting this goal, a variety of research instruments are being used and administered at a Summer Mathematics Institute every year. Participating in-service teachers are asked to complete a pretest and posttest of Mathematical knowledge for teaching. This includes a series of multiple-choice and constructed-response items. Responses to the pretest and posttest will be compared to see if the professional development had an impact on teachers' knowledge. Second, participating teachers are asked to complete a pretest and posttest of formative assessment knowledge. This assessment consists of a series of constructed-response items; responses will be used to determine if the professional development had an impact on teachers' knowledge of formative assessment. Next, the teachers are asked to complete an assessment practice survey prior to any professional development, after one year and two years of the program. This survey looks at assessment practices over the course of the year and responses will be analyzed to determine if teachers' assessment practices change over time as they participate in the program. Finally, the in-service teachers are asked to complete a Math attitudes survey at the start and end of each Summer Mathematics Institute. The working hypothesis is that as teachers' Mathematical knowledge for teaching increases and teachers become more proficient with formative assessment techniques, their attitudes toward Mathematics and Mathematics instruction will improve. Responses will be evaluated over time to see if the hypothesis holds true.

The working hypothesis is that as teachers' Mathematical knowledge for teaching increases and teachers become more proficient with formative assessment techniques, their attitudes toward Mathematics and Mathematics instruction will improve.

## Examples of Intervention for Prospective Teachers

---

### NEA

NEA has developed several resources to support teachers and prospective teachers who are preparing for licensure exams. Because of the large number of teacher candidates taking them, two exams are the focus of NEA's support efforts thus far.

The first product provided by the Association is the *Principles of Learning and Teaching (PLT) Online Study Guide*. This comprehensive tutorial was created through a collaborative effort of the Tennessee Education

NEA has developed several resources to support teachers and prospective teachers who are preparing for licensure exams.

Association and NEA's Teacher Quality department. Divided into eight sections, the *Study Guide* is an interactive, self-study tool that can be reviewed as a whole, or by section or subsection. The information is presented in a variety of ways, and review questions are included to foster user engagement and understanding.

The *Study Guide's* first section introduces the test and its structure. It includes tips for reading and answering the test's multiple-choice questions, case studies and constructed-response items. The second section, "Psyching

Yourself Up," addresses test anxiety, negative thinking and myths about the test. It also provides practical tips on what test takers can do in advance to avoid some potential stressors on test day.

The *Study Guide's* third section begins the review of education-oriented subject matter covered on the exam. Called "Education Then and Now," this section includes a review of the influences on education, and some education-related programs with which test takers need to be familiar. The next section reviews some educational foundations, including human development theory and educational philosophy.

Progressing toward the core of a teacher's work, the fifth section addresses teaching and planning. The material includes various approaches to teaching, ways to keep students engaged and the diversity of student learning styles. Continuing the discussion on diverse learners, the *Study Guide's* sixth section starts with a review of the Individuals with Disabilities Education Act (IDEA). Several IDEA-related topics are explained further, including Individualized Education Programs, ways to accommodate special-needs students, teaching English-language learners and a review of various learning disabilities.

The next section covers assessment and includes a glossary of general assessment terms, types of tests, terms regarding scoring and alternative assessments for English-language learners. The *Study Guide's* last section reviews teachers' facilitation of students' learning. This section discusses ways to enhance student comprehension and strategies teachers can use to manage the classroom.

In addition to this *Study Guide*, NEA has also developed workshop modules aimed at helping teacher candidates prepare for the *Praxis II* Elementary Education: Curriculum, Instruction, and Assessment (CIA) test. The curriculum is composed of four modules — two Language Arts and two Mathematics — each divided into six segments of 90 minutes each, for a total of approximately 18 hours of class time per subject.

The curriculum is intended to be used by groups of 8–12 participants who are led by a facilitator. Each module incorporates the ideas behind various learning theories, and the modules are designed to provide real learning, encourage reflection, foster collaboration and apply directly to teaching. Like the *Study Guide*, the CIA modules provide an abundance of learning material, activities, practice questions and topics for discussion.

The workshop modules were designed not simply to help teachers pass their required licensure tests, but also to help them become better teachers of Language Arts and Mathematics, as well as become better readers, writers and mathematicians.

### NEA/ETS Joint Projects

NEA and ETS collaboratively held the NEA-ETS Math Panel, another effort aimed at identifying how to help teacher candidates prepare for licensure assessments. The two organizations sponsored the first Math Panel in the winter of 2009, bringing together outstanding Mathematics educators for the purpose of examining Mathematics data on the *Praxis* tests. Looking at this data, the Mathematics educators were able to provide ETS assessment developers with insight regarding misconceptions that struggling candidates might hold when working through Mathematics problems. This information was useful in developing study materials for candidates.

The workshop modules were designed not simply to help teachers pass their required licensure tests, but also to help them become better teachers of Language Arts and Mathematics, as well as become better readers, writers and mathematicians.

### ETS

ETS has taken a proactive role in working with candidates of color through the institutions of higher education that prepare them and through direct candidate outreach. Some of these efforts are described below.

ETS has had an active relationship with HBCUs for more than 25 years. During this time, the collaboration has turned its attention to a number of different issues related to large-scale testing. Over the past four years, the collaboration has focused on the dual challenges of improving teaching quality and student achievement. The collaborative has sponsored and run annual or semiannual campus-based meetings with teacher education faculty for the past four years. Additionally, ETS annually invites HBCU teacher educators to an HBCU Assessment Development Invitational on the ETS campus for an in-depth look at how tests are developed, administered and scored.

Through its outreach to teacher candidates, ETS encourages them to build long-term study plans to prepare for their licensure assessments. For each assessment, the *Praxis* website features a “Develop a Study Plan” page. The page includes suggestions for creating a study plan to match the content areas on the test. The suggestions encourage candidates to self-assess their levels of preparation, identify resources, develop a preparation schedule and join study groups (if desired). A template is provided for candidates’ use, and a model study plan is provided.

Since the inception of the *Praxis* program in the early 1990s, ETS has published a free test overview guide called *Test at a Glance* for every *Praxis* test title. These free guides include information on timing, pacing, test structure, question types, content categories and sample questions with answers. In addition to *Tests at a Glance*, ETS provides these additional free downloadable booklets:

- *General Information and Study Tips* contains strategies for responding to various types of questions and for creating an individualized study plan
- *Reducing Test Anxiety* provides in-depth information about managing stress and tension associated with testing

ETS has also instituted a free webinar series, beginning with *Praxis I* tests. Candidates and faculty can sign up for free, one-hour, web-based seminars focused on specific test titles. Thousands of candidates have participated in the free webinars, and many candidates have recognized, as a result of the webinars, that they need extensive work before they take their tests.

ETS offers priced preparation materials in e-book format for candidates who want more information and practice. E-books include practice tests (full, released forms of various test titles) and study guides (including detailed information about content coverage, as well as practice test items).

ETS also offers in-depth online interactive tutorials for the PLT tests and the *Praxis I* tests. The software programs include test questions, as well as textbook content for all domains covered in the exams. The software assists candidates in developing an individualized study plan based on pretests in each domain area, and the multimedia presentation, including videos of instruction in classroom settings, provides for a rich learning experience.

Available to institutions of higher education, ETS workshops are designed for both candidates and faculty.

These workshops are full-day sessions designed to help participants better understand the structure and content of the *Praxis* tests.

Available to institutions of higher education, ETS workshops are designed for both candidates and faculty. These workshops are full-day sessions designed to help participants better understand the structure and content of the *Praxis* tests.

## Next Steps and Conclusion

---

NEA and ETS are committed to working together to share knowledge about performance, readiness and best practices for intervention. A task force will be formed in the coming year to advise us on how best to broaden the awareness of the need for significant intervention, promote the tools and practices available and share joint research results. We will reach out to institutions, organizations and foundations to join this task force.

Both organizations want to move this agenda forward. For its part, ETS is committed to making information transparent using data analysis to help the field and using available communication channels to spread the word about best practices, research results and case studies of successful intervention. ETS is willing to work with any state, even those that do not use the *Praxis* tests, to analyze its performance data, using the approaches outlined in this paper or other viable approaches that will result in actionable information. ETS hopes that through additional analyses, data gathering and applications of research, we can improve interventions to help increase the academic preparation of those students who want to become teachers.

NEA will continue its long-standing commitment to equity, diversity and excellence in education and in the teaching profession. NEA is deeply committed to addressing the challenges of recruiting and retaining a highly qualified, culturally competent, diverse teaching force for our nation's public schools. Toward that end, NEA has developed an aggressive advocacy agenda focused on teacher quality and diversity. The agenda includes:

- Promoting the development of early intervention and minority pipeline programs for high school and college students, such as teacher career academies and future educator programs
- Advocating for high-quality teacher preparation and licensure programs, such as national accreditation and teacher residency programs
- Building partnerships and alliances, including expanding the work of an NEA-initiated National Collaborative on Diversity in the Teaching Force

In addition to these teacher diversity initiatives, NEA recently launched a Priority Schools Campaign that focuses on lower-performing schools, making them Priority Schools. The goal is to transform the lives of tens of thousands of students by significantly raising student achievement. This campaign will provide support to hundreds of schools, in dozens of communities, that are most in need.

ETS and NEA call on other organizations and institutions to join in the effort to improve college access and success for minority students, as well as build a more diverse and highly skilled teacher workforce. Progress has been too slow, and more significant efforts are needed. No single project or focus can achieve that goal, so it is critical that efforts be aligned and visible in the field.

ETS and NEA call on other organizations and institutions to join in the effort to improve college access and success for minority students, as well as build a more diverse and highly skilled teacher workforce.







## About NEA

Our mission is to advocate for education professionals and to unite our members and the nation to fulfill the promise of public education to prepare every student to succeed in a diverse and interdependent world.

[www.nea.org](http://www.nea.org)

## About ETS

At ETS, we advance quality and equity in education by providing fair and valid assessments, research and related services. Our products and services measure knowledge and skills, promote learning and educational performance, and support education and professional development for all people worldwide.

[www.ets.org](http://www.ets.org)

Copyright © 2011 by Educational Testing Service. All rights reserved. ETS, the ETS logo, LISTENING. LEARNING. LEADING., GRE, KEEPING LEARNING ON TRACK, PPST, PRAXIS I and PRAXIS II are registered trademarks of Educational Testing Service (ETS). PRAXIS and THE PRAXIS SERIES are trademarks of ETS. All other trademarks are the property of their respective owners. 15961



*Listening. Learning. Leading.®*

[www.ets.org](http://www.ets.org)



# COUNCIL ON SOCIAL WORK EDUCATION

STRENGTHENING THE PROFESSION OF SOCIAL WORK

*Leadership in Research, Career Advancement, and Education*

333 John Carlyle Street, Suite 400, Alexandria, VA 22314

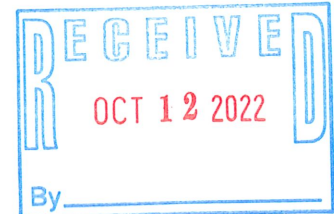
TEL 703.683.8080

FAX 703.683.8099

WWW.CSWE.ORG

Kansas Behavioral Sciences Regulatory Board  
700 SW Harrison St, Suite 420  
Topeka, KS 66603

October 3, 2022



Dear Social Work Licensing Examiner:

As president and chief executive officer of the Council on Social Work Education (CSWE), I write to you on behalf of social work education programs across the country. As you are likely aware, the Association of Social Work Boards (ASWB) recently released a report documenting examination pass rates across different levels of the social work profession. Although the data needs further analysis, the descriptive statistics suggest alarming disparities for exam-takers in several categories. The most egregious disparity impacts Black test takers. In addition, Indigenous, and other People of Color also pass at lower rates than White test-takers; those that speak English as a second language pass at lower rates than native English speakers; and older test-takers pass at lower rates than younger ones. Given that the ASWB exam is the only national licensing examination available, these data raise grave concern that the need for a diverse health, behavioral health, and social service workforce (of which social workers are a considerable portion of providers<sup>1</sup>) is being significantly impeded.

As the national body for social work education in the United States, Puerto Rico, and Guam, the CSWE urges you to:

- a. Suspend the use of the ASWB exam until a thorough analysis has been completed which will suggest evidenced-based recommendations to correct for inequities.
- b. Consider graduation from a CSWE-Accredited social work education program evidence of beginning competence to practice social work as a professional social worker (granting all graduates licensure or pre-licensure status).
  - a. The only exception to the above involves the license to practice clinical social work. CSWE supports the need for a post-graduate process to license practice at this level, however if the ASWB exam remains central to this process, further analysis of the descriptive data must also occur for this category to identify possible issues.

<sup>1</sup> U.S. Bureau of Labor Statistics ([bls.gov](https://www.bls.gov)) 2020 report indicates there are 715,600 social workers that work in Child, Family, School, Healthcare, Mental Health, and Substance abuse treatment settings.



## COUNCIL ON SOCIAL WORK EDUCATION

STRENGTHENING THE PROFESSION OF SOCIAL WORK  
*Leadership in Research, Career Advancement, and Education*

---

333 John Carlyle Street, Suite 400, Alexandria, VA 22314 TEL 703.683.8080 FAX 703.683.8099 [www.cswe.org](http://www.cswe.org)

---

- c. Consider the action taken by the state of Illinois (January 1, 2022) through the Public Act 102-0326, whereby a licensing examination is no longer required for licensure as an Illinois Licensed Social Worker (LSW).
- d. Consider decoupling the Interstate Compact, currently in development, from the ASWB licensure exam.

Thank you for your consideration. I would be happy to engage with you further about the concerns and/or recommendations I offer.

Sincerely,

A handwritten signature in black ink that reads "Darla Spence Coffey". The signature is written in a cursive, flowing style.

Darla Spence Coffey, PhD, MSW  
President and Chief Executive Officer  
[dcoffey@cswe.org](mailto:dcoffey@cswe.org)

VOLUME No. 6

# Kansas Statutes Annotated

To be Cited as: K.S.A. 75-101

CONTAINING CHAPTERS 75 THROUGH 78  
OF THE GENERAL LAWS AND LAWS OF A GENERAL NATURE IN FORCE  
INCLUDING THOSE ENACTED IN 1977

DULY ARRANGED, NUMBERED, ANNOTATED AND INDEXED  
WITH HISTORIES, NOTES AND REFERENCES  
AS REQUIRED BY LAW



KANSAS STATE LIBRARY  
3rd Floor State House  
TOPEKA, KANSAS 66612

*Compiled and Edited by*  
*Office of Revisor of Statutes of Kansas*

FRED J. CARMAN, *Revisor of Statutes*  
JOHN C. WEEKS, *Editor*

---

UNDER AUTHORITY OF  
K.S.A. 77-148

---

PRINTED AND BOUND BY  
DIVISION OF PRINTING—DEPARTMENT OF ADMINISTRATION  
TOPEKA, KANSAS, 1977

(f) All budgeting, purchasing and related management functions of the board shall be administered under the direction and supervision of the secretary. All vouchers for expenditures of the board shall be approved by the secretary.

**History:** L. 1974, ch. 372, § 4; L. 1975, ch. 416, § 24; July 1.

**75-5350. Powers, duties and functions of secretary.** The secretary, with the advice and assistance of the board, shall have the following powers, duties and functions for the purpose of administering the provisions of this act:

(a) The secretary shall: (1) Recommend to the legislature modifications and amendments to this act;

(2) Recommend to the appropriate district or county attorneys prosecution for violations of this act; and

(3) Annually publish a list of the names and addresses of all persons who are licensed under the provisions of this act as:

(A) Licensed social work associates;

(B) Licensed baccalaureate social workers;

(C) Licensed master social workers;

(D) Licensed in social work specialties; and

(E) Eligible to engage in the private, independent practice of social work under this act.

(4) Prescribe the form and contents of examinations required for licensure under the provisions of this act.

(5) Prescribe and enforce rules and regulations for professional conduct of licensed social workers.

(6) Adopt and enforce rules and regulations establishing requirements for the continuing education of persons licensed under the provisions of this act.

(7) Adopt rules and regulations establishing classes of social work specialties which will be recognized for licensure under the provisions of this act.

(8) Adopt such other rules and regulations as may be necessary for the administration of this act and to carry out the purposes thereof.

(b) The secretary shall administer examinations required under the provisions of this act.

(c) The secretary may appoint a director, who shall serve at the pleasure of the secretary, and such other employees, within the limitations of appropriations made therefor, as the secretary may deem necessary.

**History:** L. 1974, ch. 372, § 5; July 1.

**75-5351. Qualifications for licensure; social work associate; baccalaureate social worker; master social worker; social work specialties.** (a) The secretary shall issue a license as a social work associate to an applicant who:

(1) Has a baccalaureate degree in a field related to social work or an associate arts degree in human services from an accredited college or university;

(2) Has passed an examination approved by the secretary for this purpose;

(3) Has satisfied the secretary that he or she is a person who merits the public trust; and

(4) Is a legal resident of Kansas or is employed in Kansas.

(b) The secretary shall issue a license as a baccalaureate social worker to an applicant who:

(1) Has a baccalaureate degree from an accredited college or university, including completion of a social work program accredited by the council on social work education;

(2) Has passed an examination approved by the secretary for this purpose;

(3) Has satisfied the secretary that he or she is a person who merits the public trust; and

(4) Is a legal resident of Kansas or is employed in Kansas.

(c) The secretary shall issue a license as a master social worker to an applicant who:

(1) Has a master's degree from an accredited college or university, including completion of a social work program accredited by the council on social work education;

(2) Has passed an examination approved by the secretary for this purpose;

(3) Has satisfied the secretary that he or she is a person who merits the public trust; and

(4) Is a legal resident of Kansas or is employed in Kansas.

(d) The secretary shall issue a license in one of the social work specialties to an applicant who:



(1) Has a master's or doctor's degree from an accredited graduate school of social work, including completion of a social work program accredited by the council on social work education;

(2) Has had two (2) years of full-time post-master's or post-doctor's degree experience under the supervision of a licensed social worker in the area of the specialty in which such applicant seeks to be licensed;

(3) Has passed an examination approved by the secretary for this purpose;

(4) Has satisfied the secretary that he or she is a person who merits the public trust; and

(5) Is a legal resident of Kansas or is employed in Kansas.

**History:** L. 1974, ch. 372, § 6; July 1.

**75-5352. Use of title by licensee; designation thereof by secretary; penalty for violation.** (a) Any person who possesses a valid, unsuspended and unrevoked license issued under the provisions of this act shall have the right to practice and use the title and the abbreviations prescribed by the secretary for use by persons holding the license held by such person. The secretary shall establish a title and prescribe abbreviations for use by persons holding each class or type of license issued under the provisions of this act. No other person shall assume such titles, use such abbreviations, or any word or letter, signs, figures or devices to indicate that the person using the same is licensed as such under the provisions of this act.

(b) Any violation of this section shall constitute a class C misdemeanor.

**History:** L. 1974, ch. 372, § 7; July 1.

**75-5353. Limitations on private practice of social work; penalties.** (a) No person may engage in the private, independent practice of social work unless he or she is:

(1) Licensed under this act as a master social worker; and

(2) Has had two years supervised experience as a licensed social worker in the method to be offered in private practice subsequent thereto.

(b) Any violation of this section shall constitute a class B misdemeanor.

**History:** L. 1974, ch. 372, § 8; July 1.

**75-5354. Exemptions; temporary permits.** (a) An applicant shall be exempted

from the requirement for any examination provided for herein if:

(1) He or she proves to the secretary that he or she is licensed or registered under the laws of a state or territory of the United States that imposes substantially the same requirements as this act as determined by the secretary; and

(2) Pursuant to the laws of any such state or territory, he or she has taken and passed an examination similar to that for which exemption is sought, as determined by the secretary.

(b) An applicant for a license as a baccalaureate social worker who is, on the effective date of this act, employed as a social worker, social work supervisor or a social work administrator and who makes application for such license on or before July 1, 1975, shall be exempted from academic and examination requirements imposed under the provisions of this act. An applicant for a license as a baccalaureate social worker who is a social worker, otherwise qualified for licensure as a baccalaureate social worker, and who makes application for such license on or before July 1, 1975, shall be exempt from the examination requirements imposed under the provisions of this act.

(c) An applicant for a license as a master social worker making application for such license on or before July 1, 1975, who presents proof to the secretary that he or she is engaging in the private practice of social work may be exempt from the two years supervised experience otherwise required by this act.

(d) An applicant for a license as a master social worker who has satisfactorily completed a master's program in social work and was awarded a certificate, and who is employed in a position for which the master's degree is normally required and who makes application for such license on or before July 1, 1975, shall be exempt from academic and examination requirements for licensing under the provisions of this act. An applicant for a license as a master social worker who is otherwise qualified for such licensure on the effective date of this act and who makes application for such license on or before July 1, 1975, shall be exempt from the examination requirements for licensing under the provisions of this act.





AD ASTRA PER ASPERA  
1980  
Cumulative Supplement  
to the  
Kansas Statutes Annotated

The seal of the State of Kansas is circular and contains a landscape scene. At the top, the motto "AD ASTRA PER ASPERA" is written in an arc. Below it, the year "1980" is prominently displayed. The central scene depicts a rural landscape with a house, a barn, and a plow being pulled by a team of oxen. The text "Cumulative Supplement to the Kansas Statutes Annotated" is overlaid on the seal.

RECEIVED

JAN 27 1981

Volume 6

KANSAS DOCUMENT  
KANSAS STATE LIBRARY

CHAPTERS 75 to 78

To be cited as: K.S.A. 1980 Supp.

Published Under Authority of  
K.S.A. 77-304 *et seq.* and acts amendatory thereof.

DIVISION OF PRINTING  
DEPARTMENT OF ADMINISTRATION  
TOPEKA, KANSAS  
1980  
38-5262

ition for which the ally required and or such license on all be exempt from or licensing under

license in a social therwise qualified fective date of this cation for such li- 1, 1975, shall be tion requirements ovisions of this act. censing in a social gaged in the prac- ed by the board on ct and who meets s for licensing as a qualifes for an ex- the provisions of mpt from the re- ars of supervised censing under the

ue temporary per- tuating circum-

g individuals who is act are working social services to are exempt from 54; L. 1980, ch.

acts; penalties. e following shall e meanor: pting to obtain a renewal thereof by esentation; a false statement application under

a false statement by the board in ions of this act or ns promulgated 5; L. 1980, ch.

suspension or The board may nd or may revoke the provisions of

this act upon proof, after a hearing, that the licensee:

(a) Has been convicted of a felony and, after investigation, the board finds that the licensee has not been sufficiently rehabilitated to merit the public trust; or

(b) Has been found guilty of fraud or deceit in connection with services rendered as a social worker or in establishing needed qualifications under this act; or

(c) Has knowingly aided or abetted a person, not a licensed social worker, in representing such person as a licensed social worker in this state; or

(d) Has been found guilty of unprofessional conduct as defined by rules established by the board; or

(e) Has been found guilty of negligence or wrongful actions in the performance of duties.

**History:** K.S.A. 75-5356; L. 1980, ch. 242, § 21; July 1.

**75-5357. Hearing on revocation, suspension or refusal to renew license; notice; appeal.** (a) Hearings to consider the suspension, revocation or refusal to renew a license shall be conducted by the board.

(b) Reasonable notice of charges shall be served personally or by registered mail at least thirty (30) days prior to the date set for the hearing.

(c) The licensee shall be granted the:

- (1) Right to counsel;
- (2) Right to cross-examination of witnesses;

(3) Stenographic record of proceedings;

(4) Right to call witnesses on the licensee's behalf; and

(5) Right to subpoena witnesses and documents.

(d) Any person aggrieved by an order of the board may apply within thirty (30) days after the rendition of the order, to the district court of the county in which the order of the board is to become effective for a review of such order or decision. If the order of the board is to become effective in more than one county, the application must be to the district court of one of such counties.

(e) Any party to any such review proceeding in a district court may appeal from the final decision rendered by such court in such proceeding to the supreme court as provided by K.S.A. 60-2103.

**History:** K.S.A. 75-5357; L. 1980, ch. 242, § 22; July 1.

**75-5358. Licenses; effective date and expiration date; renewal.** (a) All licenses issued shall be effective upon the date issued and shall expire at the end of twenty-four (24) months from the date of issuance.

(b) Except as otherwise provided in K.S.A. 1980 Supp. 75-5356, a license may be renewed by the payment of the renewal fee set forth in K.S.A. 1980 Supp. 75-5359 and the execution and submission of a signed statement, on a form to be provided by the board, attesting that the applicant's license has been neither revoked nor currently suspended and that applicant has met the requirements for continuing education established by the board.

(c) The application for renewal may be made within one year after the expiration of the license or upon the termination of the period of suspension.

**History:** K.S.A. 75-5358; L. 1978, ch. 374, § 1; L. 1980, ch. 242, § 23; July 1.

**75-5359. Fees; establishment by board.** The following license fees shall be established by the board by rules and regulations in accordance with the following limitations:

(a) Renewal fee for a license as a social work associate shall be not less than ten dollars (\$10) nor more than fifty dollars (\$50);

(b) Application or renewal fee for a license as a baccalaureate social worker shall be not less than ten dollars (\$10) nor more than fifty dollars (\$50);

(c) Application or renewal fee for a license as master social worker shall be not less than ten dollars (\$10) nor more than fifty dollars (\$50);

(d) Application or renewal fee for a license in a social work specialty shall be not less than ten dollars (\$10) nor more than fifty dollars (\$50).

**History:** K.S.A. 75-5359; L. 1978, ch. 374, § 2; L. 1980, ch. 242, § 24; July 1.

**75-5362. Renewal of social work associate licenses; revocation or suspension.** On and after July 1, 1980, no new social work associate license shall be issued by the board. A person holding a license as a social work associate under K.S.A. 75-5346 to 75-5361, inclusive, and amendments thereto, on the day immediately preceding the effective date of this act shall continue to be a licensed social work associate for all purposes



under this act and K.S.A. 75-5346 to 75-5361, inclusive, and amendments thereto, and may renew such license as provided by this act and by K.S.A. 75-5346 to 75-5361, inclusive, and amendments thereto. The board may refuse to renew, may suspend or may revoke a social work associate license as provided under this act and K.S.A. 75-5346 to 75-5361, inclusive, and amendments thereto.

**History:** L. 1980, ch. 242, § 25; July 1.

**Cross References to Related Sections:**  
Categories of licensure, see 75-5351.

#### DRUG ABUSE TREATMENT AND PREVENTION

**75-5377.** Kansas citizens' committee on drug abuse; membership; organization; bylaws; expenses. (a) The advisory commission on drug abuse is hereby redesignated the Kansas citizens' committee on drug abuse and shall be within the department of social and rehabilitation services as a part thereof. The Kansas citizens' committee on drug abuse shall be composed of twenty-four (24) members. Eight (8) of the persons appointed as members of the Kansas citizens' committee on drug abuse shall be members of the Kansas citizens' committee on alcohol abuse and alcoholism. Persons serving as members of the advisory commission on drug abuse immediately prior to July 1, 1978, shall become members of the Kansas citizens' committee on drug abuse and shall serve until the expiration of the terms for which they were appointed as members of the advisory commission on drug abuse. On the expiration of any member's term of office, the secretary shall appoint a successor who shall serve for a term of four years and until such member's successor shall have been appointed and qualified. Any vacancy in the membership of the Kansas citizens' committee on drug abuse occurring before the expiration of any member's term of office shall be filled by appointment of the secretary for the unexpired term in accordance with the provisions of this subsection. The members of the Kansas citizens' committee on drug abuse shall be appointed by the secretary and shall be appointed from among representatives of the following: Public and private agencies directly and indirectly involved with drug abuse; the statewide health coordinating council; courts; law enforcement agencies;

probation officers; penal and parole officers; churches; employee organizations; employers; public and private educational agencies; and recovered drug addicts.

(b) On the effective date of this act records and minutes of the business and official actions of the advisory commission on drug abuse shall be transferred to the custody of the secretary of social and rehabilitation services, shall be maintained by the secretary and shall be open to public inspection.

(c) The Kansas citizens' committee on drug abuse shall organize annually at the first meeting held in each calendar year by electing one of its members as chairperson, one as vice-chairperson and one as recorder. The secretary shall provide to the committee all necessary clerical services. The committee shall keep records and minutes of its business and official actions, which shall be filed with the secretary and be open to public inspection. Regular meetings of said committee shall be held, and special meetings may be called by the chairperson or by the secretary of social and rehabilitation services. It shall be the duty of the Kansas citizens' committee on drug abuse to confer, advise and consult with the secretary with respect to the powers, duties and functions imposed upon the secretary under K.S.A. 75-5375. The committee may adopt such bylaws, which are not in conflict with the provisions of this act, as may be necessary or desirable to regulate its procedures and actions.

(d) Members of the Kansas citizens' committee on drug abuse attending meetings of the committee, or attending meetings of any subcommittee thereof authorized by said committee, shall be paid amounts provided in subsection (e) of K.S.A. 75-3223.

**History:** K.S.A. 75-5377; L. 1978, ch. 256, § 6; July 1.

#### **75-5379, 75-5380.**

**History:** K.S.A. 75-5379, 75-5380; Repealed, L. 1978, ch. 256, § 7; July 1.

#### Article 54.—STATE ARCHITECTURAL SERVICES

**Cross References to Related Sections:**

State building advisory commission, see 75-3780 et seq.

Joint committee on state building construction, see ch. 46, art. 17.

**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.)