

**BEHAVIORAL SCIENCES REGULATORY BOARD  
SPECIAL BOARD MEETING  
OCTOBER 24, 2022  
AGENDA**

This special meeting of the Board will be held at the Cedar Creek Swim and Racquet Clubhouse at 25775 W. 103<sup>rd</sup> St., Olathe, KS 66061. The meeting will not be broadcast on the BSRB YouTube channel and a conference call option will not be available. *Note:* Due to space limitations, any members of the public wishing to attend this meeting in person will need to RSVP no later than 5 p.m. on Wednesday, October 19, 2022, by sending an e-mail to the Executive Director, David Fye, at David.Fye@ks.gov.

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

**Monday, October 24, 2022**

**9:00 a.m. Call to order and Roll Call**

- I. Opening Remarks, Board Chair**
- II. Agenda Approval**
- III. Overview and Update on BSRB Operations by Executive Director, David Fye**
- IV. Discussion and Possible Action on Items**
  - A. Use of Expert Review Process for Evaluation of Certain License Applicant Information**
    - i. Consideration of Sending Certain Reviews to Third Party Organization**
  - B. Licensing Hearings**
    - i. Consideration of Utilizing Hearing Panels**
    - ii. Consideration of Utilizing Office of Administrative Hearings**
  - C. Impaired Provider Programs**
  - D. License Reciprocity Requirements**
  - E. Proposal for Temporary Decreased Reinstatement Fee – 90-Day Time Range Every 5 Years**
  - F. Interpretation of K.A.R. 102-3-7a(b) and K.A.R. 102-5-7a(b), for LCPC Applicants and LCMFT Applicants Pursuing Doctoral Degrees Seeking to Complete a Minimum of One Half of the Postgraduate Supervised Professional Experience Requirements Prior to Completion of a Doctoral Degree**

**12:00 p.m. Lunch**

**1:00 p.m. Meeting Reconvenes**

**V. Continued Discussion and Possible Action on Items**

- A. Consideration of Changes to K.S.A. 65-7504 for the Behavior Analyst Profession, to Add Additional Disciplinary Remedies for Consistency with Other BSRB Professions**
- B. Consideration of Adding Board Member for Behavior Analyst Profession**
- C. Consideration of Creation of Temporary License for Social Work Applicants from Schools that are in Candidacy for Accreditation**
- D. Discussion on Disparities in 2022 Association of Social Work Boards (ASWB) Exam Pass Rate Analysis**
- E. Consideration of Requirement for Board-Approved Supervisors for Social Work**
- F. Discussion on Continuing Education Requirements and Consideration of Requirement of Continuing Education Hours in Diversity, Equity, and Inclusion for Social Work**
- G. Discussion on Educational Requirements for Professional Counseling Licenses in K.A.R. 102-3-3a, Concerning Requirements for Chairs of Other Related Fields**
- H. Discussion on Records of Deceased Practitioner Records**

**VI. Adjournment**

Highlights and Updates on  
Operations for the Behavioral  
Sciences Regulatory Board

October 24, 2022

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BOARD MEMBERS

**Mary Jones, Chair of the Board,** Wichita, KS – Marriage and Family Therapy Member

**David Anderson, Vice-Chair of the Board,** WaKeeney, KS – Master’s Level Psychology Member

**Donna Hoener-Queal,** Pratt, KS – Public Member

**Jim Kilmartin,** Shawnee, KS – Public Member

**Jacqueline Lightcap,** Topeka, KS – Public Member

**Richard Nobles,** Overland Park, KS – Licensed Psychology Member

**Johnna Norton,** Pittsburg, KS – Public Member

**Andrea Perdomo-Morales,** Kansas City, KS – Social Work Member

**Laura Shaughnessy,** Roeland Park, KS – Professional Counseling Member

**Ric Steele,** Lawrence, KS – Licensed Psychology Member

**Cynthia Schendel,** Overland Park, KS – Social Work Member

**Deb Stidham,** Olathe, KS – Addiction Counseling Member

ADVISORY COMMITTEES

**Addiction Counseling Advisory Committee - Deb Stidham, Chair**

**Behavioral Analyst Advisory Committee - David Anderson, Chair**

**Licensed Psychology Advisory Committee - Ric Steele, Chair**

**Marriage and Family Therapy Advisory Committee - Mary Jones, Chair**

**Master Level Psychology Advisory Committee - David Anderson, Chair, WaKeeney**

**Professional Counseling Advisory Committee - Laura Shaughnessy, Chair, Roeland Park**

**Social Work Advisory Committee - Andrea Perdomo-Morales, Co-Chair, Kansas City**

**Social Work Advisory Committee - Cynthia Schendel, Co-Chair, Overland Park**

BEHAVIORAL SCIENCES REGULATORY BOARD AGENCY STAFF

**David Fye**, Executive Director

**Leslie Allen**, Assistant Director and Licensing Manager

**Cindy D’Ercole**, Special Investigator

**Joan Hahn**, Licensing Specialist and Special Investigator

**Anne Warner**, Licensing Specialist

**Sami Barksdale**, Licensing Specialist

**Emma Allan**, Licensing Specialist

**Misty Coon**, Renewal Specialist

**Ashley VanBuskirk**, Senior Administrative Assistant

**Tyla Wadsworth**, Administrative Assistant

## AGENCY MISSION AND AGENCY PHILOSOPHY

### **AGENCY MISSION:**

The agency's mission, as statutorily established by the Legislature through its enactment of K.S.A. 74-7501, which created the Kansas Behavioral Sciences Regulatory Board, is to protect the public's health, safety and welfare from unlawful or unprofessional practitioners who fall under the board's jurisdiction. To this end, the agency has defined the statutory credentialing qualifications by establishing, through rules and regulations, minimal educational and experiential requirements that applicants seeking credentialing in each of the regulated groups must satisfy before the board grants the applicable credential. Also, to this end, the board has defined statutorily prohibited conduct through rules and regulations and has defined those acts that constitute unprofessional or incompetent practice.

### **AGENCY PHILOSOPHY:**

The agency will act in accordance with the statutes and regulations and will ensure that standards are applied uniformly to all applicants and credentialed professionals and will act in accordance with the highest standards of ethics, accountability, efficiency and openness. The agency will also ensure that its regulated professionals and the public are treated in a respectful, helpful and nondiscriminatory manner.



LICENSING AND RENEWAL OVERVIEW

**Licensing Performance Measures:**

	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2024 Estimate	FY 2025 Estimate
1. Number of new permanent licenses issued	1,540	1,536	1,560	1,550	1,580
2. Number of renewal applications processed	4,947	6,214	5,206	6,200	5,200
3. Number of continuing education audits performed	0	625	525	625	525

*Note:* During the early stages of the state of emergency in Kansas related to the COVID-19 pandemic, the Governor issued a series of executive orders to delay the enforcement of expiration of certain licenses, including licenses under the BSRB. Due to the inability to enforce expiration of licenses during this timeframe, the agency paused audits in FY 2021 and concentrated resources on renewal of licenses. All licensed psychologists renew licenses by the end of June in even numbered years, whereas other licenses have a two-year renewal cycle from original receipt of license, so the number of renewals and audits will be higher in even numbered fiscal years than in odd numbered fiscal years.

**Outreach Performance Measures:**

	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2024 Estimate	FY 2025 Estimate
1. Number of formal presentations made to educators, students, national organizations, and the public.	15	18	18	18	18
2. Board and Advisory Committee meetings broadcast live or uploaded to the BSRB YouTube channel.	25	42	46	46	46

## DETAILED DATA ON LICENSING IN FY 2022

As of July 7, 2022, there were 14,550 permanent licenses under the BSRB across multiple levels of licensing for seven unique professions, including:

- Social Work = 55%
- Professional Counseling = 14%
- Addiction Counseling = 10%
- Marriage and Family Therapy = 8%
- Licensed Psychology = 7%
- Master's Level Psychology/Clinical Psychotherapy = 4%
- Behavior Analysts/Assistant Behavior Analysts = 2%

During FY 2022, the BSRB processed 1,536 permanent licenses, including:

- 378 Master's Level Social Workers;
- 296 Licensed Specialist Clinical Social Workers;
- 199 Licensed Clinical Professional Counselors;
- 177 Licensed Professional Counselors;
- 90 Licensed Behavior Analysts;
- 76 Licensed Clinical Marriage and Family Therapists;
- 70 Licensed Marriage and Family Therapists;
- 66 Licensed Psychologists;
- 43 Licensed Master's Addiction Counselors;
- 36 Licensed Bachelor Social Workers;
- 33 Licensed Clinical Addiction Counselors;
- 32 Licensed Master's Level Psychologists; and
- 23 Licensed Addiction Counselors.

Also, the BSRB processed 328 temporary licenses, 97 out-of-state temporary permits, and 4 provisional licenses.

Of the 1,536 permanent licenses processed, 1,112 of those applicants were initial applications and 424 were through reciprocity.

INVESTIGATION AND DISCIPLINE OVERVIEW

**Performance Measures:**

	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2024 Estimate	FY 2025 Estimate
1. New Reports of Alleged Violations reviewed	132	205	210	215	220
2. Percentage of investigations commencing within 10 days of receipt of complaint	89%	90%	90%	90%	90%
3. Percentage of investigations commencing within 30 days of receipt of complaint	98%	100%	98%	98%	98%
4. Percent of investigative reports finalized and submitted to Complaint Review Committee within 90 days of receipt of complaint	23%	40%	35%	35%	35%
5. Percent of investigative reports finalized and submitted to Complaint Review Committee within 180 days of receipt of complaint	72%	92%	90%	90%	90%

*Note:* Investigation of a complaint is a highly complex process, and the components of an investigation include, but are not limited to, clarifying the facts and circumstances for the complaint with the person who made the complaint; obtaining releases for the review of potentially confidential records; providing an opportunity for the licensee to respond in detail to any complaint filed; interactions with legal counsel for both complainants and licensee; granting of reasonable extensions of time (whenever requested) for individuals and legal counsel in order to respond to a formal complaint; and interviewing individuals who might have knowledge of the facts and circumstances associated with the complaint. Additionally, the number of complaints submitted to the Complaint Review Committee within target timeframes was lower in FY 2021 due to a Complaint Review Committee meeting being cancelled due to factors related to the pandemic.

## DISCIPLINARY ACTIONS

The Board has ensured compliance with the rules, regulations and State Statutes governing the practice of the behavioral sciences in the State of Kansas. The following are the statistics for Report of Alleged Violations (RAVs) received from FY 2013 through FY 2022:

<b>FY</b>	<b>TOTAL RAVs</b>	<b>LP</b>	<b>LMLP</b>	<b>LCP</b>	<b>LMFT</b>	<b>LCMFT</b>	<b>LPC</b>	<b>LCPC</b>	<b>LASW</b>	<b>LBSW</b>	<b>LMSW</b>	<b>LSCSW</b>	<b>LAC</b>	<b>LMAC</b>	<b>LCAC</b>	<b>LBA</b>	<b>NL</b>
2013	144	10	2	2	6	6	4	4	0	30	29	24	15	0	10	0	2
2014	129	8	3	2	3	7	4	3	0	23	27	24	18	0	4	0	3
2015	141	10	2	4	5	1	9	6	0	21	34	22	12	0	6	0	9
2016	137	8	5	6	5	2	10	4	0	15	35	21	11	0	5	0	10
2017	139	14	1	0	6	10	5	7	1	20	29	21	14	1	4	0	6
2018	126	6	3	6	9	6	8	4	0	13	26	22	13	3	1	0	6
2019	201	17	9	3	8	11	9	12	0	21	35	48	8	2	3	2	13
2020	199	22	5	9	4	12	15	15	0	14	26	31	19	4	5	1	17
2021	132	9	3	7	3	10	14	10	0	20	16	19	7	2	0	0	12
2022	205	21	4	5	12	16	16	14	0	5	43	39	4	2	2	2	20
<b>TOTAL</b>	<b>1,553</b>	<b>125</b>	<b>37</b>	<b>44</b>	<b>61</b>	<b>81</b>	<b>94</b>	<b>79</b>	<b>1</b>	<b>182</b>	<b>300</b>	<b>271</b>	<b>121</b>	<b>14</b>	<b>40</b>	<b>5</b>	<b>98</b>

- RAV Report of Alleged Violation
- LP Licensed Psychologist
- LMLP Licensed Masters Level Psychologist
- LCP Licensed Clinical Psychotherapist
- LMFT Licensed Marriage and Family Therapist
- LCMFT Licensed Clinical Marriage and Family Therapist
- LPC Licensed Professional Counselor
- LCPC Licensed Clinical Professional Counselor
- LASW Licensed Associate Social Worker
- LBSW Licensed Bachelor Social Worker
- LMSW Licensed Masters Social Worker
- LSCSW Licensed Specialist Clinical Social Worker
- LAC Licensed Addiction Counselor
- LMAC Licensed Masters Addiction Counselor
- LCAC Licensed Clinical Addiction Counselor
- LBA Licensed Behavior Analyst
- NL No License

BUDGET INFORMATION

**BEHAVIORAL SCIENCES REGULATORY BOARD FEE FUND**

KSA 74-7501 established the Behavioral Sciences Regulatory Board and authorize the agency to receive fees from the regulated professions for applications – as well as original and renewal licensing fees. Overall, the estimated revenue below is based on examining trends on new individuals applying for licensure, other individuals renewing their licenses, and individuals declining to renew their licenses. While the agency has seen a recent increase in licenses, several multi-state compacts are being discussed, which could significantly change the licensing process and the number of licenses under the agency. Based upon this information, the following table illustrates future revenue projections into this fee fund for FY 2023 thru FY 2025.

**Estimated Revenue into BSRB Fee Fund**

Revenue Source	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2024 Estimate	FY 2025 Estimate
All Revenue Categories	\$751,913	\$911,211	\$772,000	\$915,000	\$780,000

*NOTE:* Traditionally, projected revenues in even numbered fiscal years are higher than projected revenues in odd numbered fiscal years because of the licensing renewal cycle for licensed psychologists; addiction counselors; and clinical addiction counselors.

**Estimated Ending Balance in the BSRB Fee Fund**

Revenue Source	FY 2021 Actual	FY 2022 Actual	FY 2023 Estimate	FY 2024 Estimate	FY 2025 Estimate
All Revenue Categories	\$2,058,871	\$2,155,256	\$1,902,824	\$1,766,916	\$1,473,099

Beginning in 2019, the agency reduced certain license fees to slowly reduce the balance in the BSRB Fee Fund, so it is expected that the agency will be operating at a deficient each fiscal year, unless unexpected savings occur.

## EXPENDITURES

As a fee funded agency, the BSRB receives no funding for operations from the State General Fund, and by statute, contributes 10% of all revenue collected each fiscal year (up to \$100,000) to the State General Fund. However, the Legislature sets an expenditures limit for each fiscal year in the appropriations bill and the agency is unable to spend above that limit, even if funding is available in the agency's fee fund.

The 2022 Legislature approved FY 2022 expenditures totaling \$981,995, all from the BSRB Fee Fund. This amount included:

- 63.8% salary and wages for all staff (including fringe benefit costs);
- 34.4% contractual services;
- 0.9% commodities; and
- 0.9% capital outlay.

Actual expenditures in FY 2022 totaled \$835,545, all from the BSRB Fee Fund. When possible, the BSRB works diligently to seek savings when appropriate and feasible. The decrease below the approved is mostly due to lower than estimated salary expenditures due to turnover in staff, difficulty filling open positions, and the agency not needing to fill a temporary licensing specialist position most of the fiscal year. The decrease was also attributable to savings in a number of areas, such as travel expenditures, due partially to the continued effects of the COVID-19 pandemic that limited in-person meetings; fewer expenditures on experts or costs for disciplinary cases to be heard by the Office of Administrative Hearings than estimated; lower computer services expenditures than estimated; and the agency postponed replacement of certain boardroom furniture. The BSRB receives no funding from the State General Fund, so when agency expenditures are under the approved amount, that savings stays in the BSRB Fee Fund.

As a small fee-funded agency, the BSRB receives many services through contractual relationships with other state agencies and no-state entities. The three largest contracts for the agency include the yearly agreement for legal services from the Attorney General's office (\$75,000 in FY 2022), hosting of the agency's licensing system by the Board of Healing Arts (\$70,000 in FY 2022), and facility rent (\$48,603 in FY 2022). Other costs include such items as computer services, communications, postage for mailings, reimbursements for in-state and out-of-state travel, dues and subscriptions to associations providing national examinations, staffing and recruiting services, rental for copying machine, and other items.

Commodities primary includes office stationery and other office supplies.

Capital outlay primarily includes office furniture, fixtures, and other large equipment.

The **2022** Legislature approved **FY 2023** expenditures totaling \$1,012,232, all from the BSRB Fee Fund. This amount included:

- \$652,209 in salary and wages;
- \$343,260 in contractual services;
- \$9,225 in commodities; and
- \$7,538 in capital outlay.

The **FY 2023** revised estimate totals \$1,024,432, all from the BSRB Fee Fund. This amount included:

- \$652,209 in salary and wages;
- \$355,460 in contractual services;
- \$9,225 in commodities; and
- \$7,538 in capital outlay.

The **FY 2023** revised estimate is \$12,200 higher than the amount approved by the 2022 Legislature. While the agency experienced small increases from several vendors which could be absorbed by reprioritizing some expenditures, the increase of \$12,200 from the Attorney General's office for legal services for FY 2023 was identified as a new cost for the agency, necessitating an increase in the expenditure limitation for FY 2023.

The agency's **FY 2024** budget request totals **\$1,050,908**, all from the BSRB Fee Fund, which is an increase of \$26,476 above the FY 2023 revised estimate. The increase is primarily in contractual services. While small inflationary increases were estimated for several items, the agency budgeted for an increase in legal services from the Office of the Attorney General, in case another significant increase in expenditures occurs for FY 2024. Also, a significant increase was budgeted for in-state and out-of-state travel expenditures, as it is anticipated that the effects of the COVID-19 pandemic will continue to improve and the agency will begin to have some in-person Board and Advisory Committee meetings, BSRB staff will be able to visit colleges and universities in person to speak on licensing items, and so that Board members can attend association conferences to learn information on new trends in licensing and discipline for the 7 professions regulated by the BSRB.

The agency's **FY 2025** budget request totals **\$1,073,817**, all from the BSRB Fee Fund, which is an increase of \$22,909 above the FY 2024 request. The increase is primarily in contractual services, with reasons similar to those listed in the description of the increase in contractual services for FY 2024.

As of October 21, 2022, the agency's budget request is pending with the Division of the Budget.

**Behavioral Sciences Regulatory Board**  
History of Permanent Licenses January 2018 to Current

	<b>July 2018</b>	<b>Jan 2019</b>	<b>July 2019</b>	<b>Jan 2020</b>	<b>Mar 2020</b>	<b>Jul 2021</b>	<b>Sept 2021</b>	<b>Nov 2021</b>	<b>Jan 2022</b>	<b>Mar 2022</b>	<b>May 2022</b>	<b>July 2022</b>	<b>Sept 2022</b>
LP	984	928	949	996	1,006	988	1,016	1,035	1,046	1,040	1,054	952	962
LASW	19	18	17	15	13	9	8	9	8	7	7	5	5
LBSW	1,725	1,668	1,638	1,601	1,577	1,466	1,427	1,413	1,393	1,389	1,377	1,346	1,327
LMSW	3,862	3,854	3,927	3,881	3,861	3,970	4,016	4,022	4,006	4,003	3,980	4,012	4,028
LSCSW	2,088	2,115	2,172	2,260	2,274	2,474	2,509	2,553	2,566	2,593	2,634	2,680	2,720
LPC	813	829	847	880	882	937	953	961	956	963	957	981	1,002
LCPC	619	661	704	747	747	843	896	929	947	978	945	1,034	1,047
LMLP	302	305	295	289	291	294	296	298	304	309	309	308	310
LCP	297	287	288	294	293	282	284	284	286	286	287	289	281
LMFT	347	335	324	330	327	335	324	319	329	326	330	330	318
LCMFT	566	587	611	618	620	681	703	719	726	736	745	754	763
LAC	620	612	618	572	569	578	520	520	521	524	522	522	523
LMAC	343	352	363	376	375	427	432	433	432	434	436	431	418
LCAC	527	546	566	546	541	570	536	537	542	547	551	556	561
LaBA	18	13	14	14	14	12	11	13	13	15	16	17	15
LBA	175	176	199	224	229	263	270	288	292	304	325	333	347
<b>Total</b>													
<b>Permanent Licenses</b>	<b>13,305</b>	<b>13,286</b>	<b>13,532</b>	<b>13,643</b>	<b>13,619</b>	<b>14,129</b>	<b>14,201</b>	<b>14,333</b>	<b>14,367</b>	<b>14,454</b>	<b>14,475</b>	<b>14,550</b>	<b>14,627</b>

Note : In March 2020, the state of Kansas began to experience the COVID-19 pandemic. During this time, the Governor released Executive Orders which delayed enforcement of expiration of licenses until the end of May 2021.



**Behavioral Sciences Regulatory Board**  
History of Permanent Licenses January 2018 to Current

	<b>July 2018</b>	<b>Jan 2019</b>	<b>July 2019</b>	<b>Jan 2020</b>	<b>Mar 2020</b>	<b>July 2021</b>	<b>Sept 2021</b>	<b>Nov 2021</b>	<b>Jan 2022</b>	<b>Mar 2022</b>	<b>May 2022</b>	<b>July 2022</b>	<b>Sept 2022</b>
Total LPs	984	928	949	996	1,006	988	1,016	1,035	1,046	1,040	1,054	952	962
Total SWs	7,694	7,655	7,754	7,757	7,725	7,919	7,960	7,997	7,973	7,992	7,998	8,043	8,080
Total PCs	1,432	1,490	1,551	1,627	1,629	1,780	1,849	1,890	1,903	1,941	1,902	2,015	2,049
Total LMLPs/LCPs	599	592	583	583	584	576	580	582	590	595	596	597	591
Total MFTs	913	922	935	948	947	1,016	1,027	1,038	1,055	1,062	1,075	1,084	1,081
Total ACs	1,490	1,510	1,547	1,494	1,485	1,575	1,488	1,490	1,495	1,505	1,509	1,509	1,502
Total BAs	193	189	213	238	243	275	281	301	305	319	341	350	362
<b>Total Permanent Licenses</b>	<b>13,305</b>	<b>13,286</b>	<b>13,532</b>	<b>13,643</b>	<b>13,619</b>	<b>14,129</b>	<b>14,201</b>	<b>14,333</b>	<b>14,367</b>	<b>14,454</b>	<b>14,475</b>	<b>14,550</b>	<b>14,627</b>

*Note* : In March 2020, the state of Kansas began to experience the COVID-19 pandemic. During this time, the Governor released Executive Orders which delayed the enforcement of expiration of licenses until the end of May 2021.

**65-6406. Licensure of individual registered, certified or licensed in another jurisdiction; when authorized; application fee.** (a) The board may issue a license to an individual who is currently registered, certified or licensed to practice marriage and family therapy in another jurisdiction if the board determines that:

(1) The standards for registration, certification or licensure to practice marriage and family therapy in the other jurisdiction are substantially the equivalent of the requirements of the marriage and family therapists licensure act and rules and regulations of the board;

(2) the applicant demonstrates on forms provided by the board compliance with the following standards as adopted by the board:

(A) Registration, certification or licensure to practice marriage and family therapy for at least 48 of the last 54 months immediately preceding the application with at least the minimum professional experience as established by rules and regulations of the board;

(B) the absence of disciplinary actions of a serious nature brought by a registration, certification or licensing board or agency; and

(C) completion of at least a master's degree in marriage and family therapy or a related field as approved by the board from a regionally accredited university.

(b) Applicants for licensure as a clinical marriage and family therapist shall additionally demonstrate competence to diagnose and treat mental disorders through meeting the requirements of either subsection (a)(1) or (a)(2) and at least two of the following areas acceptable to the board:

(1) Either graduate coursework as established by rules and regulations of the board or passing a national clinical examination approved by the board;

(2) three years of clinical practice with demonstrated experience in diagnosing or treating mental disorders; or

(3) attestation from a professional licensed to diagnose and treat mental disorders in independent practice or licensed to practice medicine and surgery stating that the applicant is competent to diagnose and treat mental disorders.

(c) An applicant for a license under this section shall pay an application fee established by the board under K.S.A. [65-6411](#), and amendments thereto, if required by the board.

**History:** L. 1991, ch. 114, § 6; L. 1996, ch. 153, § 21; L. 2002, ch. 59, § 1; L. 2003, ch. 129, § 4; L. 2016, ch. 92, § 46; L. 2019, ch. 55, § 14; May 9.

**102-3-7a. Professional postgraduate supervised experience requirement to be licensed as a clinical professional counselor.**

In order to be approved by the board for licensure as a clinical professional counselor, the applicant's postgraduate supervised professional experience of professional counseling shall meet all of the following standards.

(a) Except as provided in subsection (b), clinical supervision shall be provided throughout the entirety of the postgraduate supervised professional experience at a ratio of one hour of clinical supervision for each 15 hours of direct client contact, specified as follows:

(1) At least 50 hours of one-on-one, individual supervision occurring with the supervisor and supervisee in the same physical space;

(2) at least 100 hours of supervision with one supervisor and no more than six supervisees in the same physical space, except when not practical due to an emergency or other exigent circumstances, at which time person-to-person contact by interactive video or other telephonic means maintaining confidentiality shall be allowed; and

(3) at least two separate clinical supervision sessions per month, at least one of which shall be one-on-one, individual supervision.

(b) Each applicant with a doctor's degree in professional counseling shall complete a minimum of one-half of the postgraduate supervised professional experience requirements as follows:

(1) At least 25 hours of one-on-one, individual supervision occurring with the supervisor and supervisee in the same physical space;

(2) at least 50 hours of supervision with one supervisor and no more than six supervisees in the same physical space, except when not practical due to an emergency or other exigent circumstances, at which time person-to-person contact by interactive video or other telephonic means maintaining confidentiality shall be allowed; and

(3) at least two separate supervisory sessions per month, one of which shall be one-on-one, individual supervision.

(c) The clinical supervisor of a person attaining the 4,000 hours of postgraduate supervised professional experience required for licensure as a clinical professional counselor, at the time of providing supervision, shall meet one of the following qualifying provisions:

(1) The clinical supervisor shall be a clinical professional counselor who is licensed in Kansas or is registered or licensed in another jurisdiction and who has practiced as a clinical professional counselor for two years beyond the supervisor's licensure date.

(2) If a licensed clinical professional counselor is not available, the clinical supervisor may be a person who is qualified by educational coursework and degree for licensure as a clinical professional counselor in Kansas and who has at least five years of postgraduate professional experience in clinical professional counseling.

(3) If a licensed clinical professional counselor is not available, the clinical supervisor may be a person who is licensed at the graduate level to practice in one of the behavioral sciences, and whose authorized scope of practice permits the independent practice of counseling, therapy, or psychotherapy. The qualifying individual shall not have had less than two years of clinical practice beyond the qualifying licensure date at the time the individual provided the clinical supervision.

(d) In addition to the requirements of subsection (c), each clinical supervisor shall meet these requirements:

- (1) Have professional authority over and responsibility for the supervisee's clinical functioning in the practice of professional counseling;
- (2) not have a dual relationship with the supervisee;
- (3) not be under any sanction from a disciplinary proceeding, unless this prohibition is waived by the board for good cause shown by the proposed supervisor;
- (4) have knowledge of and experience with the supervisee's client population;
- (5) have knowledge of and experience with the methods of practice that the supervisee employs;
- (6) have an understanding of the organization and the administrative policies and procedures of the supervisee's practice setting; and
- (7) be a staff member of the supervisee's practice setting or meet the requirements of subsection (e).

(e) If a qualified clinical supervisor is not available from among staff in the supervisee's practice setting, the supervisee may secure an otherwise qualified clinical supervisor outside the practice setting if all of the following conditions are met:

- (1) The supervisor has a solid understanding of the practice setting's mission, policies, and procedures.
- (2) The extent of the supervisor's responsibility for the supervisee is clearly defined in terms of client cases to be supervised, role in personnel evaluation within the practice setting, and other aspects of the clinical supervision training plan.
- (3) The responsibility for payment for supervision is clearly defined.
- (4) If the supervisee pays the supervisor directly for the supervision, the supervisor maintains responsibility to the client and to the practice setting.

(f) Each professional counseling clinical supervisor shall perform the following duties:

- (1) Provide oversight, guidance, and direction of the supervisee's clinical practice of professional counseling by assessing and evaluating the supervisee's performance;
- (2) conduct supervision as a process distinct from personal therapy, didactic instruction, or professional counseling consultation;
- (3) provide documentation of supervisory qualifications to the supervisee;
- (4) periodically evaluate the supervisee's clinical functioning;
- (5) provide supervision in accordance with the clinical supervision training plan;
- (6) maintain documentation of supervision in accordance with the clinical supervision training plan
- (7) provide the documentation required by the board when a supervisee completes the postgraduate supervised professional experience. The supervisor shall submit this documentation on board-approved forms and in a manner that will enable the board to evaluate the extent and quality of the supervisee's professional experience and assign credit for that experience;
- (8) provide a level of supervision that is commensurate with the education, training, experience, and ability of both the supervisor and the supervisee; and
- (9) ensure that each client knows that the supervisee is practicing professional counseling under supervision.

(g) Clinical supervision training plan. Each supervisor and supervisee shall develop and co-sign a written clinical supervision training plan on forms provided by the board at the

beginning of the supervisory relationship. The supervisee shall submit this plan to the board for and shall receive board approval of the plan before any supervised professional experience hours can begin to accrue. This plan shall clearly define and delineate the following items:

- (1) The supervisory context;
- (2) a summary of the anticipated types of clients and the services to be provided;
- (3) the format and schedule of supervision;
- (4) a plan for documenting the following information:
  - (A) The date of each supervisory meeting;
  - (B) the length of each supervisory meeting;
  - (C) a designation of each supervisory meeting as an individual or group meeting;
  - (D) a designation of each supervisory meeting as conducted in the same physical space or otherwise, in the case of emergency; and
  - (E) an evaluation of the supervisee's progress under clinical supervision;
- (5) a plan for notifying clients of the following information:
  - (A) The fact that the supervisee is practicing professional counseling under supervision;
  - (B) the limits of client confidentiality within the supervisory process; and
  - (C) the name, address, and telephone number of the clinical supervisor;
- (6) the date on which the parties entered into the clinical supervision training plan and the time frame that the plan is intended to encompass;
- (7) an agreement to amend or renegotiate the terms of the clinical supervision training plan, if warranted, including written notification of these changes to the board office, as provided in subsection (h);
- (8) the supervisee's informed consent for the supervisor to discuss supervision or performance issues with the supervisee's clients, the supervisee's other professional counseling or employment supervisors, the board, or any other individual or entity to which either the supervisee or the supervisor is professionally accountable; and
- (9) a statement signed by each supervisor and supervisee acknowledging that each person has read and agrees to the postgraduate supervised professional experience requirements set forth in this regulation.

(h) All changes to the clinical supervision training plan shall be submitted by the supervisee to the board for its approval. The changes shall be submitted no more than 45 days after the date on which the changes took effect. If the supervisee fails to submit the changes to the board within that 45-day period, no supervised hours of practice shall be accrued or credited for any practice, beginning on the date the changes took effect through the date on which the changes to the plan are approved by the board.

(Authorized by K.S.A. 74-7507; implementing K.S.A. 65-5804a; effective April 17, 1998; amended Aug. 4, 2000; amended July 7, 2003; amended Aug. 13, 2004.)

**102-5-7a. Professional postgraduate supervised experience requirement for a clinical marriage and family therapist.**

In order to be approved by the board for licensure as a clinical marriage and family therapist, the applicant's postgraduate supervised professional experience of marriage and family therapy, totaling 4,000 hours of professional experience inclusive of 1,500 hours of direct client contact, shall meet all of the following standards:

(a) Except as provided in subsection (b), clinical supervision shall be provided throughout the entirety of the postgraduate supervised professional experience, as specified below:

(1) At least 50 hours of one-on-one, individual clinical supervision occurring with the supervisor and supervisee in the same physical space;

(2) at least 100 hours of clinical supervision with one supervisor and no more than six supervisees in the same physical space, except when not practical due to an emergency or other exigent circumstances, at which time person-to-person contact by interactive video or other telephonic means maintaining confidentiality shall be allowed;

(3) at least one hour of clinical supervision during each week in which the applicant has 15 or more hours of direct client contact; and

(4) at least two separate clinical supervision sessions per month, at least one of which shall be one-on-one, individual supervision.

(b) Each applicant with a doctor's degree in marriage and family therapy or a related field as defined in K.A.R. 102-5-1 shall complete a minimum of one-half of the postgraduate supervised professional experience requirements as specified below:

(1) At least 25 hours of one-on-one, individual supervision occurring with the supervisor and supervisee in the same physical space;

(2) at least 50 hours of supervision with one supervisor and no more than six supervisees in the same physical space, except when not practical due to an emergency or other exigent circumstances, at which time person-to-person contact by interactive video or other telephonic means maintaining confidentiality shall be allowed; and

(3) at least two separate supervisory sessions per month, at least one of which shall be one-on-one, individual supervision.

(c) The clinical supervisor of a person attaining the 4,000 hours of postgraduate supervised professional experience required for licensure as a clinical marriage and family therapist, at the time of providing supervision, shall meet one of the following qualifying provisions:

(1) The clinical supervisor shall be a clinical marriage and family therapist who is licensed in Kansas or is registered, certified, or licensed in another jurisdiction and, beginning July 1, 2003, who has engaged in the independent practice of clinical marriage and family therapy, including the diagnosis and treatment of mental disorders, for at least two years beyond the supervisor's registration, certification, or licensure date as a clinical marriage and family therapist.

(2) If a licensed clinical marriage and family therapist is not available, the clinical supervisor may be a person who is registered, certified, or licensed at the graduate level to practice in one of the behavioral sciences, and whose authorized scope of practice permits the diagnosis and treatment of mental disorders. The qualifying individual shall not have had less than two years of professional experience in the independent practice of

clinical marriage and family therapy beyond the date of the supervisor's registration, certification, or licensure.

(d) In addition to the requirements of subsection (c), each clinical supervisor shall meet these requirements:

(1) Have professional authority over and responsibility for the supervisee's clinical functioning in the practice of marriage and family therapy;

(2) not have a dual relationship with the supervisee;

(3) not be under any sanction from a disciplinary proceeding, unless the board waives this prohibition for good cause shown by the proposed supervisor;

(4) have knowledge of and experience with the supervisee's client population;

(5) have knowledge of and experience with the methods of practice that the supervisee employs;

(6) have an understanding of the organization and the administrative policies and procedures of the supervisee's practice setting; and

(7) be a member of the practice setting staff or meet the requirements of subsection (e).

(e) If a qualified clinical supervisor is not available from among staff in the supervisee's practice setting, the supervisee may secure an otherwise qualified clinical supervisor outside the practice setting if all of the following conditions are met:

(1) The supervisor has a solid understanding of the practice setting's mission, policies, and procedures.

(2) The extent of the supervisor's responsibility for the supervisee is clearly defined in terms of client cases to be supervised, role in personnel evaluation within the practice setting, and other aspects of the clinical supervision training plan.

(3) The responsibility for payment for supervision is clearly defined.

(4) If the supervisee pays the supervisor directly for the supervision, the supervisor maintains responsibility to the client and to the practice setting.

(f) Each clinical supervisor shall perform the following duties:

(1) Provide oversight, guidance, and direction of the supervisee's clinical practice of marriage and family therapy by assessing and evaluating the supervisee's performance;

(2) conduct supervision as a process distinct from personal therapy, didactic instruction, or marriage and family therapy consultation;

(3) provide documentation of supervisory qualifications to the supervisee;

(4) periodically evaluate the supervisee's clinical functioning;

(5) provide supervision in accordance with the clinical supervision training plan;

(6) maintain documentation of supervision in accordance with the clinical supervision training plan;

(7) provide the documentation required by the board when a supervisee completes the postgraduate supervised professional experience. The supervisor shall submit this documentation on board-approved forms and in a manner that will enable the board to evaluate the extent and quality of the supervisee's professional experience and assign credit for that experience;

(8) provide a level of supervision that is commensurate with the education, training, experience, and ability of both the supervisor and the supervisee; and

(9) ensure that each client knows that the supervisee is practicing marriage and family therapy under supervision.

(g) Each supervisor and supervisee shall develop and co-sign a written clinical supervision training plan on forms provided by the board at the beginning of the supervisory relationship. The supervisee shall submit this plan to the board and shall receive board approval of the plan before any supervised professional experience hours can begin to accrue. This plan shall clearly define and delineate the following items:

- (1) The supervisory context;
- (2) a summary of the anticipated types of clients and the services to be provided;
- (3) the format and schedule of supervision;
- (4) a plan for documenting the following information:
  - (A) The date of each supervisory meeting;
  - (B) the length of each supervisory meeting;
  - (C) a designation of each supervisory meeting as an individual or group meeting;
  - (D) a designation of each supervisory meeting as conducted in the same physical space or otherwise, in the case of emergency; and
  - (E) an evaluation of the supervisee's progress under clinical supervision;
- (5) a plan to notify clients of the following information:
  - (A) The fact that the supervisee is practicing marriage and family therapy under supervision;
  - (B) the limits of client confidentiality within the supervisory process; and
  - (C) the name, address, and telephone number of the clinical supervisor;
- (6) the date on which the parties entered into the clinical supervision training plan and the time frame that the plan is intended to encompass;
- (7) an agreement to amend or renegotiate the terms of the clinical supervision training plan, if warranted, including written notification of these changes to the board office, as provided in subsection (h);
- (8) the supervisee's informed consent for the supervisor to discuss supervision or performance issues with the supervisee's clients, the supervisee's other marriage and family therapy or employment supervisors, the board, or any other individual or entity to which either the supervisee or the supervisor is professionally accountable; and
- (9) a statement signed by each supervisor and supervisee acknowledging that each person has read and agrees to the postgraduate supervised professional experience requirements set forth in this regulation.

(h) All changes to the clinical supervision training plan shall be submitted by the supervisee to the board for its approval. The changes shall be submitted no more than 45 days after the date on which the changes took effect. If the supervisee fails to submit the changes to the board within that 45-day period, no supervised hours of practice shall be accrued or credited for any practice, beginning on the date the changes took effect through the date on which the changes to the plan are approved by the board.

(Authorized by K.S.A. 74-7507; implementing K.S.A. 65-6404; effective April 17, 1998; amended Oct. 22, 1999; amended Aug. 4, 2000; amended July 7, 2003; amended Aug. 13, 2004.)



**65-7504. Same; denial, suspension or revocation of licensure; grounds.** (a) The board may deny, suspend, revoke or refuse renewal of any license issued under this act if the board finds that the applicant or license holder has:

(1) Used any controlled substance or alcoholic beverage to an extent that such use impairs such person's ability to perform the work of any profession licensed or regulated by this act.

(2) The person has been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state or of the United States, for any offense reasonably related to the qualifications, functions or duties of any professional licensed or regulated under this act, for any offense an essential element of which is fraud, dishonesty or an act of violence, or for any offense involving moral turpitude, whether or not a sentence is imposed.

(3) Used any fraud, deception or misrepresentation in securing any license issued under this act.

(4) Obtained or attempted to obtain any fee, charge, tuition or other compensation by fraud, deception or misrepresentation.

(5) Committed any act of incompetency, misconduct, gross negligence, fraud, misrepresentation or dishonesty in the performance of the functions or duties of any profession licensed by the board.

(6) Committed any violation of or assisted or enabled any person to violate any provision of this act or any rule and regulation promulgated thereunder.

(7) Impersonated any person holding a certificate of registration or authority, permit or license or allowed any other person to use such person's certificate of registration or authority, permit, license or diploma from any school.

(8) Been disciplined in any action by another state, territory, federal agency or country which would constitute grounds for a license issued under this act being suspended or revoked.

(9) Been finally adjudged insane or incapacitated by a court of competent jurisdiction.

(10) Assisted or enabled any person to practice or offer to practice any profession licensed or regulated by the board when such person is not eligible to practice such profession as required by law.

(11) Issued any certificate of registration or authority, permit or license based upon a material mistake of fact.

(12) Failed to display a valid certificate or license if so required by this act or any rules and regulations promulgated thereunder.

(13) Violated any professional trust or confidence.

(14) Used any advertisement or solicitation which is false, misleading or deceptive to the general public or persons to whom the advertisement or solicitation is primarily directed.

(15) Been found guilty of unprofessional conduct or professional incompetency as defined by the board by rules and regulations.

(b) Any action taken under this section which affects any license or imposes any administrative penalty shall be taken only after notice and an opportunity for a hearing conducted in accordance with the provisions of the Kansas administrative procedure act.

**History:** L. 2014, ch. 62, § 5; July 1.

**65-6408. Refusal to grant, suspension, condition, limitation, qualification, restriction or revocation of license; grounds.** (a) The board may refuse to issue, renew or reinstate a license, may condition, limit, revoke or suspend a license, may publicly or privately censure a licensee or may impose a fine not to exceed \$1,000 per violation upon a finding that a licensee or an applicant for license:

(1) Is incompetent to practice marriage and family therapy. "Incompetent to practice marriage and family therapy" means:

(A) One or more instances involving failure to adhere to the applicable standard of care to a degree that constitutes gross negligence, as determined by the board;

(B) repeated instances involving failure to adhere to the applicable standard of care to a degree that constitutes ordinary negligence, as determined by the board; or

(C) a pattern of practice or other behavior that demonstrates a manifest incapacity or incompetence to practice marriage and family therapy;

(2) has been convicted of a felony offense and has not demonstrated to the board's satisfaction that such person has been sufficiently rehabilitated to merit the public trust;

(3) has been convicted of a misdemeanor against persons and has not demonstrated to the board's satisfaction that such person has been sufficiently rehabilitated to merit the public trust;

(4) is currently listed on a child abuse registry or an adult protective services registry as the result of a substantiated finding of abuse or neglect by any state agency, agency of another state, the District of Columbia or the United States, territory of the United States or another country and the applicant or licensee has not demonstrated to the board's satisfaction that such person has been sufficiently rehabilitated to merit the public trust;

(5) has violated a provision of the marriage and family therapists licensure act or one or more of the rules and regulations of the board;

(6) has obtained or attempted to obtain a license or license renewal by bribery or fraudulent representation;

(7) has knowingly made a false statement on a form required by the board for license or license renewal;

(8) has failed to obtain continuing education credits required by rules and regulations of the board;

(9) has been found to have engaged in unprofessional conduct as defined by applicable rules and regulations adopted by the board;

(10) has had a professional registration, license or certificate revoked, suspended or limited, or has had other disciplinary action taken, or an application for registration, license or certificate denied, by the proper regulatory authority of another state, territory, District of Columbia or another country, a certified copy of the record of the action of the other jurisdiction being conclusive evidence thereof; or

(11) has violated any lawful order or directive of the board previously entered by the board.

(b) For issuance of a new license or reinstatement of a revoked or suspended license for a licensee or applicant for licensure with a felony conviction, the board may only issue or reinstate such license by a  $\frac{2}{3}$  majority vote.

(c) Administrative proceedings and disciplinary actions regarding licensure under the marriage and family therapists licensure act shall be conducted in accordance with the Kansas administrative procedure act. Judicial review and civil enforcement of agency actions under the marriage and family therapists licensure act shall be in accordance with the Kansas judicial review act.

**History:** L. 1991, ch. 114, § 8; L. 1996, ch. 153, § 23; L. 2016, ch. 92, § 48; L. 2021, ch. 88, § 23; May 6.

# CSWE Accreditation

CSWE's Commission on Accreditation (COA) is responsible for developing accreditation standards that define competent preparation and ensuring that social work programs meet these standards. In accordance with the requirements of CSWE's recognition body, the Council for Higher Education Accreditation (CHEA), the CSWE Office of Social Work Accreditation...



## Accredited

Fully Accredited



## Accredited (Conditional)

Accredited with documented noncompliance with one or more standards that must be addressed within a year



## Accredited (Withdrawal in Progress)

Accredited with a planned closure date



## Candidacy

Program has completed at least one year of Candidacy process and is moving toward full accreditation within two years



## Pre-Candidacy

Program has had standards approved in draft form and is scheduled to be reviewed for Candidacy status within one year

**Council on Social Work Education (CSWE)  
Commission on Accreditation (COA)  
Department of Social Work Accreditation (DOSWA)**

**Frequently Asked Questions (FAQs) | Baccalaureate and Master’s Accreditation**  
*Last updated March 16, 2022*

*Note: All questions regarding accreditation should be directed to the [accreditation team](#).*

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## **International Social Work Degrees**

- 1. Are social work programs outside the United States accredited by CSWE?**
  - a. No. The accrediting authority of CSWE's Commission on Accreditation (COA) extends only to the United States and its territories. If you attended a social work program overseas and wish to work in the United States, it is advisable to have your degree evaluated by CSWE's [International Social Work Degree Recognition and Evaluation Service \(ISWDRES\)](#).
  - b. Although CSWE does not accredit social work programs in Canada, graduates of Canadian programs accredited by the [CASWE](#) (formerly CASSW) are recognized through a [memorandum of understanding](#) as having earned a degree equivalent to graduates from a CSWE-COA-accredited program.
  
- 2. Does CSWE or ISWDRES keep a list of international social work programs previously recognized as equivalent?**
  - a. No. CSWE's [International Social Work Degree Recognition and Evaluation Service \(ISWDRES\)](#) evaluates individually earned degrees, not the social work programs from which the degree was earned. Thus, there are no pre-approved international social work programs. Each applicant is reviewed individually and independently after earning their degree. The only exception is graduates covered by the [memorandum of understanding](#) with [CASWE](#) (formerly CASSW), the Canadian social work accrediting agency, are automatically recognized as having earned a degree equivalent to graduates from a CSWE-COA-accredited program.

## **Scope of Accreditation**

- 3. What accreditation services does CSWE provide?**
  - a. The Department of Social Work Accreditation (DOSWA) has outlined their [scope, services, resources, and boundaries](#) and posted it publicly to the [CSWE accreditation webpage](#).
  
- 4. Why does CSWE-COA not accredit associate degree programs, PhD programs, and minors?**
  - a. CSWE-COA limits its accreditation function to programs that prepare students for professional social work practice (i.e., baccalaureate, master's, professional practice doctoral, and post-master's fellowship programs). In general, associate degree programs prepare students for paraprofessional-level positions in social service agencies. Doctor of Philosophy (PhD) programs are typically research-oriented and primarily prepare students for academic, research, or administrative positions. Additionally, zero health profession accreditors regulate PhD programs. Minors prepare students for exploration of professional social work pathways.

**5. Where can I find trustworthy accreditation information?**

- a. CSWE's [Department of Social Work Accreditation \(DOSWA\)](#) is the only trusted, verified, and accurate source of accreditation information.
- b. The accreditation team has worked diligently to clarify and provide disclaimers that accreditation-related information not published or provided directly by the accreditation team or COA is not vetted by nor officially endorsed.
- c. This includes any information shared by CSWE members, faculty, administrators, consultants, and vendors in shared academic spaces, such as CSWE's Annual Program Meeting (APM).

**6. Is accreditation-related information shared at CSWE's Annual Program Meeting (APM) reliable, valid, and accurate?**

- a. If the information is shared directly by member(s) of the accreditation team, then **yes**, it is accurate. The only endorsed services, content, trainings and workshops, publications, presentations, templates, tools, sample matrices, resources, etc. are those that CSWE-COA or the accreditation team create and publish ourselves on the [CSWE accreditation website](#).
- b. If the information is shared by any other party external to the CSWE's accreditation team, then **no**, the information may be inaccurate. Other parties may include CSWE members, faculty, administrators, consultants, vendors, etc. Always verify the source of your information and [contact the accreditation team](#) to ensure you are receiving the most accurate and current information!
- c. Companies are welcome to exhibit at CSWE's annual conference, however, that does not mean that CSWE, the accreditation team, nor COA is endorsing their product. The exhibit hall is outside of the purview of the accrediting agency.
- d. Finally, it is not a function of the COA to evaluate external accreditation-related information or products for compliance with the EPAS. Rather programs are solely responsible for implementing, demonstrating, and maintaining compliance with the EPAS. Programs are then independently reviewed for compliance via the peer-reviewed accreditation processes. Programs are empowered to review the variety of rich resources available on the [CSWE accreditation website](#) and/or contact their [program's accreditation specialist](#) as questions arise.

**7. Does CSWE have a list of qualified consultants to help us with our accreditation processes?**

- a. No. Per section 1.2.13 in the [EPAS Handbook](#), CSWE does not recommend the use of external paid consultants. External consultants hired by programs to assist in their reaffirmation of accreditation or progression through candidacy status are not employees or agents of CSWE. CSWE is in no way responsible for the services provided by such

- consultants, and in no way does CSWE guarantee, recommend, or endorse the services of any consultant.
- b. It is recommended that your program review the [accreditation services](#) offered and collaborate with your [program's accreditation specialist](#), as the accreditation team is the only trusted, verified, and accurate source of accreditation information.

## **Verifying Accreditation Status**

### **8. How do I know if my social work program is accredited?**

- a. A comprehensive list of accredited and candidacy programs is housed in the [Directory of Accredited Programs](#) on the CSWE website.

### **9. My program is expecting an accreditation decision from the COA. When will this information be shared?**

- a. Changes in accreditation status are posted publicly 30-days following each COA meeting on the [CSWE website](#).
  - i. February COA meeting decisions are posted mid-March.
  - ii. June COA meeting decisions are posted mid-July.
  - iii. October COA meeting decision are posted mid-November.
- b. Per section 1.1.10 in the EPAS Handbook, official decision letters are sent electronically to programs 30-45 days after each COA meeting.
  - i. February COA meeting decision letters are sent mid-late March.
  - ii. June COA meeting decision letters are sent mid-late July.
  - iii. October COA meeting decision letters are sent mid-late November.

### **10. I couldn't find my social work program listed in the [Directory of Accredited Programs](#). Is my program accredited?**

- a. Our directory is searchable by all institutional names, program names, and former names.
- b. Be sure to also check [Formerly Accredited or Approved BSW Programs](#) or [Formerly Accredited MSW Programs](#).
- c. If you are unable to locate a record of your social work program on the CSWE website, then it may not be accredited.
- d. Contact a member of the [accreditation team](#) to verify the status of your social work program.

### **11. Does CSWE have a list of accredited doctoral-level social work programs?**

- a. CSWE's Commission on Accreditation is currently piloting the accreditation of professional practice doctoral programs (i.e., DSW programs). PhD programs are not accredited by CSWE-COA. Please visit this [website](#) for further information regarding the piloting initiative.



## **Pre-Candidacy & Candidacy Status**

### **12. What does it mean when a program is in candidacy?**

- a. Candidacy indicates that the social work program has made progress toward meeting criteria for the program quality assessment as evaluated via a peer review process. A program that has attained Candidacy has demonstrated a commitment to meeting the compliance standards set by the Educational Policy and Accreditation Standards (EPAS), but has not yet demonstrated full compliance.
- b. Students who enter programs that attain Candidacy in or before the academic year in which they begin their program of study will be retroactively recognized as having graduated from a CSWE-accredited program as long as the program attains Initial Accreditation. Candidacy is typically a three (3) year process and attaining Candidacy does not guarantee that a program will eventually attain Initial Accreditation. Candidacy applies to all program sites (i.e., locations) and delivery methods of the program. Accreditation provides reasonable assurance about the quality of the program and the competence of students graduating from the program.
- c. Programs in candidacy are issued a retroactive accreditation date which goes into effect once the program gains Initial Accreditation. This date is the academic year in which the program was granted candidacy status. For example, if a program was granted candidacy status in the academic year of 2020-2021, any student entering the program in the fall of 2020 and beyond will be considered to have graduated from an accredited social work program so long as the program receives its eventual Initial Accreditation.
- d. Read more about the Candidacy process in the Candidacy section of the [EPAS Handbook](#) housed on the CSWE website.
- e. To understand how candidacy status will affect you as a student, contact your social work program director and/or a member of the [accreditation team](#). Contact information for social work programs is located in the [Directory of Accredited Programs](#).

### **13. What does it mean when a program is pre-candidacy?**

- a. Pre-Candidacy indicates that the social work program has submitted an application to be reviewed for Candidacy. A program that has attained Pre-Candidacy has not yet been reviewed by the Commission on Accreditation (COA) or been verified to be in compliance with the Educational Policy and Accreditation Standards (EPAS).
- b. Students who enter the program while it is still in Pre-Candidacy will not be recognized as attending a program in Candidacy unless the program attains Candidacy in the academic year in which those students enter. The Candidacy Process is typically a three (3)-year process and there is no guarantee that a program in Pre-Candidacy will eventually attain Candidacy or Initial Accreditation. Students who enter programs that



attain Candidacy in or before the academic year in which they begin their program of study will be retroactively recognized as having graduated from a CSWE-accredited program as long as the program attains Initial Accreditation. Pre-Candidacy applies to all program sites (i.e., locations) and delivery methods of the program. Accreditation provides reasonable assurance about the quality of the program and the competence of students graduating from the program.

- c. Read more about the Pre-Candidacy process in the Candidacy section of the [EPAS Handbook](#) housed on the CSWE website.
- d. To understand how candidacy status will affect you as a student, contact your social work program director and/or a member of the [accreditation team](#). Contact information for social work programs is located in the [Directory of Accredited Programs](#).

## **Conditional Status**

### **14. My program was placed on conditional accredited status. How does this affect me as a student?**

- a. Students who graduate from programs on Conditional Accredited Status will still be recognized as having graduated from a CSWE-accredited program.
- b. Changes in accreditation status are posted publicly 30-days following each COA meeting on the [CSWE website](#).
  - i. February COA meeting decisions are posted mid-March.
  - ii. June COA meeting decisions are posted mid-July.
  - iii. October COA meeting decision are posted mid-November.
- c. The COA places a program on conditional accredited status when the program is found out of compliance with one (1) or more Educational Policy or Accreditation Standards (EPAS) and believes that noncompliance issues can be resolved by the program within one (1) year. Conditional status is an adverse decision, and programs may request reconsideration. If the program accepts The COA's decision, it submits a restoration report within one (1) year.

## **Selecting a Social Work Program**

### **15. How do I decide which social work program is best for me?**

- a. Students are encouraged to select a program that meets both your professional and personal goals.
- b. Ask practical questions, such as:
  - i. Can I live here for the next two (2) or four (4) years?
  - ii. Is the program delivered in a way that supports my learning style and lifestyle needs (i.e., online, hybrid, location-based, evening and weekend options, campus experience, etc.)?

- iii. Is it affordable?
  - iv. Is the institution too large or too small?
  - v. Will I need to commute?
  - vi. Does the program offer the specialization or concentration I want?
  - vii. Does the program appear to have a faculty and staff with whom I can collaborate?
  - viii. Are there ample field placement opportunities in my area of interest?
- c. You can access CSWE's online [Directory of Accredited Programs](#) to review a listing of accredited and candidate social work programs. The Directory is sortable by a number of features, attributes, and options to assist you in narrowing your search. Once you have located programs that interest you, you are encouraged to use the contact information in the directory to contact those programs directly.

**16. Which are the best social work programs in the United States?**

- a. CSWE-COA accredits social work education programs; it does not provide qualitative information, subjective judgments, nor opinions about programs. Nor do we compare or "rank" them. Accreditation is meant to provide assurance that a program has met the profession's minimum standards for professional social work education.

**17. Can CSWE provide me guidance or advice in selecting a social work program for me?**

- a. No, providing enrollment guidance or career advice is not a service CSWE provides as we do not rank, recommend, nor comment on the quality of accredited and candidate programs. All accredited and candidate programs must meet the current set of standards. As an accrediting body, CSWE-COA maintains ethical boundaries and impartiality.
- b. We do offer a variety of resources to assist in selecting an accredited program. CSWE houses the [Directory of Accredited Programs](#). You are encouraged to utilize the Directory, which is sortable by a number of features, as you reflect on your career goals and make an informed decision about your educational journey.

**18. Does CSWE have a master list of tuition and fees for each accredited program?**

- a. No, this is not a service provided by CSWE as tuition, fees, and other expenses associated with educational programs is governed by each individual institution. Review the social work program's website for information regarding cost of attendance or contact the program directly. Contact information for all accredited and candidate social work programs is housed in the [Directory of Accredited Programs](#) on CSWE website.

**19. Does CSWE offer scholarships, fellowships, grants, or other funding for my social work studies?**

- a. Learn more about CSWE offerings and external funding opportunities on the [CSWE website](#).

**Online & Distance Learning**

**20. Are there any CSWE-COA-accredited, distance-learning or online learning social work programs?**

- a. Yes, the [Directory of Accredited Programs](#) includes online program options and all locations covered by the program's accreditation status. All accredited and candidate programs are subject to the same accreditation standards and review criteria by the Commission on Accreditation (COA), regardless of the curriculum delivery methods used.
- b. Many accredited social work programs utilize distance education for some or all of their courses and curriculum. Many offer part-time, extended-day, or evening courses at their main, satellite, or branch campuses.
- c. Each program design is different, and each may have specific admissions requirements for its distance-education programs. Please contact your program of interest directly to inquire! Contact information for all accredited and candidate social work programs is housed in the [Directory of Accredited Programs](#) on CSWE website.

**Admissions**

**21. Can I enter an accredited master's social work program without a regionally accredited baccalaureate degree?**

- a. No. The criteria for admission to a master's social work program must include an earned baccalaureate degree in any discipline from a college or university accredited by a recognized regional accrediting association.
- b. This includes individuals whose degree was recognized as equivalent through CSWE's International Social Work Degree Recognition and Evaluation Service (ISWDRES) and graduates from Canadian social work programs accredited by CASWE covered by the memorandum of understanding between CSWE and CASWE.
- c. Students may also contact the [regional accrediting body](#) that accredits institution they are interested in attending to inquire if there is a process for determining equivalency or recognizing the degree(s) previously received as comparable to a regionally accredited baccalaureate degree. As long as the regional accrediting body recognizes the degree as comparable, program may admit those students.
- d. Please note that while the CSWE-COA accrediting body sets the minimum standards, it is completely within the purview of each accredited social work program to institute their own admission criteria and requirements.

Most master's social work programs admit students with a regionally accredited baccalaureate degree in any field of study. An accredited baccalaureate social work degree is not a CSWE-COA requirement for admission to a master's social work program. However, students are encouraged to contact their program of interest directly to ensure they meet all admission criteria / requirements.

## **Field Education**

### **22. How many field hours must I complete?**

- a. Baccalaureate students must complete a minimum of 400 field education hours and master's students must complete a minimum of 900 field education hours. Advanced standing students must complete a minimum of 900 hours between their baccalaureate and master's social work programs. While the CSWE-COA accrediting body determines the minimum standards, individual programs may elect to require hours above the minimum.

### **23. Can I have a paid social work field education placement?**

- a. Neither the CSWE-COA accrediting body nor the current set of standards prohibit a student from completing a paid field education placement.
- b. It is within the purview of each social work program to develop policies regarding field placements at the same organization at which a student is employed. The relationships between an employee and employer is different than a student and field placement. An employee is responsible for aiding the organization; whereas the field-setting is responsible for supporting the student learner. The program is responsible for ensuring the integrity of the field education learning environment. We advise arranging a conversation with your program's field director as they may assist you in understanding your program's specific field education policies and procedures. Contact information for social work programs is located in the [Directory of Accredited Programs](#)

### **24. What are the required credentials for field instructors?**

- a. Field instructors for baccalaureate students hold a baccalaureate or master's degree in social work from a CSWE-accredited program and have 2 years post-social work degree practice experience in social work.
- b. Field instructors for master's students hold a master's degree in social work from a CSWE-accredited program and have 2 years post-master's social work practice experience (defined in the [2015 EPAS Glossary](#)).
- c. While these are minimum required credentials, each accredited social work program may institute additional requirements.
- d. For cases in which a field instructor does not have the minimum required credentials, the social work program is responsible for developing and implementing a process to reinforce the social work perspective with

students. This allows programs to work flexibly in rural settings, in cases where a credentialed field instructor leaves, with large agencies that have limited social workers onsite, or settings that are high quality yet do not have a social worker onsite.

**25. How often must I meet with my field instructor?**

- a. The frequency and format of field education supervision is within the purview of each accredited social work program. The program develops their expectations regarding field education supervision. We advise arranging a conversation with your program's field director as they may assist you in understanding your program's specific field education policies and procedures. Contact information for social work programs is located in the [Directory of Accredited Programs](#).

**26. Does CSWE determine what activities I will complete at my field placement?**

- a. No. Roles, responsibilities, and opportunities for social work practice differ per field agency site. CSWE employs a competency-based education model where students learn the knowledge, values, skills, and cognitive & effective processes necessary for generalist social work practice with individuals, families, groups, organizations, and communities and/or specialized practice within a certain area of specialization. Please refer to the social work competencies in the EPAS for more information regarding expected student learning outcomes in classroom and field settings.

**Advanced Standing Status**

**27. Can I enter a master's program as advanced standing status if I earned my baccalaureate social work degree more than 5-7 years ago?**

- a. Each accredited master's social work program selects and implements their own criteria for issuing advanced standing status. At minimum advanced standing is awarded only to graduates holding degrees from baccalaureate social work programs accredited by CSWE-COA, recognized through its International Social Work Degree Recognition and Evaluation Services,\* or covered under a memorandum of understanding with international social work accreditors (Canada).

**28. Can I enter program as advanced standing status if I did not earn an accredited baccalaureate social work degree?**

- a. No. An accredited baccalaureate social work degree is required to qualify for advanced standing status. Check your program's accredited status is the [Directory of Accredited Programs](#).

## Transfer Credits

### **29. Can I transfer credits to my new social work program?**

- a. The accreditation process respects each institution's policies and procedures concerning the transfer of credits. Thus, each accredited program may determine which (if any) courses may be transferred/waived from your previous studies.

## Complaints

### **30. I have a complaint about my social work program, how do I file it with CSWE-COA?**

- a. Formal complaints to the accrediting body **must pertain to matters related to program compliance with the Educational Policy and Accreditation Standards (EPAS)**. The Commission on Accreditation (COA) is not authorized to adjudicate, arbitrate, or mediate individual faculty or student grievances against a program. Complainants must use all appropriate institutional and professional channels of appeal before filing a formal complaint with CSWE.
- b. Please refer to complaint policies and procedures in section 1.2.1 in the [EPAS Handbook](#) for filing a complaint.

## Self-Study, Benchmark, and Other Accreditation Documents

### **31. What academic year should be captured in the self-study?**

- a. The self-study content commonly reflects the full academic year prior to the submission of the document. This is typically referred to as the "year-of-record" and is flexible based upon the program's document due date.
- b. However, a more accurate framing is to consider the self-study as a rolling snapshot of where the program currently is; not reflecting back on previous or outdated operations and information.
- c. While the document may capture the year prior to submission of the self-study, the program should be cognizant to update their documents regarding any changes that strengthen compliance. The most frequent changes include composition of faculty, students, staff, other personnel, adding / removing program options, updated assessment data, updates to policies or procedures, or enhancements made to program operations to strengthen compliance with the EPAS. This list is not exhaustive, so it is important to ensure that all information, personnel, operations, program options, and data are captured in the self-study is current, accurate, and aligned with the EPAS.
- d. With regard to program personnel, the program should capture the most up-to-date information in the self-study to the best of their ability. This ensures the site visitor has access to current faculty and personnel



information reflecting those with whom they will meet on campus during their visit.

- e. In the self-study, programs should capture all components they wish to have reaffirmed for compliance with the EPAS. Remember that programs are requesting the COA to affirm these operations for the next 8-years. So, the self-study should capture the program's best compliance plan that reflects current operations now and moving forward for the next 8-years. *Note: review policy 1.2.4 Program Changes in the [EPAS Handbook](#) for information on changes between review cycles.*
- f. Submitting outdated information in the self-study, benchmark, or other accreditation documents may result in a citation or other action by the COA in order to request the most current and accurate program materials.

### **32. May I request a sample self-study, benchmark, or other accreditation-related document as a model?**

- a. No. Per section 1.2.7 in the [EPAS Handbook](#), accreditation staff do not share program-specific information with other programs for any purpose, including independent scholarly research. Staff do not share program contact information, program lists, accreditation spreadsheets, or other individualized program information not already publicly available on the CSWE website and [Directory of Accredited Programs](#).
- b. The accreditation team has worked diligently and are proud to provide high quality [services](#), content, trainings and workshops, publications, presentations, templates, tools, sample matrices, resources, and more to provide clear, proactive, and transparent support throughout the accreditation process and in-between review cycles. Check out all offerings on the [CSWE accreditation webpage](#).
- c. The accreditation team recommends utilizing the Self-Study / Initial Accreditation Optional Self-Study Template, Benchmark 1 Optional Template, or Benchmark 2 Optional Template as well as the Interpretation Guide to support your accreditation goals and processes.
- d. A variety of [trainings and workshops](#) are also available to help programs understand, implement, and document compliance with the EPAS.
- e. Providing samples is not a common nor advisable practice amongst accreditors as programs are encouraged to implement and document compliance with the EPAS creatively according their program's unique context. This allows for innovation, experimentation, and continuous quality improvement to thrive.
- f. Since each program is reviewed independently, replicating a program that passed an accreditation review does not guarantee the same outcome for your program.
- g. Programs may elect to share sample documents amongst themselves, however, please remember that CSWE's [Department of Social Work Accreditation \(DOSWA\)](#) is the only trusted, verified, and accurate source of accreditation information.

**33. Can I copy and paste our program’s previous self-study as a baseline for our next self-study?**

- a. We do not advise using your program’s previous self-study as the foundation for the next self-study. The program will be writing to a new set of standards with different requirements and interpretations. A fresh canvas, new perspectives, and approaching this as a continuous quality improvement and renewal process is advisable.
- b. A variety of [trainings and workshops](#) as well as [presentations](#) are also available to help programs understand, implement, and document compliance with the EPAS.

**Post-degree Training and Employment**

**34. Which type of degree is most favored by employers? Will employers differentiate between an online degree versus a degree obtained in-person?**

- a. CSWE does not rank, recommend, nor comment on the quality of accredited programs. All accredited programs must meet the current set of standards. As an accrediting body, CSWE-COA maintains ethical boundaries and impartiality. We do offer a variety of resources to assist in selecting an accredited program. CSWE houses the [Directory of Accredited Programs](#). You are encouraged to utilize the Directory, which is sortable by a number of features, as you reflect on your career goals and make an informed decision about your educational journey.
- b. The professional job market is an ever-shifting landscape. CSWE nor the accrediting body compare or rank types of program delivery methods, such as online and in-person. When attending a CSWE-COA-accredited program, delivery method does not impact educational quality. All accredited programs, regardless of delivery method are required to demonstrate compliance with the same set of standards. Thus, if your employer requires a CSWE-COA-accredited degree, there is no difference between whether the degree was earned on-campus or online, from our perspective. It is CSWE-accredited.

**35. What post-degree training opportunities exist?**

- c. From 2019-2022, CSWE’s Commission on Accreditation (COA) and the Fellowship Review Committee (FRC) piloted the accreditation of post-master’s social work fellowship programs. Fellowship programs are hosted by sites offering social work services in the United States, its territories, or on U.S. military installations and advance the knowledge and skills of a social work practitioner in a focused area of practice. Through completion of a fellowship program, trainees obtain advanced competencies and/or core expertise and skills beyond those attained through completion of a master’s degree in social work. CSWE staff will be working in 2022 to revise fellowship accreditation materials to allow for additional fellowship



programs to seek accreditation. Updates will be communicated and posted on [this website](#) as they become available.

## **Post-Degree Licensing**

### **36. I have questions regarding licensure. Who can I speak to at CSWE?**

- d. CSWE staff do not discuss licensing. Professional social work licensure post-degree is under the authority of a designated board within each individual state government. Your state government is responsible for regulating licensure and setting criteria required to become a licensed professional social worker. Requirements may differ by state. Contact information for individual state licensing boards can be found on the [Association of Social Work Boards \(ASWB\) website](#) or through an internet search for a licensing board for a particular state. Questions regarding licensure and professional practice should be directed to the board in your state. Questions regarding the national social work licensing exams should be directed to the ASWB, the body that publishes and administers the exams.

### **37. Does CSWE-COA accredit courses required for licensure?**

- e. No. CSWE-COA accredits social work education programs not individual courses. Questions regarding post-degree licensure requirements and professional practice should be directed to the [social work board](#) in your state.

### **38. Can CSWE connect me with a supervisor per the licensing requirements in my state?**

- f. No, this is not a service provided by CSWE as licensing requirements is within the sole jurisdiction of the social work licensing board in your state. You may also consider contacting the [Association of Social Work Boards \(ASWB\)](#) or the [National Association of Social Workers \(NASW\)](#) state chapter in your area regarding potential supervisors related to licensing requirements.

### **39. If I complete an online social work program or a program outside of my state, will I be able to get a license after graduation?**

- g. First, verify your program's accredited status by visiting the [Directory of Accredited Programs](#). Second, note that accreditation and post-degree licensure are completely separate regulations.
- h. When attending a CSWE-COA-accredited program, delivery method does not impact educational quality. All accredited social work programs must meet the same accreditation standards. Thus, if your state-based social work licensing board requires a CSWE-COA-accredited degree, there is no difference between whether the degree was earned on-campus or

online / in-state or out-of-state, from our perspective. It is CSWE-accredited.

- i. Programs with online options work with their state higher education authority and regional accreditor to set the scope (regional, national, international, etc.) of their operations. CSWE's Commission on Accreditation (COA) nor the standards, determine the program's scope. It is within each accredited program's purview to solicit and gain approval to operate within their desired scope. Our directory is not sortable by a "regional, national, or international scope" feature.
- j. Programs may verify their approvals to operate within their desired scope by checking with the following entities / bodies: institution (university or college), institution's accreditation compliance office / officer, any federal / U.S. Department of Education contact, regional accreditor, and / or state-based higher education authority.
- k. Continue working with your program to determine if you are able to complete the degree requirements in your state of residence. For example, your licensing board may require certain courses, training, etc. in order to become licensed after graduation. Such requirements are set by your state, not CSWE. Check whether the requirements of your state and your chosen program are compatible by working with your state-based social work licensing board.
- a. CSWE staff do not discuss licensing. Professional social work licensure post-degree is under the authority of a designated board within each individual state government. Your state government is responsible for regulating licensure and setting criteria required to become a licensed professional social worker. Requirements may differ by state. Contact information for individual state licensing boards can be found on the [Association of Social Work Boards \(ASWB\) website](#) or through an internet search for a licensing board for a particular state. Questions regarding licensure and professional practice should be directed to the board in your state. Questions regarding the national social work licensing exams should be directed to the ASWB, the body that publishes and administers the exams.

## **List of Social Work Programs**

### **40. I am conducting research or interested in marketing a product/service to accredited social work programs. May I have a downloadable list or spreadsheet of social work programs with contact information?**

- i. No, as an accrediting agency and membership organization, CSWE does not share contact information for research nor marketing purposes. Additionally, due to continuous changes in the accreditation status of social work programs, CSWE does not provide a spreadsheet of accredited programs. The [Directory of Accredited Programs](#) is searchable,

- updated monthly, and the most accurate mechanism for verifying accredited status or connecting with a program.
- m. Section 1.2.7 in the [EPAS Handbook](#) explains that accreditation staff do not share program-specific information for any purpose, including independent scholarly research, such as program contact information, program lists, accreditation spreadsheets, or other individualized program information not already publicly available on the CSWE website and [Directory of Accredited Programs](#).

## **Networking & Accreditation News**

### **41. What opportunities do social work students and educators have to network at CSWE?**

- a. All social work community members are welcome to create a profile and join [CSWE Spark](#) discussion board.
- b. CSWE's signature [Annual Program Meeting \(APM\)](#) conference is open to all in the social work education community.
- c. Field directors may join [CSWE's Council on Field Education electronic mailing list](#).
- d. External opportunities to connect include the [Association of Baccalaureate Social Work Program Directors \(BPD\) electronic mailing list](#), [National Association of Deans and Directors of Schools of Social Work electronic mailing list \(for members only\)](#), and the [National Association of Social Work MyNASW community discussion board \(for members only\)](#).

### **42. Does CSWE have a listserv so that I can stay current on accreditation news?**

- a. No. CSWE maintains direct contact with members and accredited programs rather than using opt-in listservs. All accreditation-related news is sent directly to each program's primary contact's inbox per section 1.2.7 in the [EPAS Handbook](#). The accreditation team also maintains a publicly available [Accreditation New Archive](#).

# Minnesota Temporary License Option for Students Graduating from Programs in Candidacy for CSWE Accreditation

## Apply for Temporary License

If you qualify for one of three specific provisions, a temporary license allows you to begin authorized social work practice for a time-limited period, and can typically be issued more quickly than a permanent license. If you will start a social work position in Minnesota before your permanent license is issued, or do not plan to obtain a permanent Minnesota license, apply for a temporary license to avoid unlicensed practice.

There are three temporary licenses under [Minnesota Statutes section 148E.060](#). Temporary licenses are issued as either baccalaureate (if you are applying for permanent LSW and/or have a bachelor's degree) or masters (if you are applying for permanent LGSW, LISW, or LICSW and/or have a master's degree). Review temporary licenses and requirements on each tab below to determine if you are eligible.

1. **Students** or persons not currently licensed in another jurisdiction
2. Persons **currently licensed in another jurisdiction**
3. **Students** graduating from programs in Council on Social Work Education (CSWE) **candidacy status**

## Candidacy Students

Available to students who are graduating from a social work degree program in candidacy status (programs working toward CSWE accreditation).

## Eligibility Requirements

- **Permanent License Application:** Submitted an application for permanent licensure (LSW or LGSW)
- **Academic Degree:** Completed all requirements for a baccalaureate or graduate degree in social work from a program currently in candidacy status with the Council on Social Work Education (CSWE) or the Canadian Association of Schools of Social Work
- **Examination:** Obtained a passing score on the applicable Association of Social Work Boards (ASWB) exam
- **Criminal Background Check:** Submitted required fees and documentation for a criminal background check (CBC) under Minnesota Statutes section 214.075 (*CBC fee is submitted with application for permanent license*)
- **Ethical Standards:** Must not have engaged in conduct in violation of the Board's ethical standards of practice

## Time Limit/Expiration

- Valid for 12 months
- Not renewable but may be extended if the social work program remains in candidacy status

- Expiration date is the last day of the month 12 months from the effective date, or when a permanent license is issued, whichever is earlier

### **Supervised Practice Requirements**

Licensing supervision is required for practice under a temporary license issued to a student or unlicensed person:

- Review [supervised practice requirements](#)
- Submit a Supervision Plan within 60 days of beginning a social work position
- Supervised practice completed with a temporary license will apply to permanent license requirements

### **Authorized Scope of Practice:**

- **Baccalaureate temporary license:** Authorizes the practice of social work but does not authorize clinical social work practice
- **Graduate temporary license:** Authorizes both the practice of social work and clinical social work practice

### **Representation:**

- **Baccalaureate temporary license:** Must represent as a “temporary license baccalaureate social worker”
- **Graduate temporary license:** Must represent as a “temporary license graduate social worker”
- Do not use the credentials LSW or LGSW until a permanent license is issued

*\*Continuing Education (CE) is not required for temporary licenses, but CE obtained with a temporary license may be applied to permanent license requirements.*

### **Attention BSW and MSW Students—Apply at the Right Time!**

- A temporary license can only be approved if you have completed all degree requirements and obtained a passing score on the required ASWB exam
- If you have applied for permanent license, passed the ASWB, and submitted fingerprints, you may apply for temporary license two weeks before completing degree requirements, but don’t apply earlier than that
- Plan to submit a temporary license application at least 3 to 5 business days before your hire date if you are starting a social work position to allow for processing
- Review [Top Ten Temporary License Tips for Students](#) for more helpful information

**148E.060 TEMPORARY LICENSES.**

Subdivision 1. **Students or persons not currently licensed in another jurisdiction.** (a) To be issued a temporary license to practice social work, an applicant who is a student as defined in section 148E.010 or a person not licensed or credentialed to practice social work in any jurisdiction must provide evidence satisfactory to the board that the applicant:

(1) has submitted a current application for a license under section 148E.055;

(2) has submitted the required fees and documentation for the criminal background check according to section 214.075;

(3) has passed the applicable licensure examination required in section 148E.055;

(4) has completed all requirements for a baccalaureate or graduate degree in social work from a program accredited by the Council on Social Work Education, the Canadian Association of Schools of Social Work, or a similar accrediting body that the board designates, or a doctorate in social work from an accredited university, including all coursework and internships required to obtain the degree;

(5) has submitted a completed, signed temporary license application form that the board has provided. For electronic applications, a "signed application" means providing an attestation that the board has specified;

(6) has paid the fee specified in section 148E.180; and

(7) has not engaged in conduct that was or would be in violation of the standards of practice specified in sections 148E.195 to 148E.240. If the applicant has engaged in conduct that was or would be in violation of the standards of practice, the board may take action according to sections 148E.255 to 148E.270.

(b) A temporary license is effective on the day that the board receives the application and fee or on the date that all requirements are complete as specified in this subdivision, whichever date is later.

(c) A temporary license issued under this subdivision expires on the last day of the month six months from the effective date or when a license is issued under section 148E.055, whichever date is earlier. A temporary license is nonrenewable.

(d) In all professional use of the social worker's name, an individual with a baccalaureate or graduate temporary license must represent themselves as a Temporary License Baccalaureate Social Worker or Temporary License Graduate Social Worker. An individual with a baccalaureate or graduate temporary license must not use the credentials LSW, LGSW, LISW, or LICSW until the individual is issued a license under section 148E.055.

(e) An individual issued a baccalaureate temporary license under this subdivision is authorized to practice social work as described in section 148E.050, subdivision 2. An individual issued a graduate temporary license under this subdivision is authorized to practice social work as described in section 148E.050, subdivision 3.

(f) An individual issued a temporary license under this subdivision must obtain supervision in compliance with sections 148E.100 to 148E.125. Supervised practice obtained with a temporary license applies to the supervised practice requirements for a license issued under section 148E.055.

(g) An individual issued a temporary license under this subdivision may complete continuing education in compliance with the requirements of section 148E.130. Continuing education obtained with a temporary license may be applied to the continuing education requirements of a license issued under section 148E.055.

Subd. 2. **Persons currently licensed in another jurisdiction.** (a) To be issued a temporary license to practice social work, an applicant who is licensed or credentialed to practice social work in another jurisdiction must provide evidence satisfactory to the board that the applicant:

(1) holds an active license or credential to practice social work in another jurisdiction;

(2) has completed the criminal background check according to section 214.075 and submitted the required fees;

(3) has submitted a completed, signed temporary license application form that the board has provided. For electronic applications, a "signed application" means providing an attestation that the board has specified;

(4) has paid the fee specified in section 148E.180; and

(5) has not engaged in conduct that was or would be in violation of the standards of practice specified in sections 148E.195 to 148E.240. If the applicant has engaged in conduct that was or would be in violation of the standards of practice, the board may take action according to sections 148E.255 to 148E.270.

(b) A temporary license is effective on the day that the board receives the application and fee or on the date that all requirements are complete as specified in this subdivision, whichever date is later.

(c) A temporary license issued under this subdivision expires on the last day of the month six months from the effective date or when a license is issued under section 148E.055, whichever date is earlier. A temporary license is nonrenewable.

(d) The board may not issue a temporary license to an individual more than one time in a 12-month period under this subdivision.

(e) In all professional use of the social worker's name, an individual with a baccalaureate or graduate temporary license must represent themselves as a Temporary License Baccalaureate Social Worker or Temporary License Graduate Social Worker. An individual with a baccalaureate or graduate temporary license must not use the credentials LSW, LGSW, LISW, or LICSW until the individual is issued a license under section 148E.055.

(f) An individual issued a baccalaureate temporary license under this subdivision is authorized to practice social work as described in section 148E.050, subdivision 2. An individual issued a graduate temporary license under this subdivision is authorized to practice social work as described in section 148E.050, subdivision 3, 4, or 5, consistent with the individual's license or credential in the other jurisdiction.

Subd. 2a. **Applicants graduating from programs in candidacy status.** (a) To be issued a temporary license to practice social work, an applicant who is a student as defined in section 148E.010 or a graduate from a program in candidacy status with the Council on Social Work Education, the Canadian Association of Schools of Social Work, or a similar accrediting body that the board designates, must provide evidence satisfactory to the board that the applicant:

(1) has a current application for a license under section 148E.055;

(2) has submitted the required fees and documentation for the criminal background check according to section 214.075;

(3) has passed the applicable licensure examination required in section 148E.055;



(4) has completed all requirements for a baccalaureate, graduate, or doctoral degree in social work from a program in candidacy status with the Council on Social Work Education, the Canadian Association of Schools of Social Work, or a similar accrediting body that the board designates, including all coursework and internships required to obtain the degree;

(5) has submitted a completed, signed temporary license application form that the board has provided. For electronic applications, a "signed application" means providing an attestation that the board has specified;

(6) has paid the fee specified in section 148E.180; and

(7) has not engaged in conduct that is in violation of the standards of practice specified in sections 148E.195 to 148E.240. If the applicant has engaged in conduct that is in violation of the standards of practice, the board may take action according to sections 148E.255 to 148E.270.

(b) A temporary license is effective on the day that the board receives the application and fee or on the date that all requirements are complete as specified in this subdivision, whichever date is later.

(c) A temporary license issued under this subdivision expires on the last day of the month 12 months from the license's effective date or when a license is issued under section 148E.055, whichever date is earlier. A temporary license is nonrenewable.

(d) A temporary license issued under this subdivision may be extended upon a showing that the social work program remains in candidacy status with the Council on Social Work Education, the Canadian Association of Schools of Social Work, or a similar accrediting body that the board designates.

(e) In all professional use of the social worker's name, an individual with a baccalaureate or graduate temporary license must represent themselves as a Temporary License Baccalaureate Social Worker or Temporary License Graduate Social Worker. An individual with a baccalaureate or graduate temporary license must not use the credentials LSW, LGSW, LISW, or LICSW until the individual has a license under section 148E.055.

(f) An individual who has a baccalaureate temporary license under this subdivision is authorized to practice social work as described in section 148E.050, subdivision 2. An individual who has a graduate temporary license under this subdivision is authorized to practice social work as described in section 148E.050, subdivision 3.

(g) An individual issued a temporary license under this subdivision must obtain supervision in compliance with sections 148E.100 to 148E.125. Supervised practice obtained with a temporary license applies to the supervised practice requirements for a license issued under section 148E.055.

(h) An individual who has a temporary license under this subdivision may complete continuing education in compliance with the requirements of section 148E.130. An individual who earns continuing education hours with a temporary license may apply those continuing education hours to the continuing education requirements of a license under section 148E.055.

(i) If the Council on Social Work Education, the Canadian Association of Schools of Social Work, or a similar accrediting body that the board designates does not grant accreditation to the program in candidacy status, the board must immediately revoke the temporary license.

Subd. 3. MS 2018 [Repealed, 2020 c 79 art 3 s 50]

Subd. 4. MS 2018 [Repealed, 2020 c 79 art 3 s 50]



Subd. 5. MS 2018 [Repealed, 2020 c 79 art 3 s 50]

Subd. 6. MS 2018 [Repealed, 2020 c 79 art 3 s 50]

Subd. 7. MS 2018 [Repealed, 2020 c 79 art 3 s 50]

Subd. 8. MS 2018 [Repealed, 2020 c 79 art 3 s 50]

Subd. 9. MS 2018 [Repealed, 2020 c 79 art 3 s 50]

Subd. 10. MS 2018 [Repealed, 2020 c 79 art 3 s 50]

Subd. 11. MS 2018 [Repealed, 2020 c 79 art 3 s 50]

Subd. 12. [Repealed, 2015 c 71 art 10 s 34]

Subd. 13. MS 2018 [Repealed, 2020 c 79 art 3 s 50]

**History:** *2007 c 123 s 74,138; 2012 c 197 art 1 s 5-9; 2020 c 79 art 3 s 31-33*



Association of Social Work Boards

# **2022 ASWB Exam Pass Rate Analysis**

**FINAL REPORT**

To the social work community:

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

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

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

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

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

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

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

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

In partnership,



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



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

August 2022

# ASWB Exam Pass Rate Analysis

## FINAL REPORT

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# INTRODUCTION



## INTRODUCTION

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

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

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

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

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

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

# METHODOLOGY





## METHODOLOGY

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

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

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

### Data formatting and analysis

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

Second, it was necessary to identify and define the focal variables for categorizing test-takers for the purposes of analysis. Focal variables, in this context, largely refer to demographic characteristics such as gender, race/ethnicity, age, and primary language. These variables also include other indicators, such as the state or province where test-takers were approved to take the exam and the school from which test-takers earned a social work degree (Note: State/Province and school analyses are available at [aswb.org](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



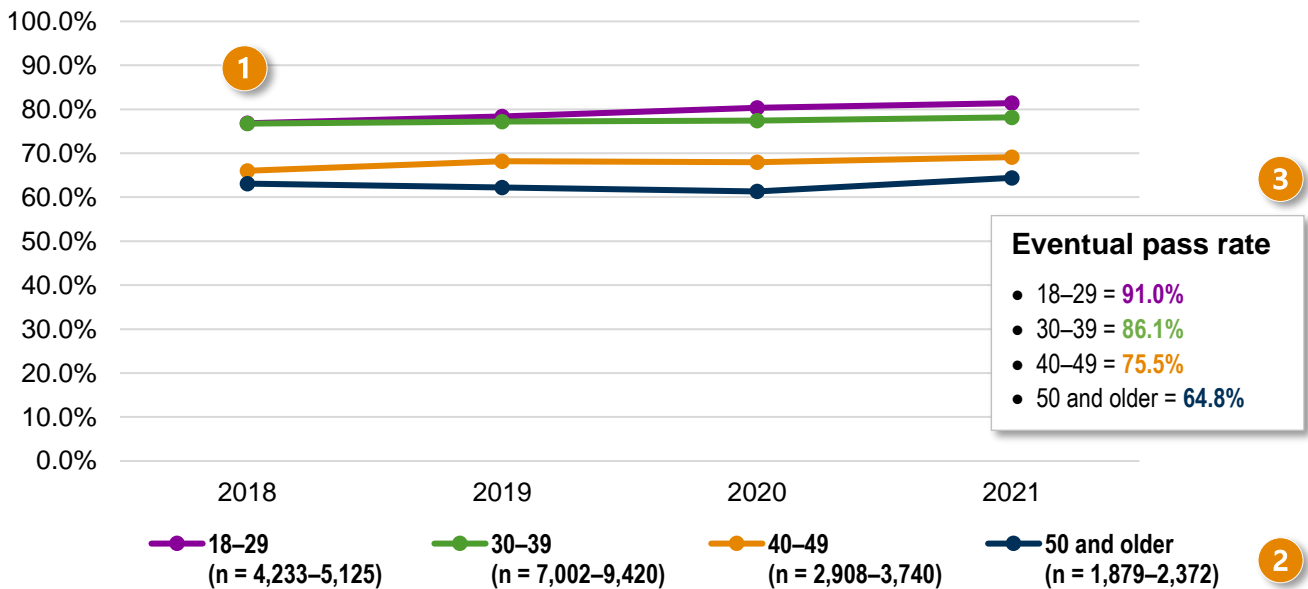
## INTERPRETING FIGURES

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**

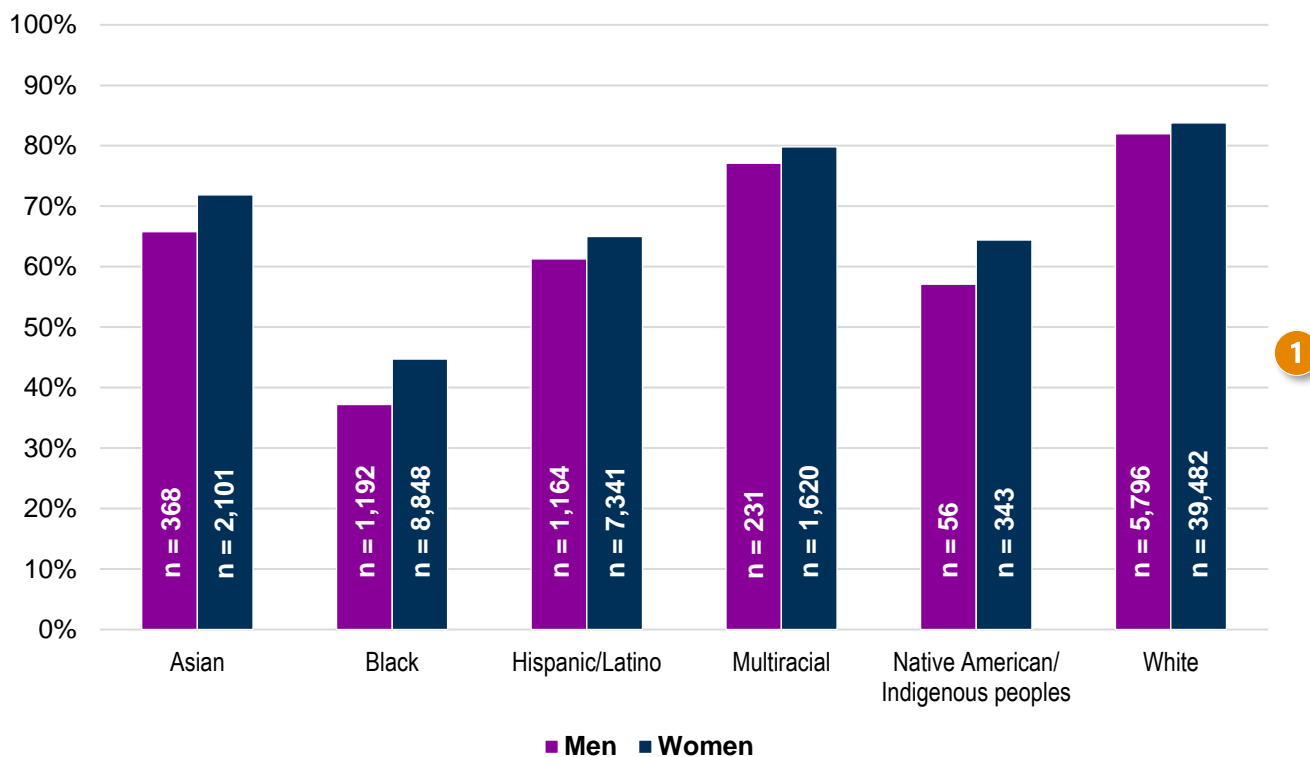


- 1 First-time pass rates** are reported on a year-by-year basis for the target time period using individual lines to represent different demographic subgroups. The lines are presented to reflect longitudinal trends over the target time period. First-time pass rates by year, where applicable, are provided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

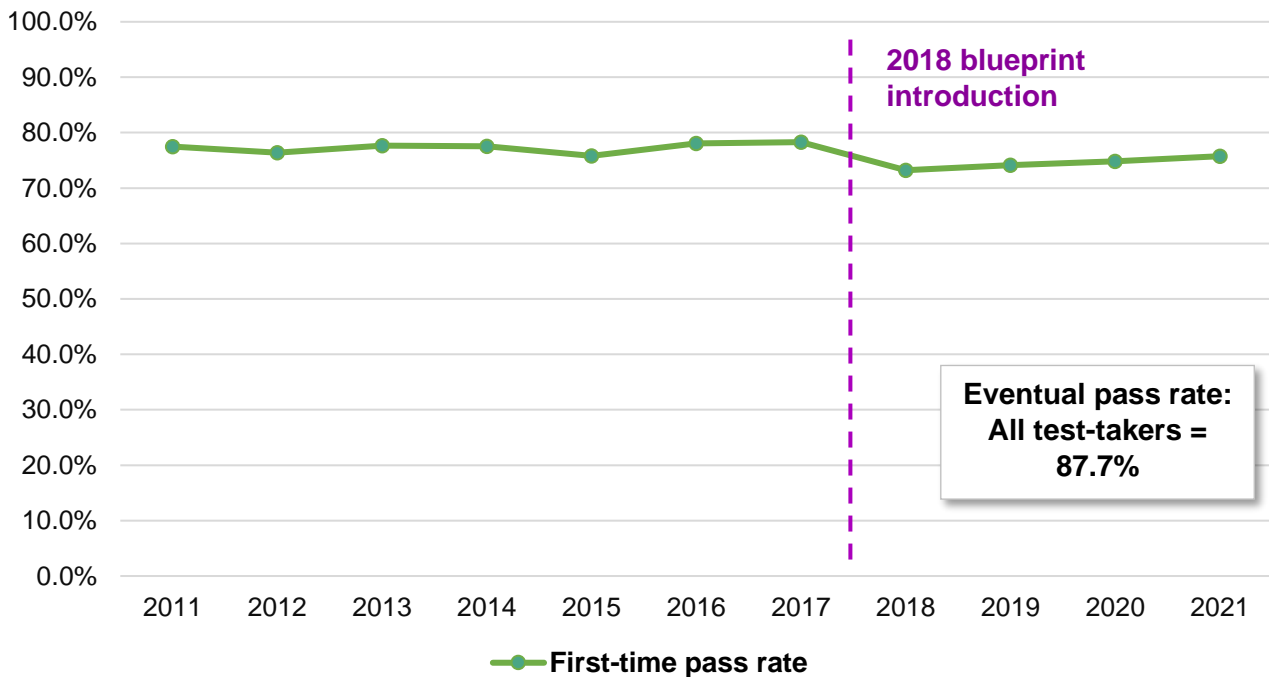
First-time pass rate numbers by year are not reported in the figures below but can be found in Appendix B.

### 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**



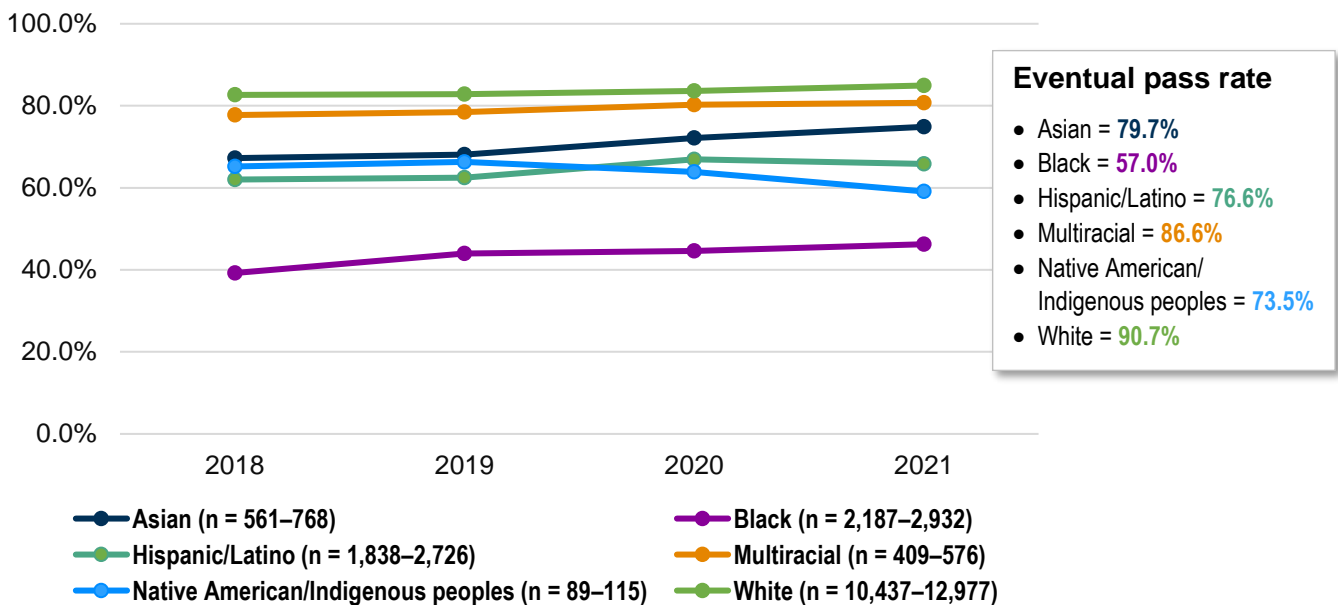
## Pass rates by race/ethnicity

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**

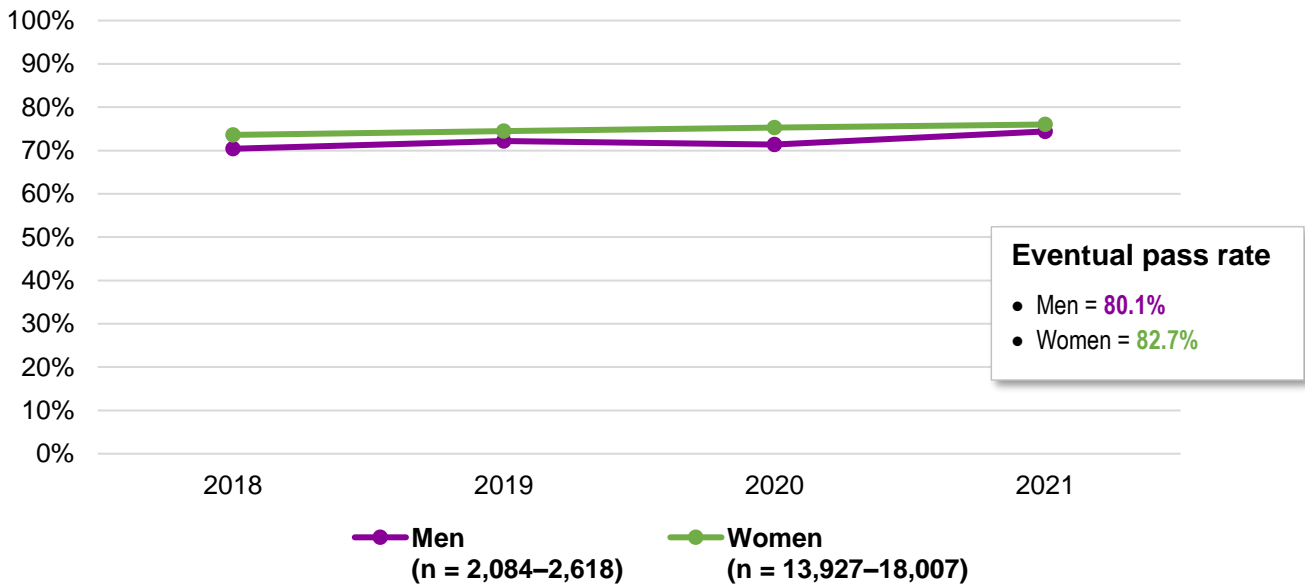


**Note.** Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response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

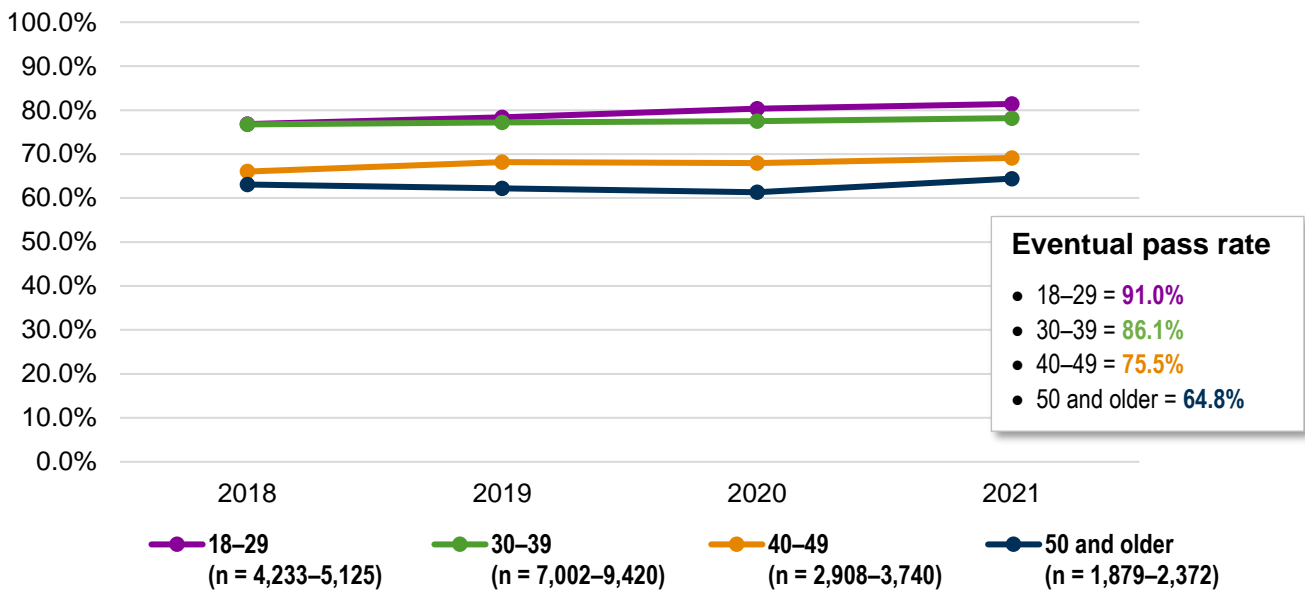


**Note.** Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response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

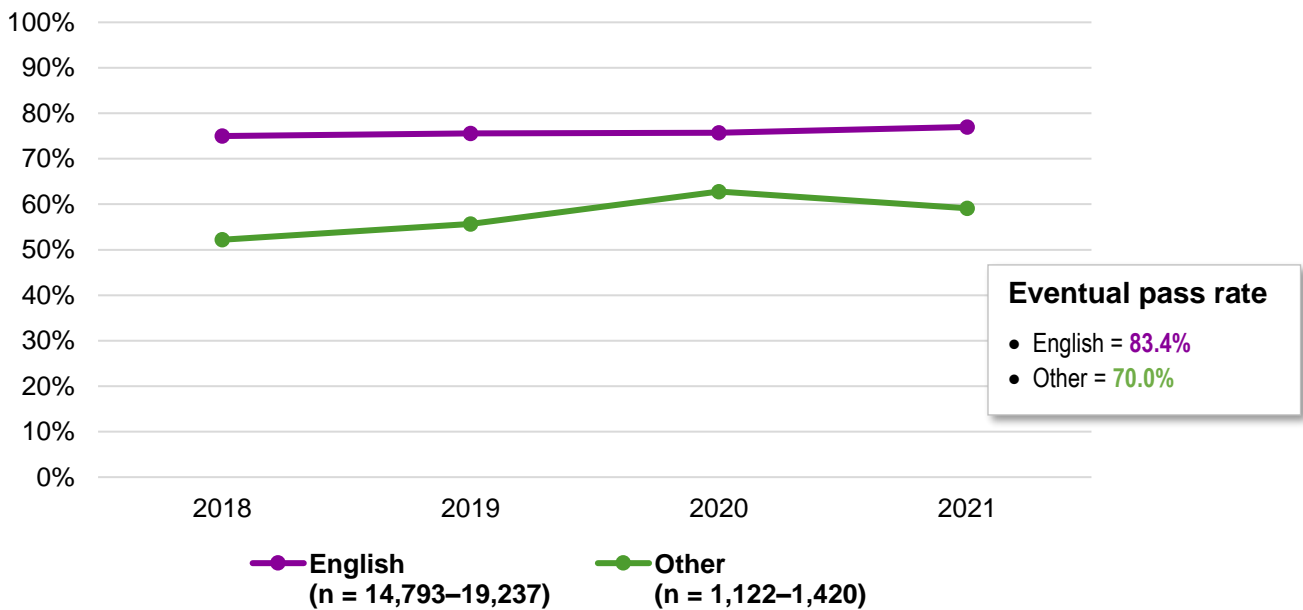
**Figure 4. 2018–2021 Clinical exam first-time pass rates by year and eventual pass rates by age**



## 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**

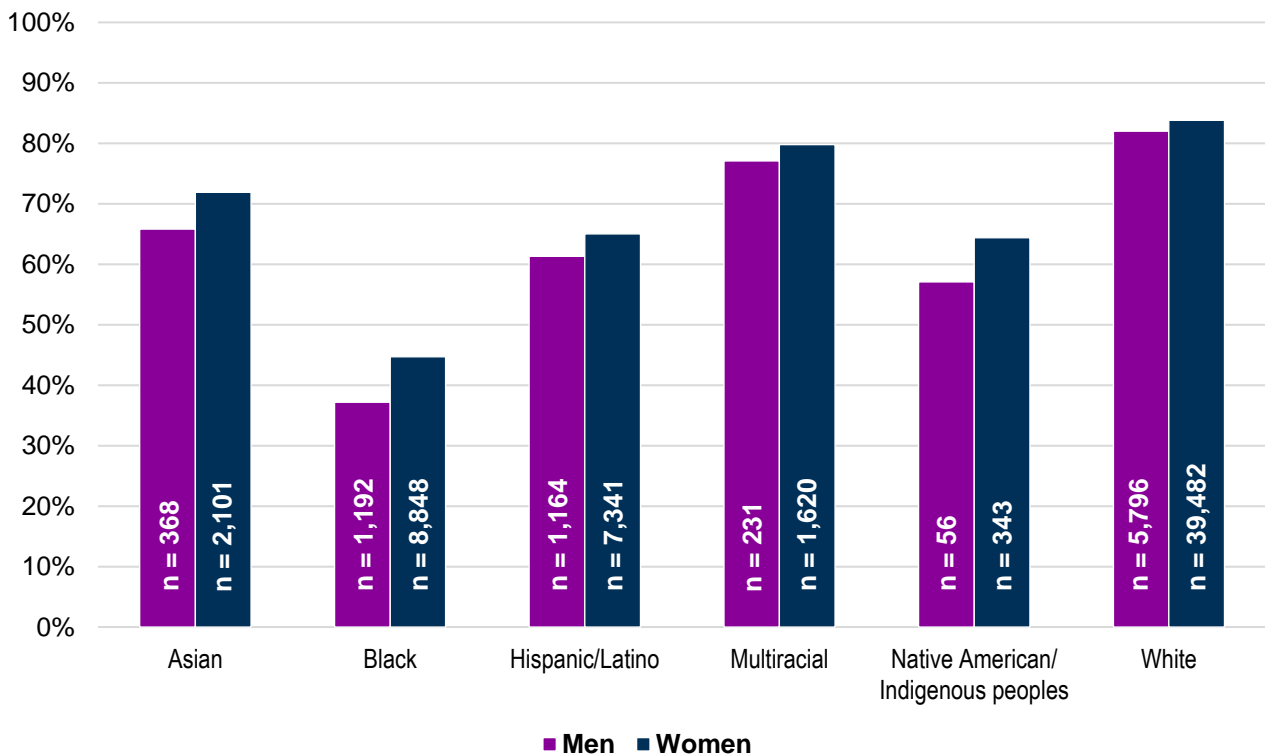


### Pass rates by race/ethnicity and gender

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.

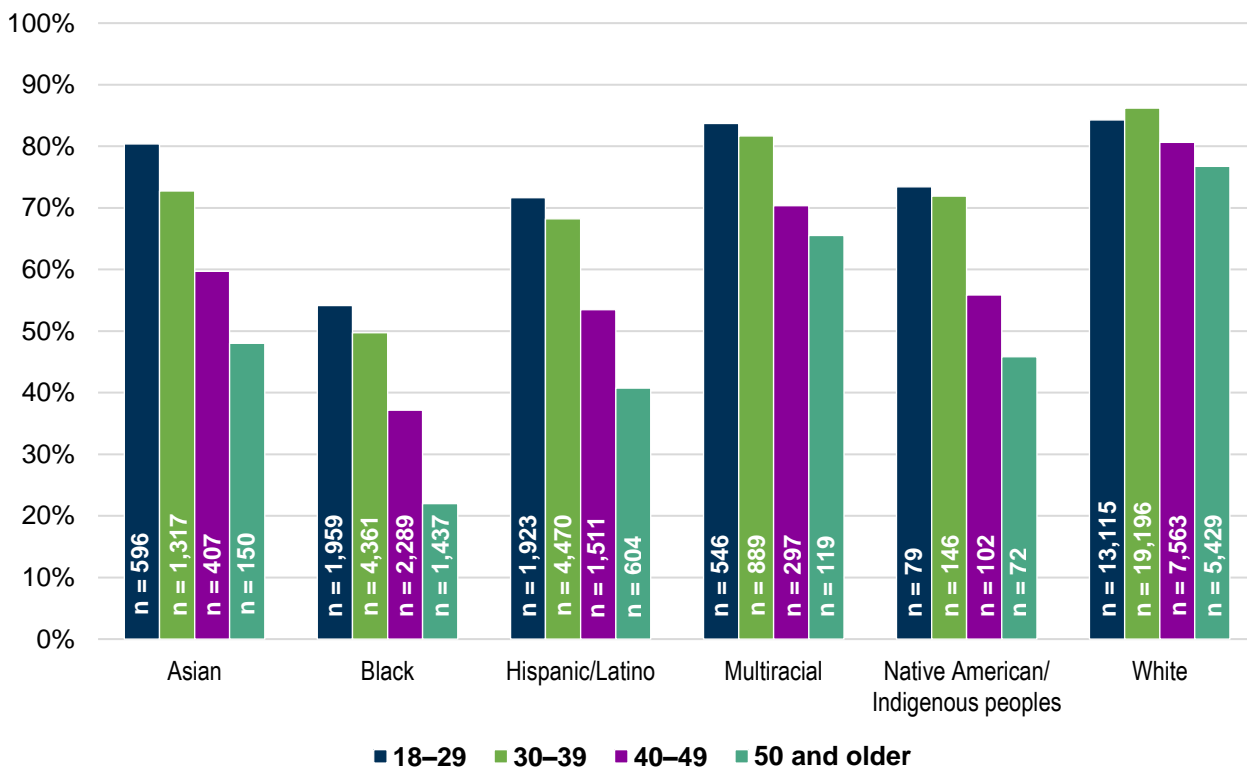


### Pass rates by race/ethnicity and age

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.

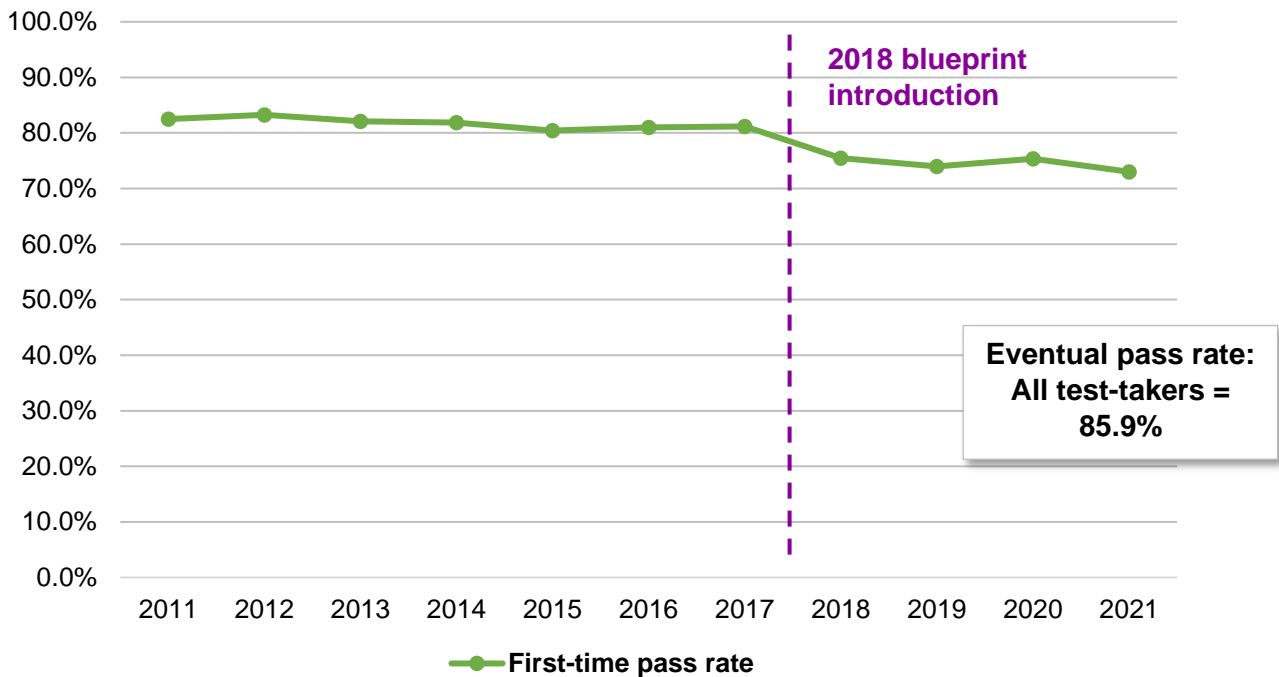
First-time pass rate numbers by year are not reported in the figures below but can be found in Appendix C.

### 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**

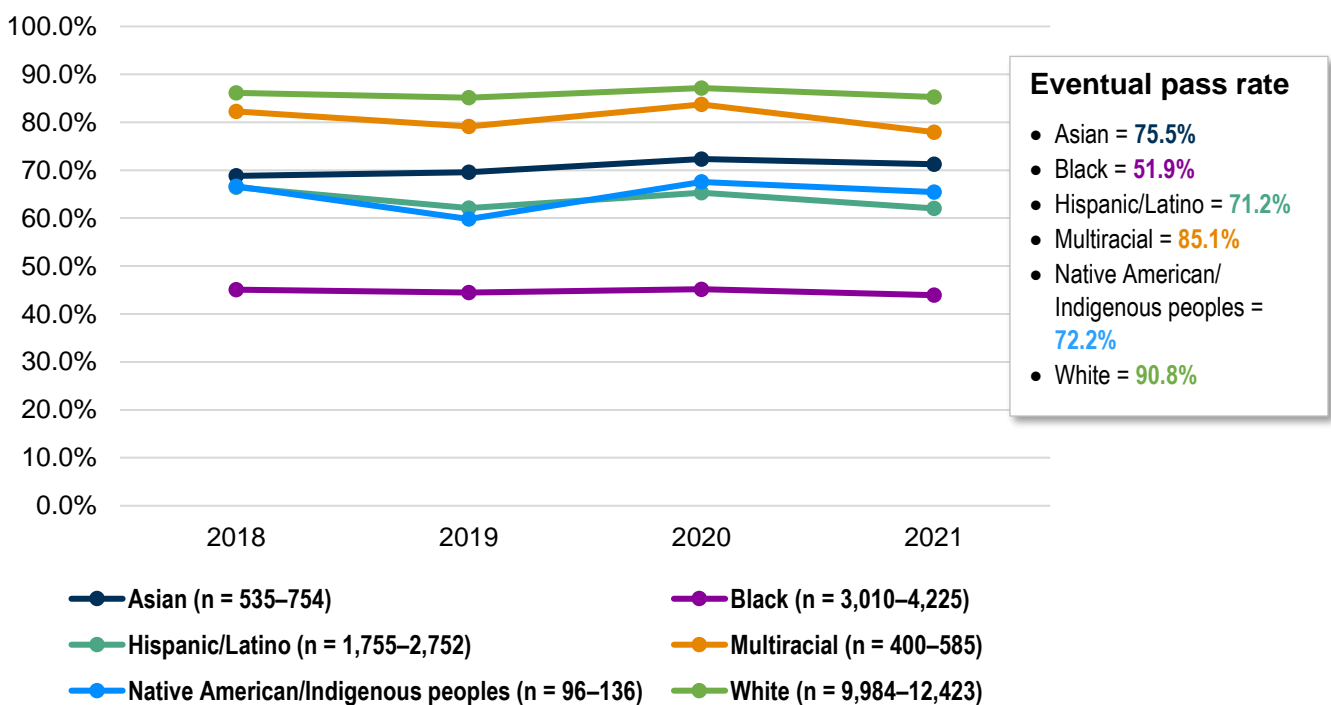


## Pass rates by race/ethnicity

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**

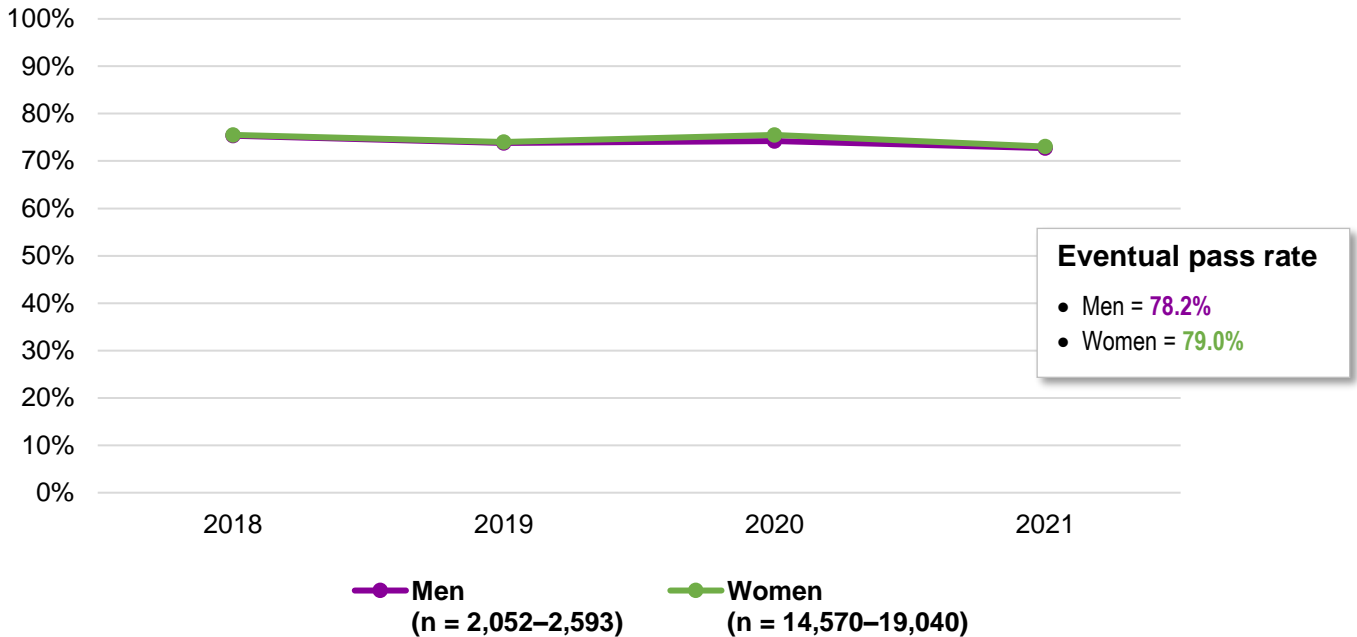


**Note.** Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response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



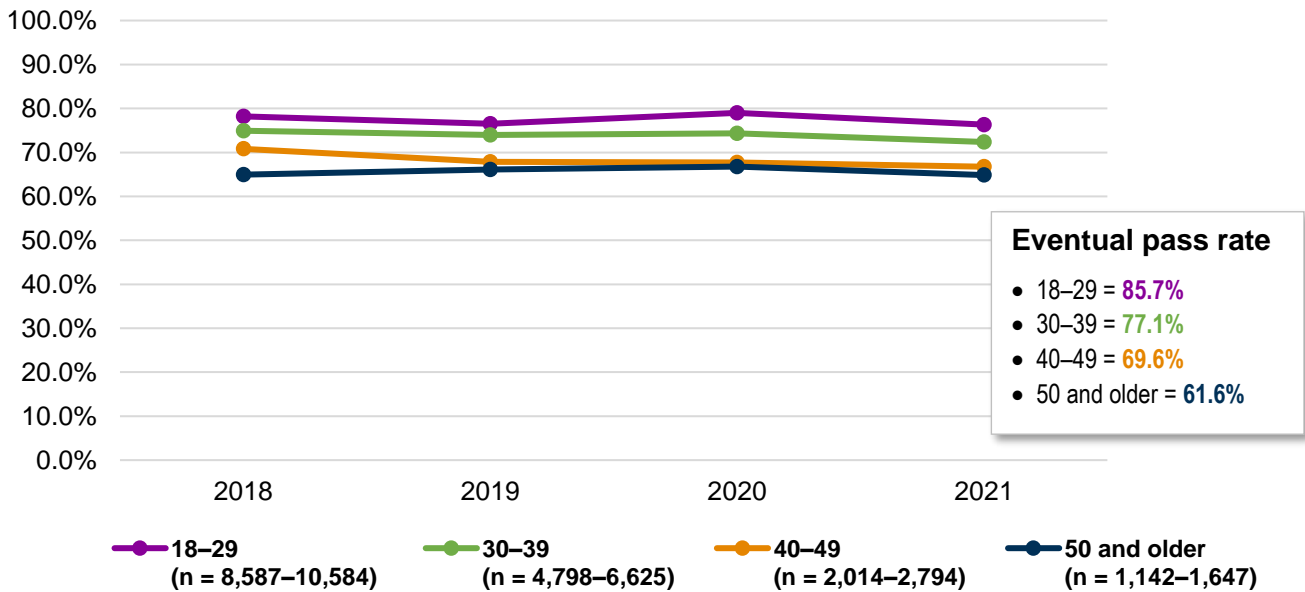
**Note.** Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response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

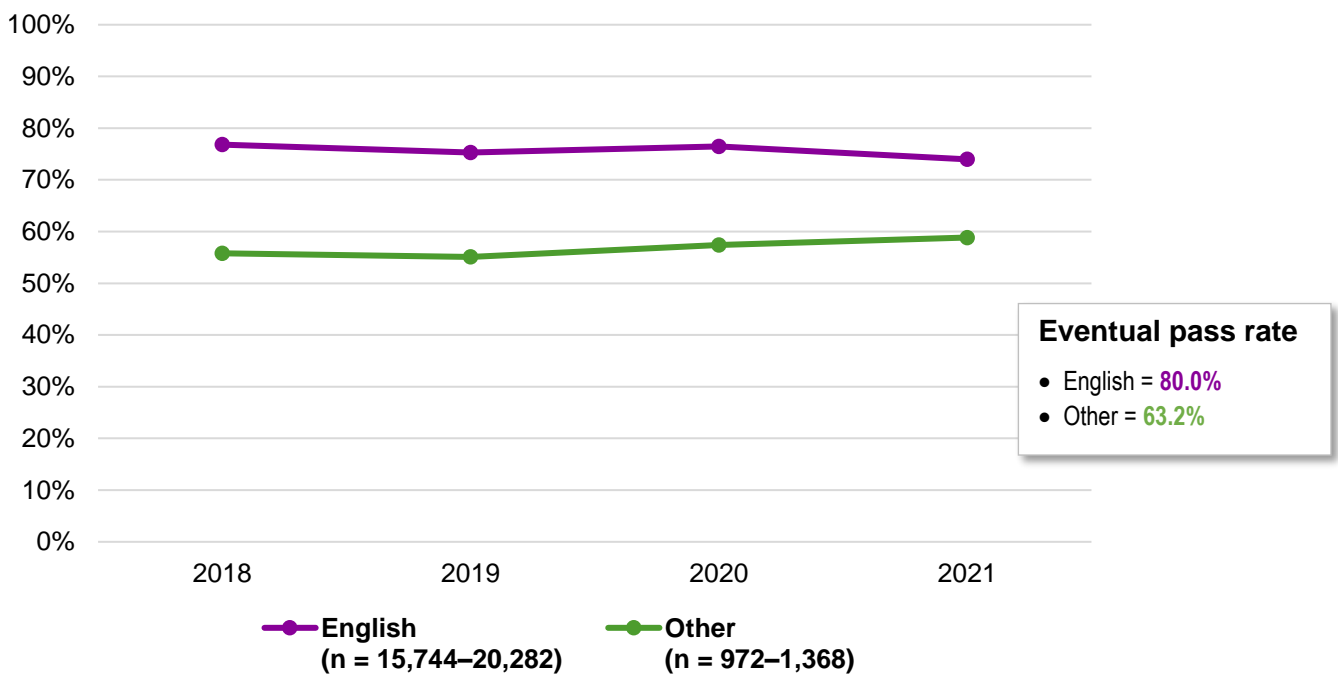
**Figure 11. 2018–2021 Masters exam first-time pass rates by year and eventual pass rates by age**



## 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**



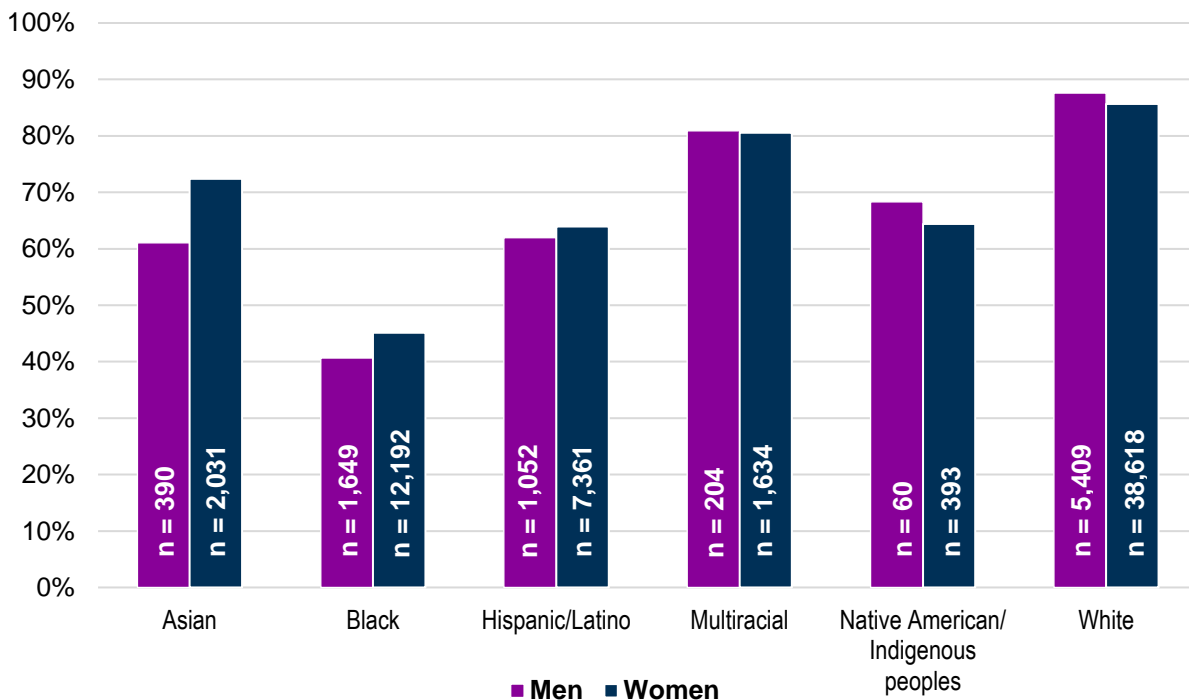
### Pass rates by race/ethnicity and gender

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**



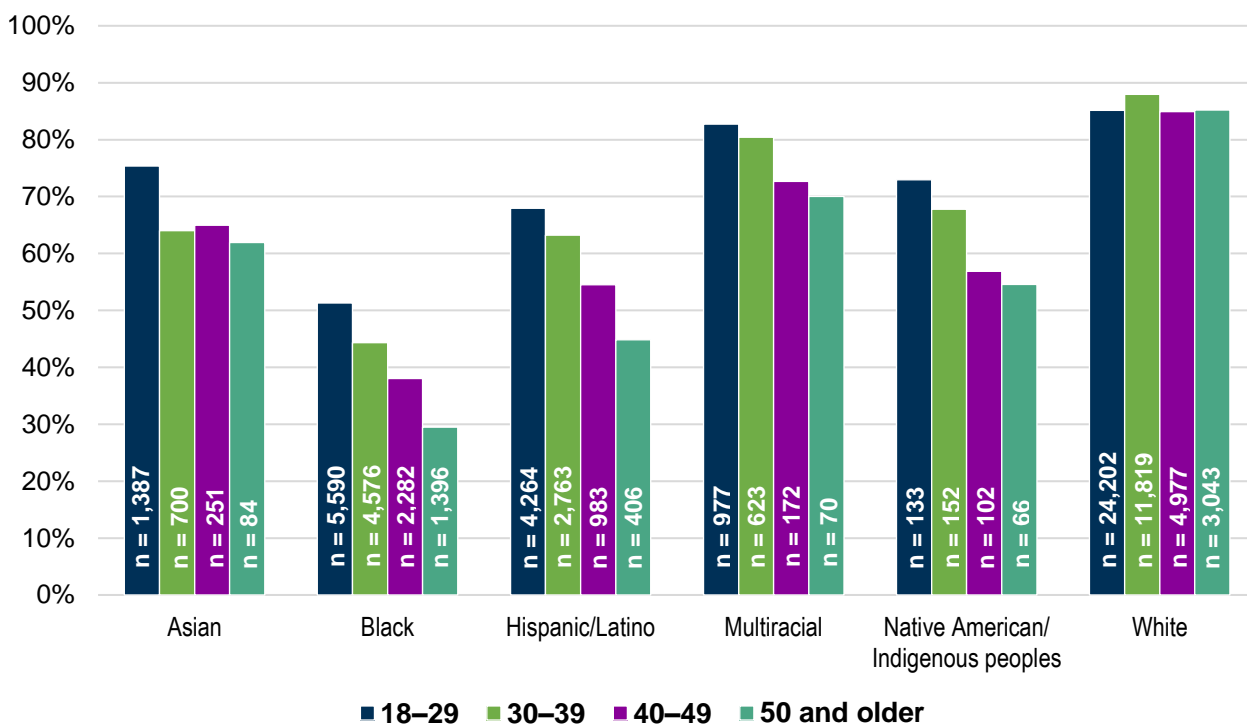
**Note.** Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response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

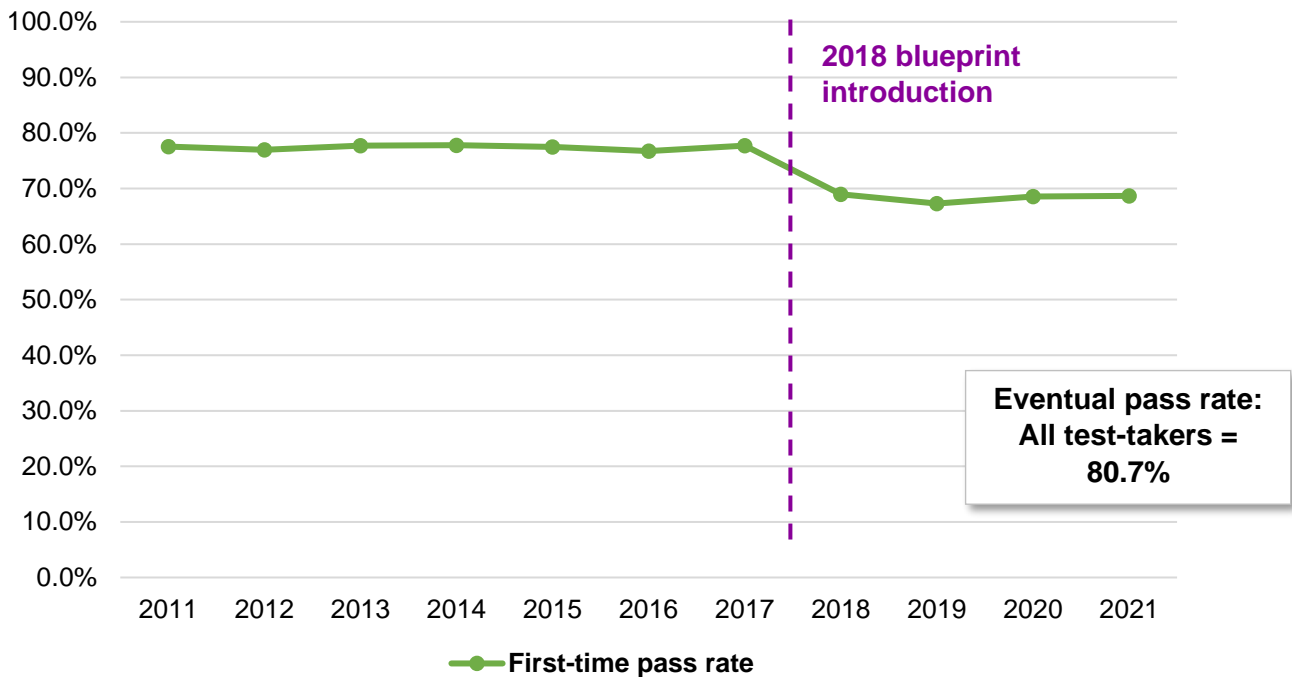
First-time pass rate numbers by year are not reported in the figures below but can be found in Appendix D.

### 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**

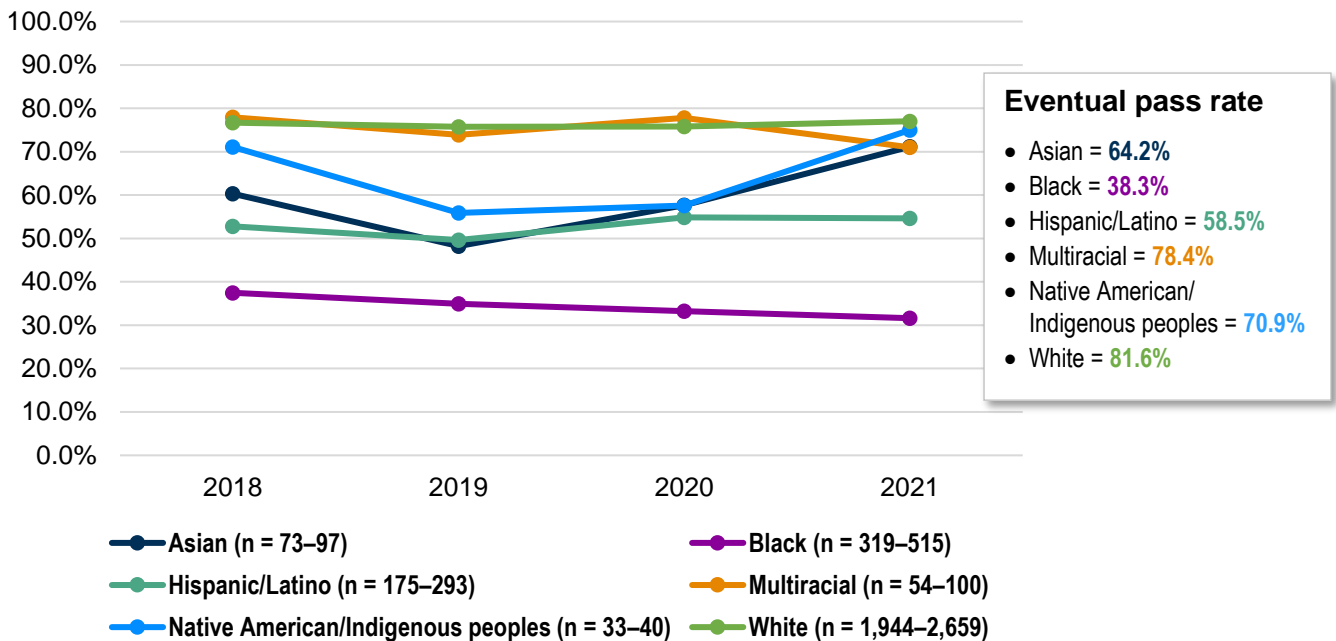


## Pass rates by race/ethnicity

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**

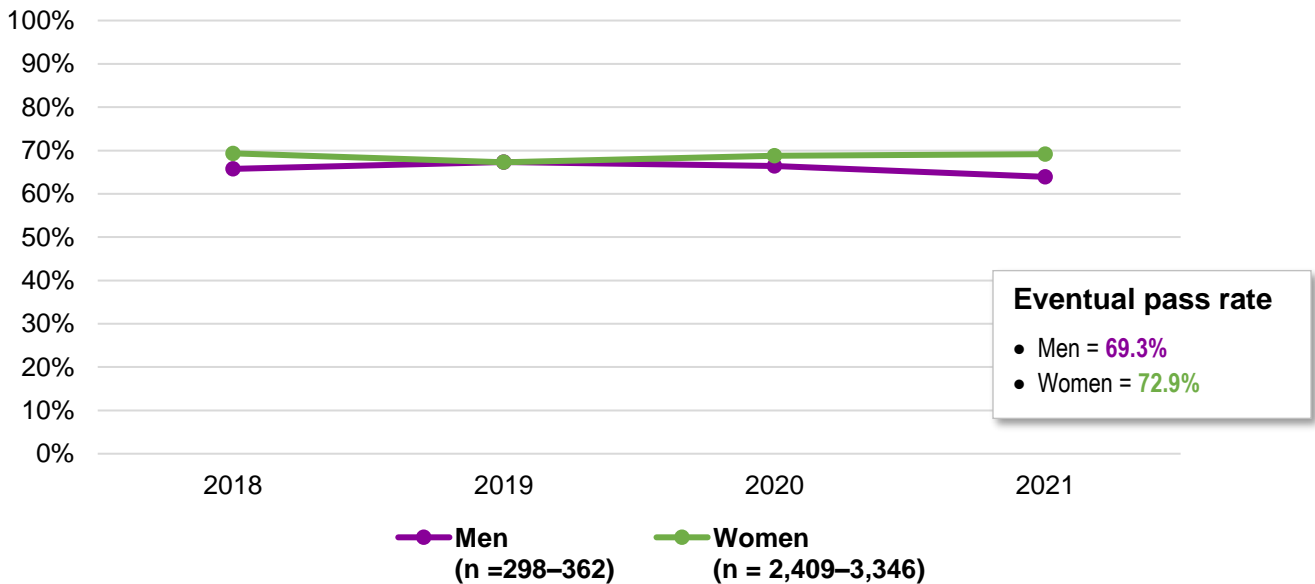


**Note.** Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response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

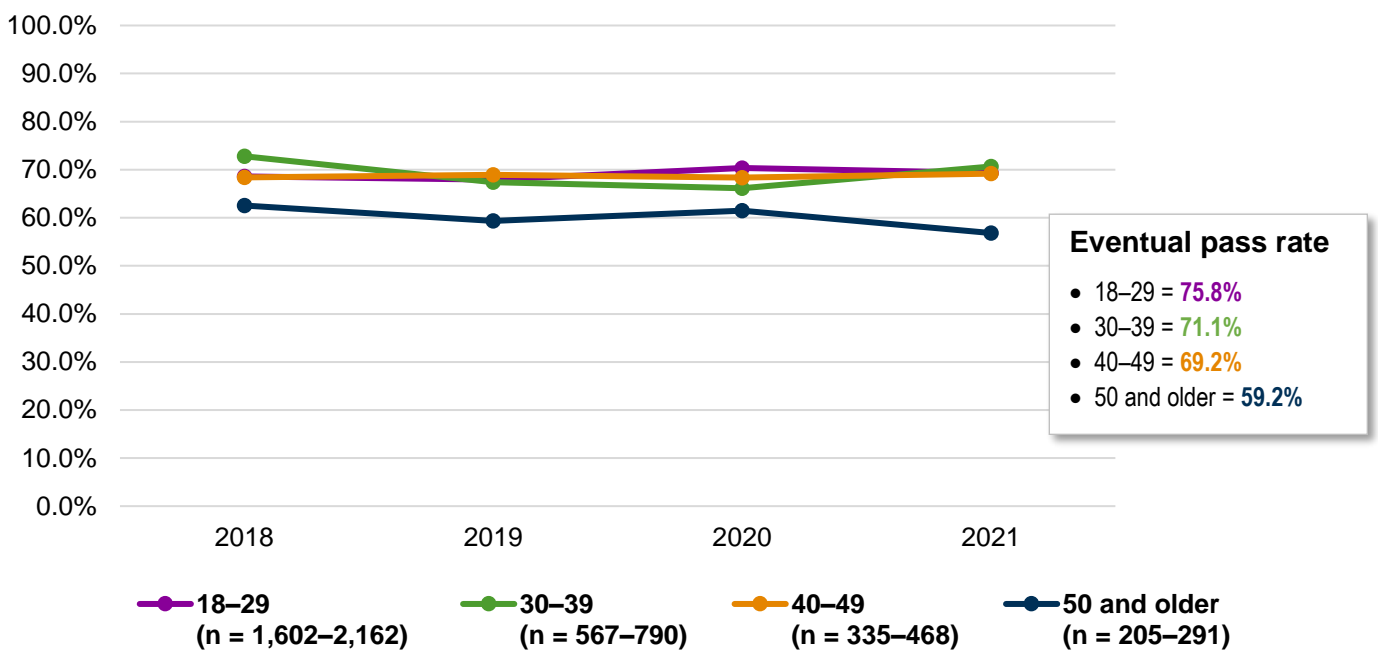


**Note.** Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response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

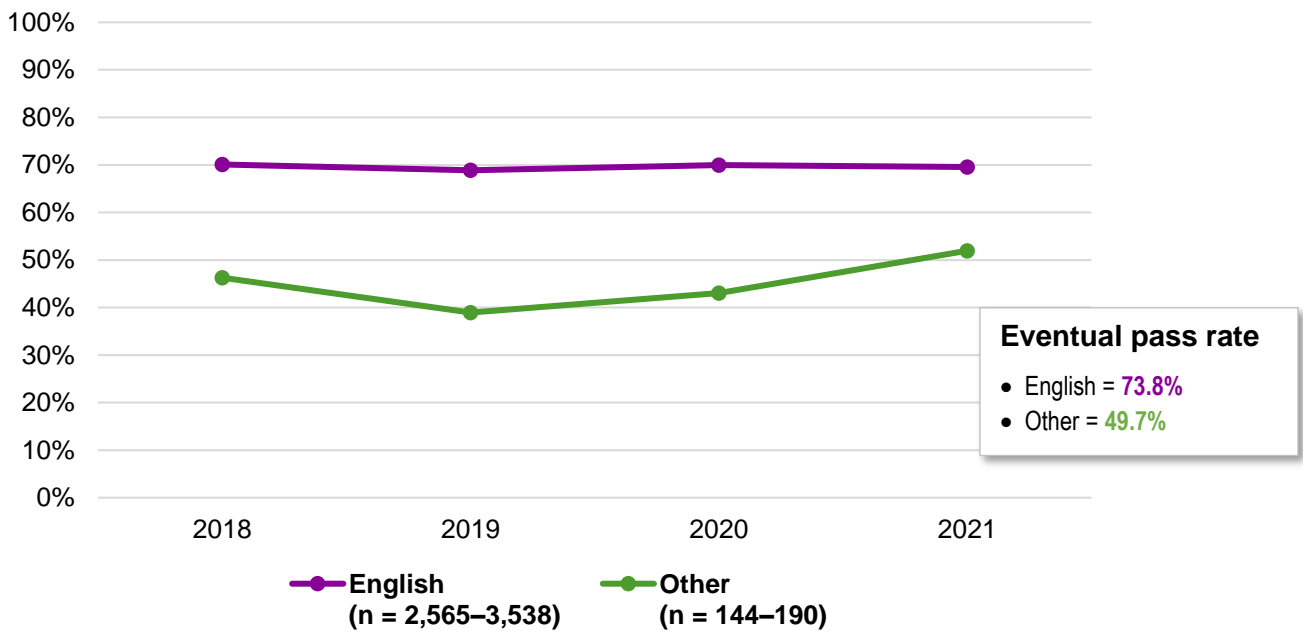
**Figure 18. 2018–2021 Bachelors exam first-time pass rates by year and eventual pass rates by age**



### 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**



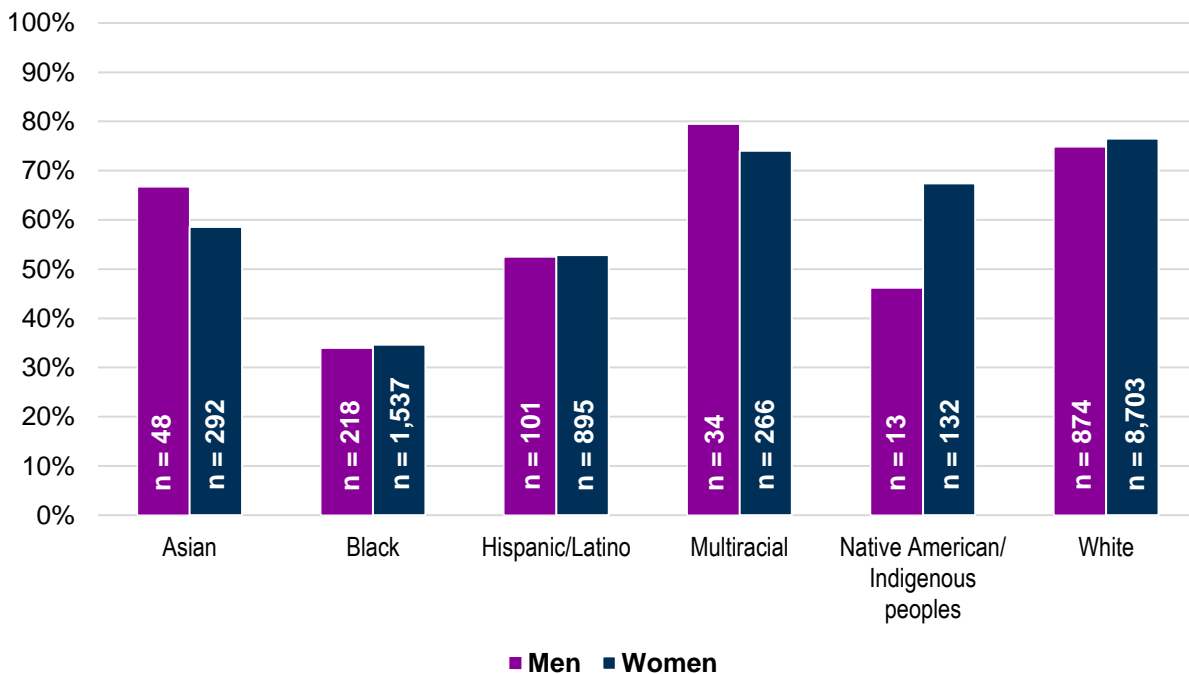
## Pass rates by race/ethnicity and gender

*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.

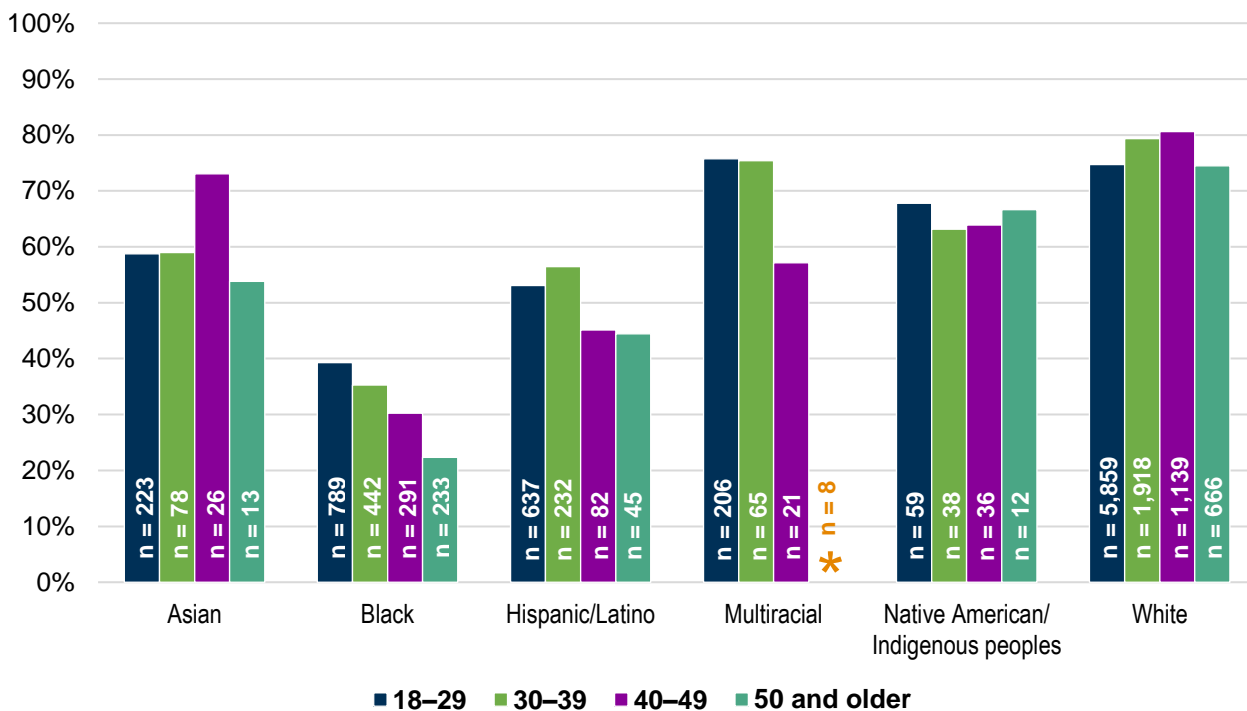
## Pass rates by race/ethnicity and age

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.

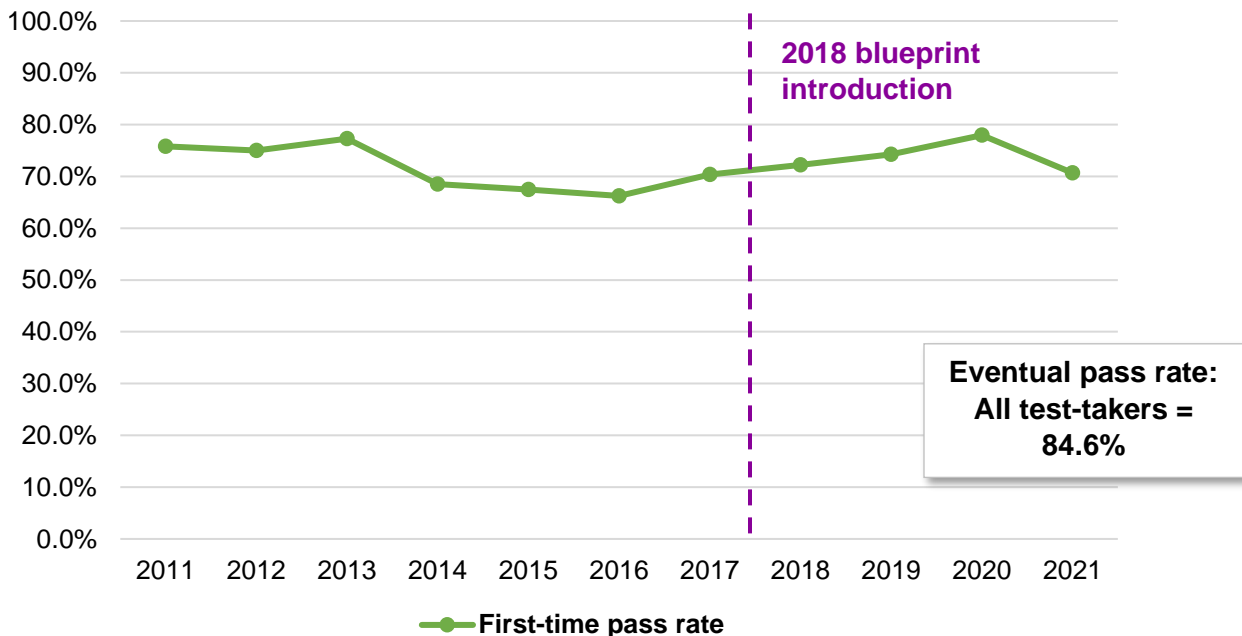
Because of the small sample sizes for many subgroups taking the Associate exam, most figures below reflect eventual pass rates rather than first-time pass rates. Eventual pass rates include more test-takers and therefore allow for more opportunities to present relevant data, while still protecting the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

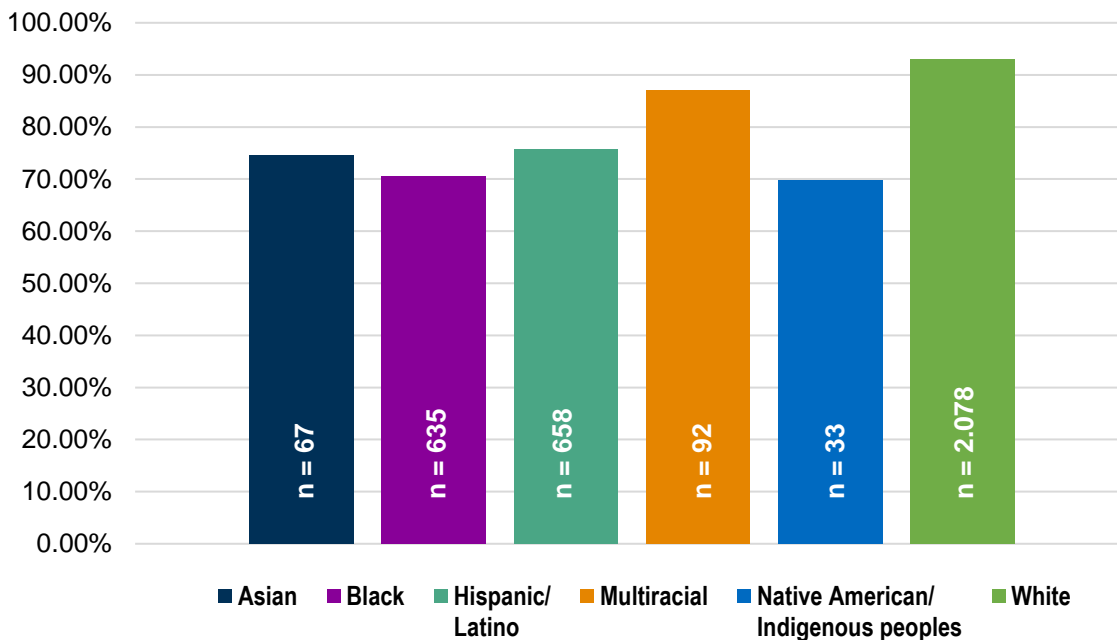


### Pass rates by race/ethnicity

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

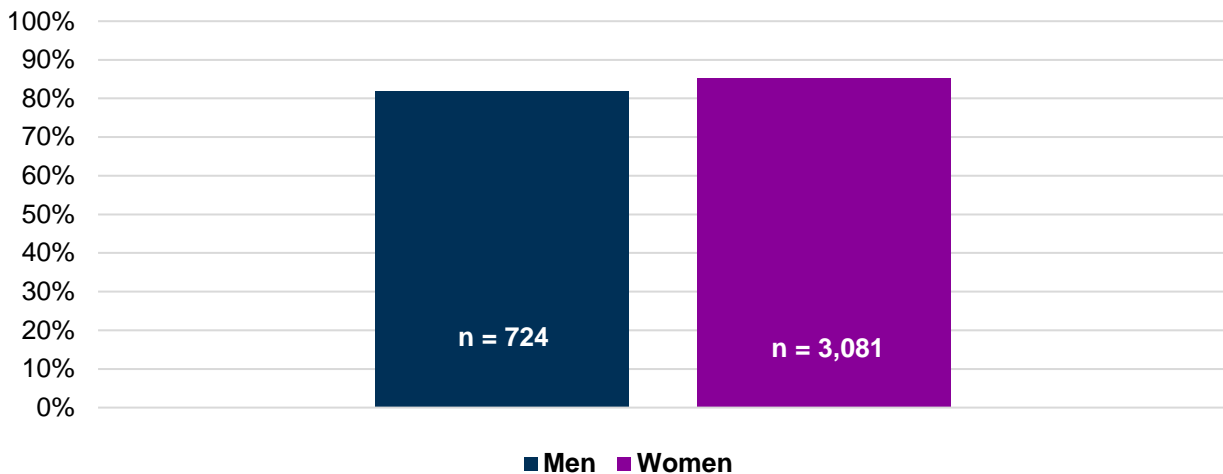


Note. Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response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

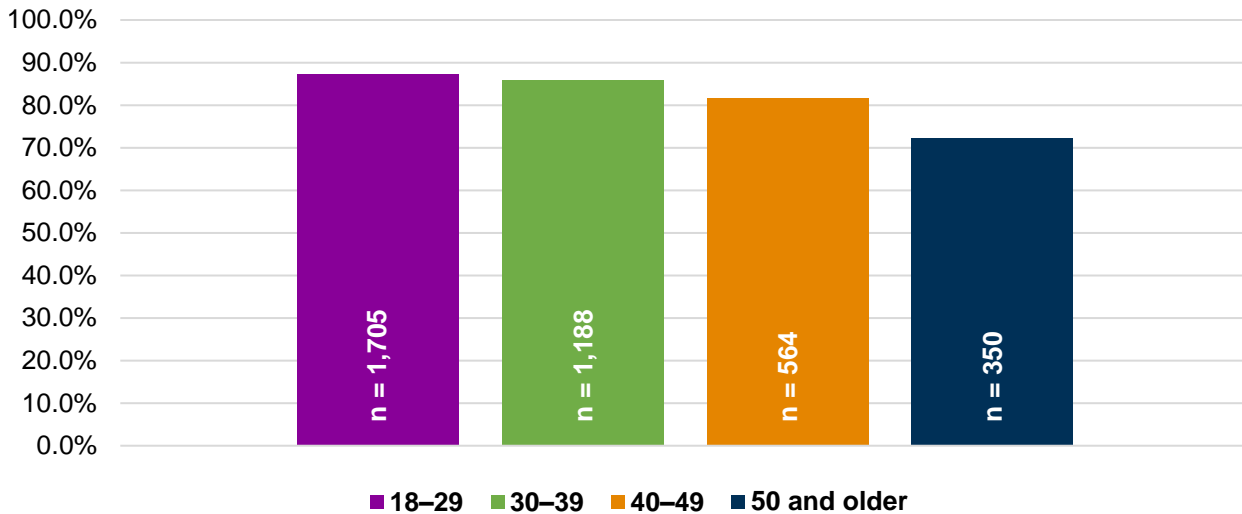


**Note.** Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response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

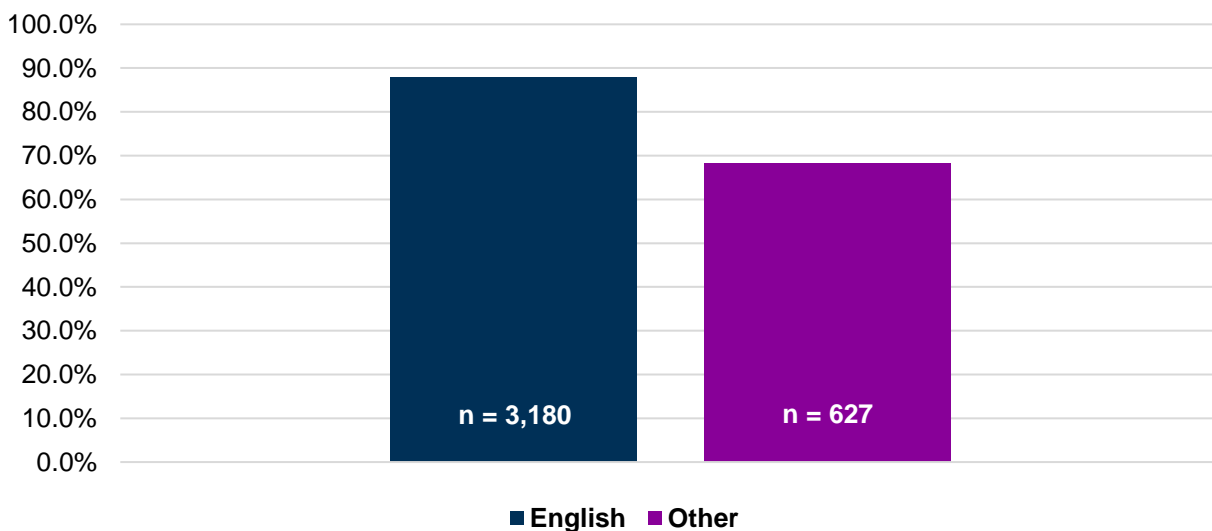
**Figure 25. 2011–2021 Associate exam eventual pass rates by age**



### 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**

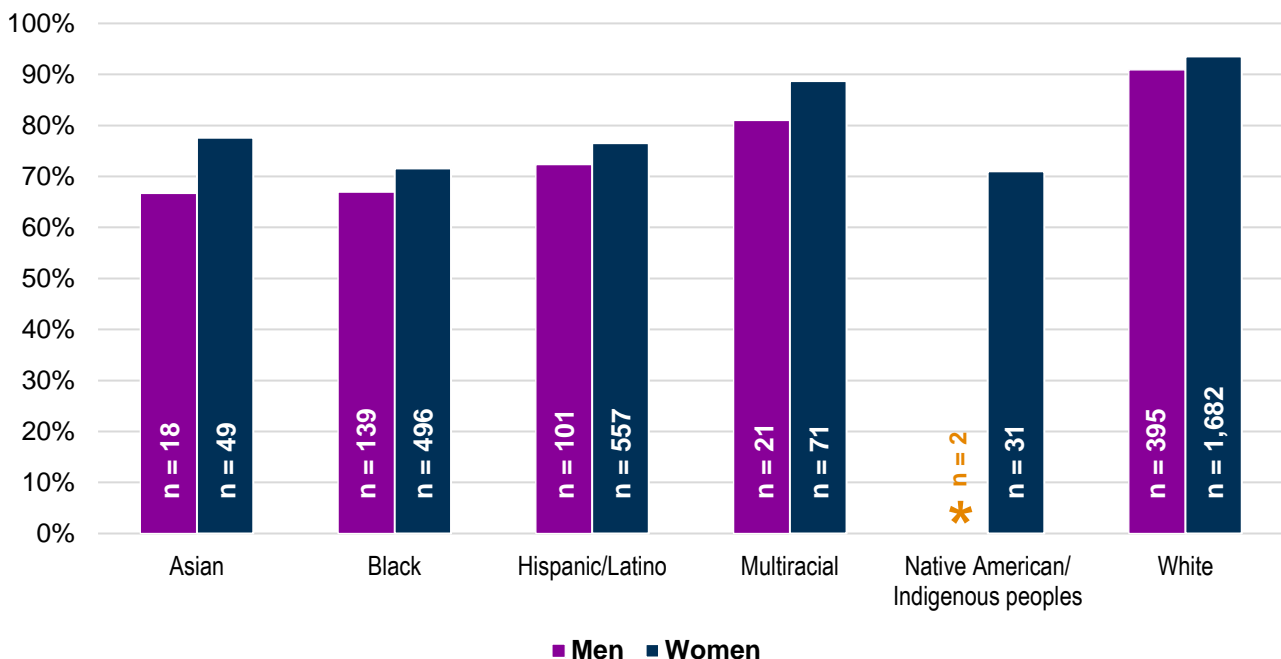


## Pass rates by race/ethnicity and gender

*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.

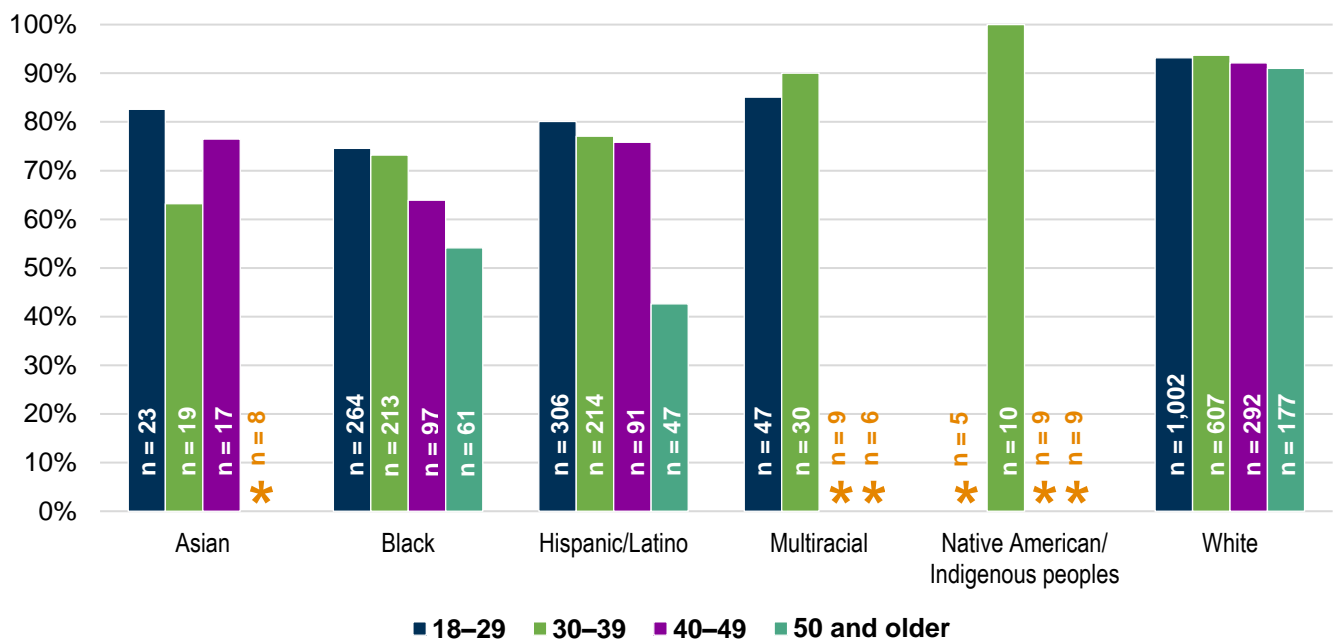


## Pass rates by race/ethnicity and age

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.

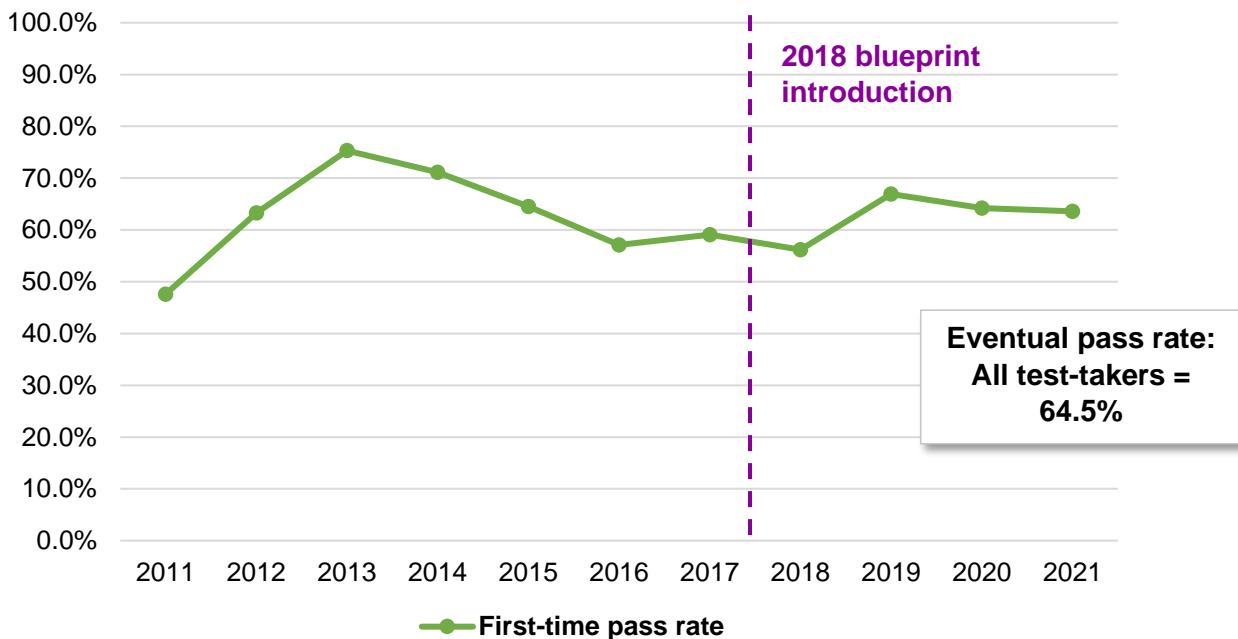
Because of the small sample sizes for many subgroups who took the Advanced Generalist exam, most figures below reflect eventual pass rates rather than first-time pass rates. Eventual pass rates include more test-takers and therefore allow for more opportunities to present relevant data while still protecting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

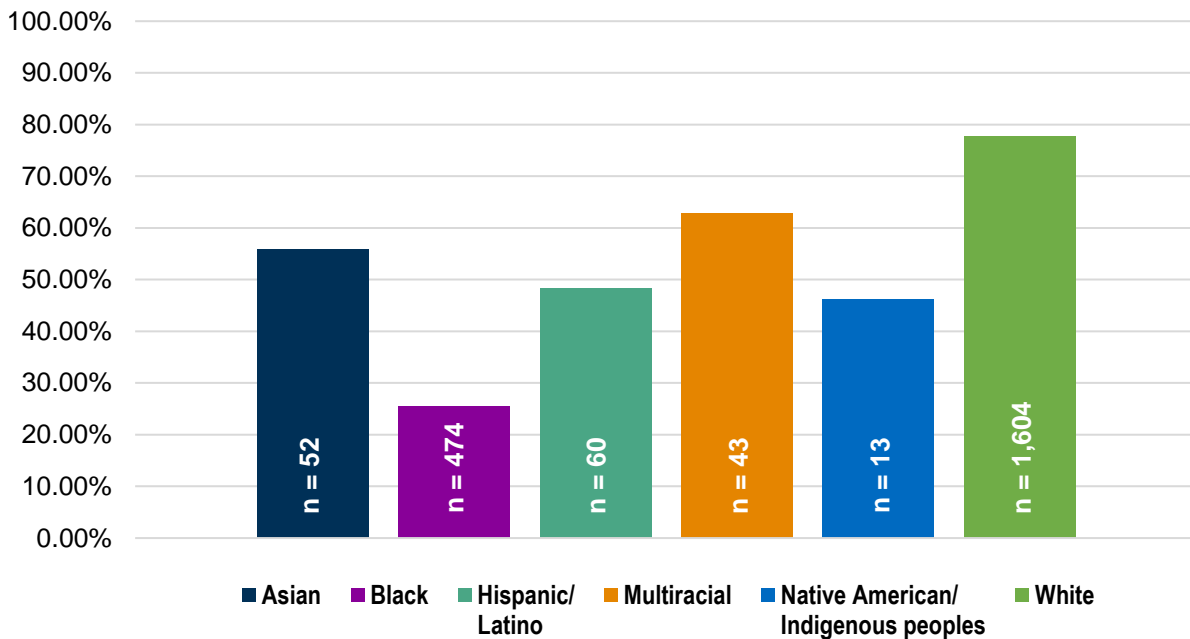


### Pass rates by race/ethnicity

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

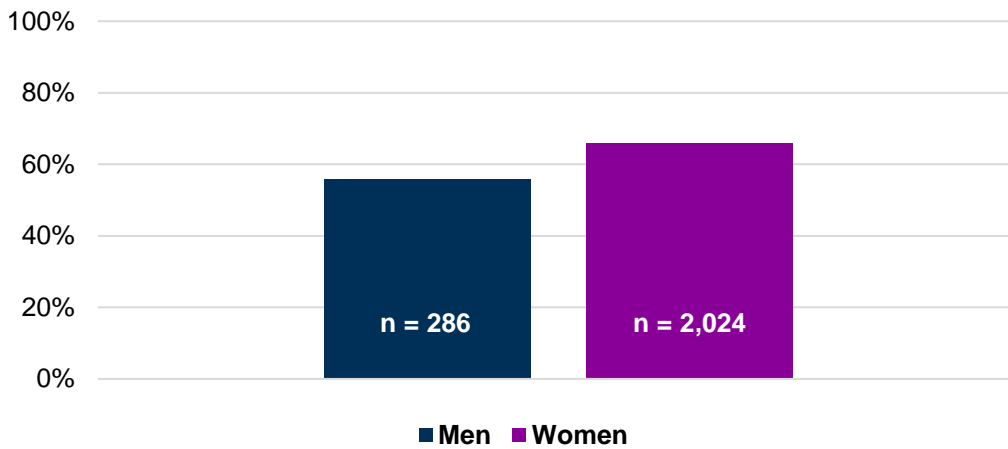


Note. Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response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



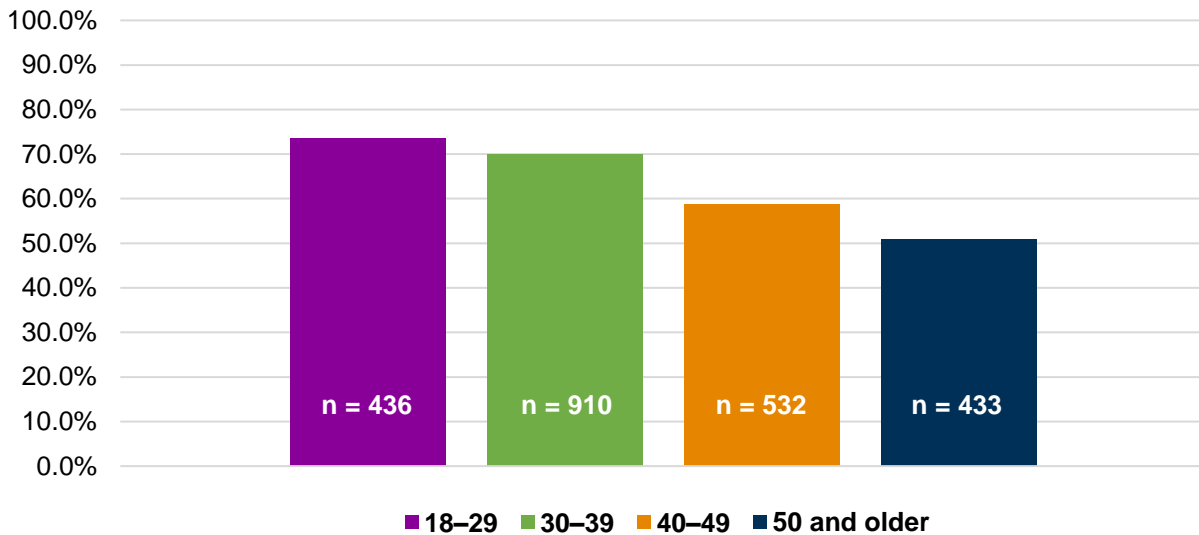
**Note.** Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options were not available to test-takers at all points during the target time period. ASWB has altered the response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

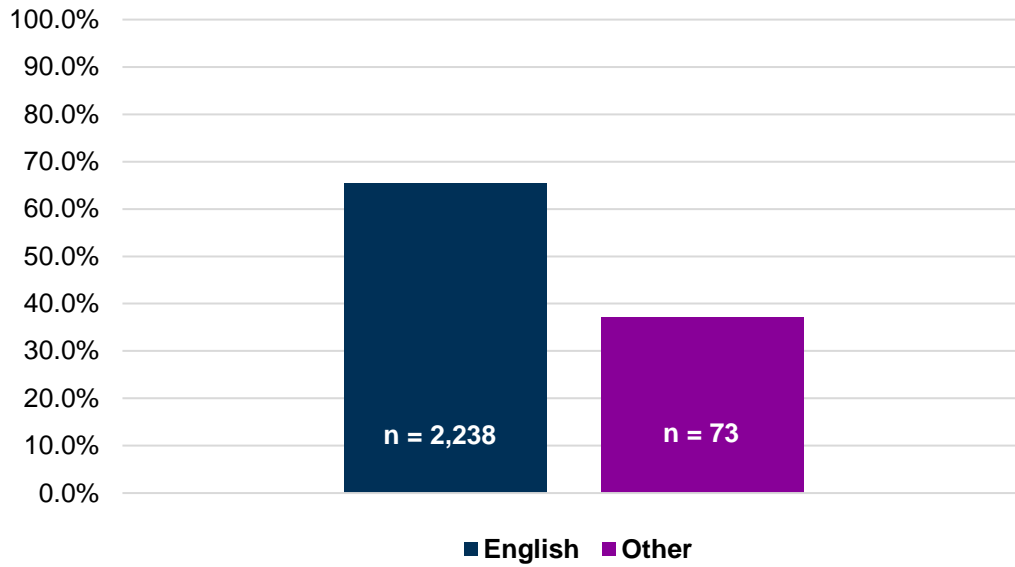
**Figure 32. 2011–2021 Advanced Generalist exam eventual pass rates by age**



### 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**

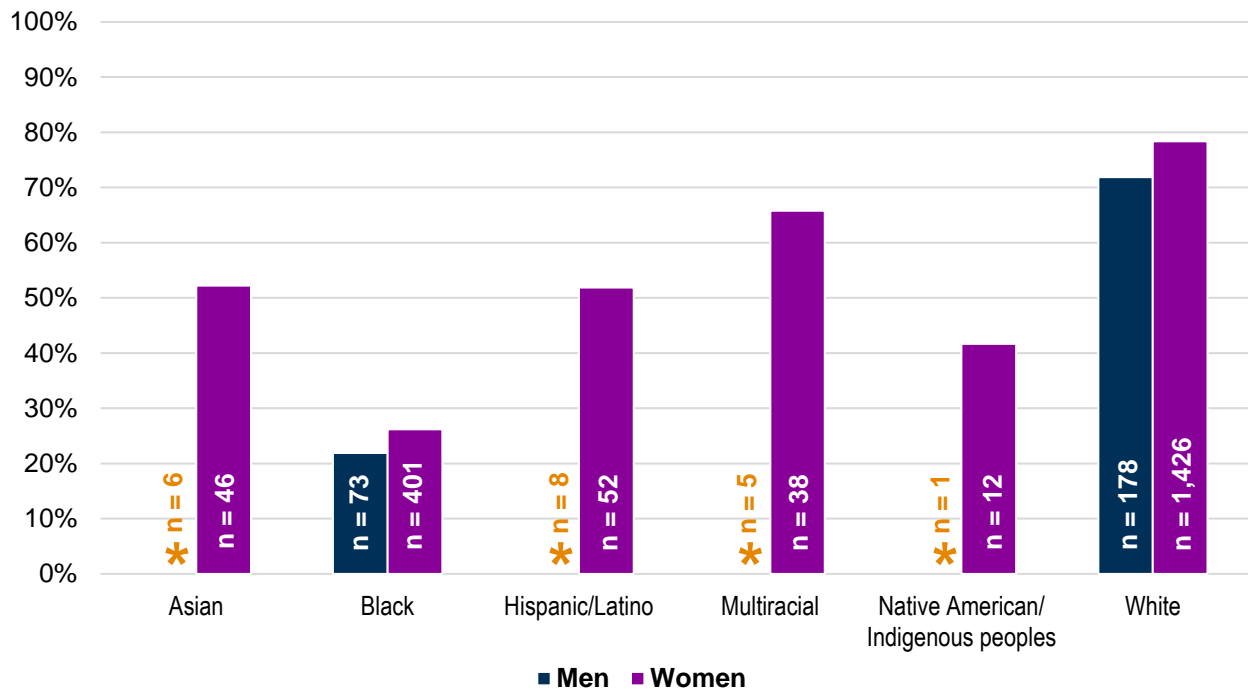


## Pass rates by race/ethnicity and gender

*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**



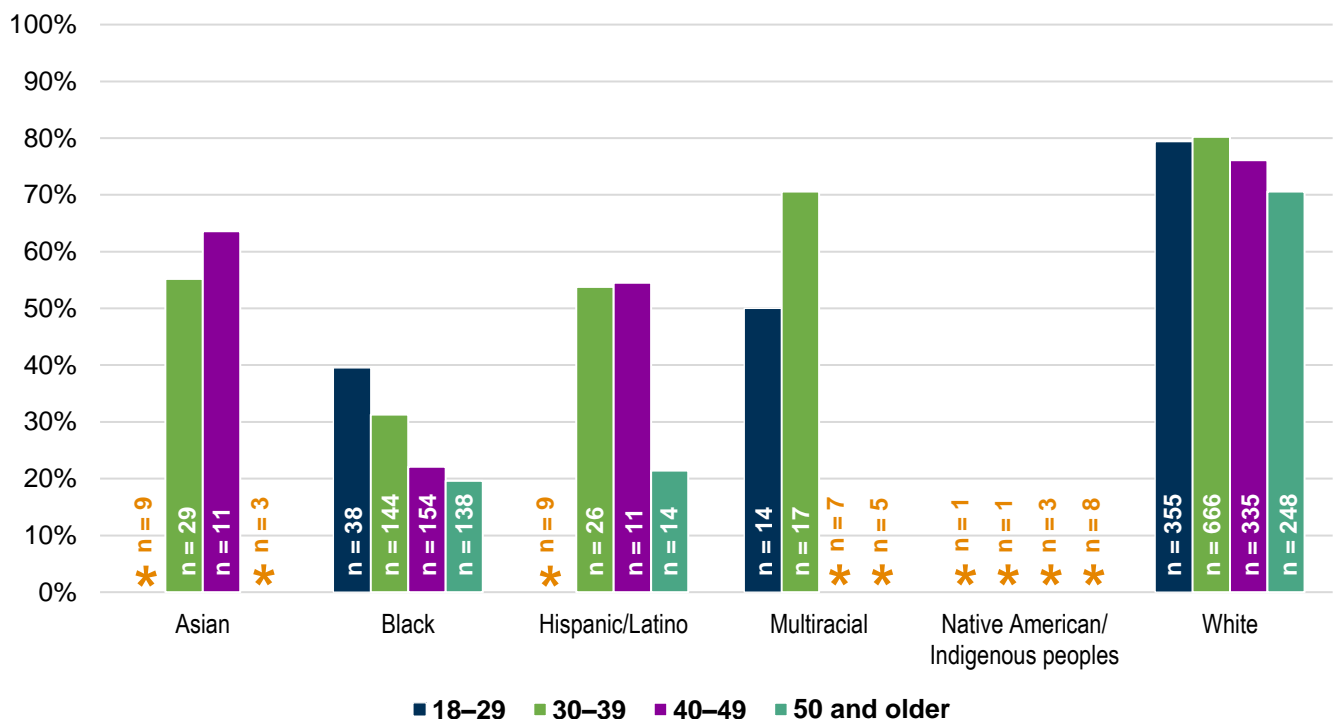
**Note.** (\*) To protect the privacy of test-takers, pass rate data are not reported for numbers less than 10. Data shown may not reflect all test-takers because those who selected options such as *Prefer not to say* or filled in their own identifiers were excluded from this analysis. These options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



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## REFERENCES

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# 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
Pass rate	47.6%	63.3%	75.3%	71.1%	64.5%	57.1%	59.1%	56.2%	66.9%	64.2%	63.6%

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

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

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

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

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

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



**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](#)

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**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>
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### 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
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### 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
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### 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](#)

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## 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
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**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](#)

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**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**

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# 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

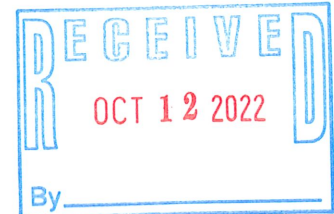
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WWW.CSWE.ORG

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

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- 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)

October 24, 2022

Re: Short Memo - A Survey of Continuing Education Requirements in Other States

In preparation for the Board's Out-of-Town Planning Meeting, I asked members of my staff to research continuing education requirements in bordering states. Additionally, I performed independent research on continuing education requirements in other states which license mental health professionals in categories of licensure like those used by the Behavioral Sciences Regulatory Board.

Generally, the total number of continuing education hours required for the BSRB each license renewal period falls in line with the total number of continuing education hours required in other states, with some states requiring more continuing education hours and other states requiring fewer hours than the BSRB.

Within the total number of continuing education hours required, a requirement in ethics was consistent across states, which matches the BSRB.

However, the BSRB's requirement of continuing education specifically in the areas of diagnosis and treatment was not consistently found to be a requirement in other states. Other states included continuing education requirements in categories that the professions under the BSRB do not. Below, I have included categories of the different types of continuing education hours required in other states:

- Cultural competency/diversity/DEI/cross-cultural education;
- Suicide assessment/suicide prevention;
- Domestic violence;
- Mental health conditions common to veterans and family members of veterans, such as post-traumatic stress disorder, risk of suicide, depression; and grief;
- Assessment & treatment of people with HIV and AIDS;
- Trauma counseling;
- Medical errors;
- Legal issues/law;
- Addiction;
- Substance abuse;
- Pain and symptom management;
- Aging and long-term care; and
- Child abuse and neglect.

Sincerely,



David B. Fye, J.D.  
Executive Director  
Behavioral Sciences Regulatory Board

**102-3-3a. Education requirements.** To qualify for licensure as a professional counselor or a clinical professional counselor, the applicant's education shall meet the applicable requirements provided in the following subsections.

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

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

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

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

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

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

(b) At the time of application, each applicant shall have fulfilled the following requirements:

(1) Received either a master's or doctoral degree in counseling from a program that meets one of the following requirements:

(A) Is not below the accreditation standards of the council for the accreditation of counseling and related educational programs; or

(B) meets the requirements in subsections (f) and (g); and

(2) as a part of or in addition to the coursework completed for the counseling graduate degree, completed at least 60 graduate semester hours, or the academic equivalent, of which at least 45 graduate semester hours, or the academic equivalent, shall clearly satisfy the coursework requirements in subsection (c).

(c) Each applicant shall have satisfactorily completed formal academic coursework that contributes to the development of a broad conceptual framework for counseling theory and practice as a basis for more advanced academic studies. This formal academic coursework shall consist of at least 45 graduate semester hours, or the academic equivalent, that are distributed across the substantive content areas provided in this subsection. None of these credit hours shall be earned through independent study courses. There shall be at least two discrete and unduplicated semester hours, or the academic equivalent, in each of the following substantive content areas:

(1) Counseling theory and practice, which shall include studies in the basic theories, principles, and techniques of counseling and their applications to professional settings;

(2) the helping relationship, which shall include studies in the philosophical bases of helping relationships and the application of the helping relationship to counseling practice, as well as an emphasis on the development of practitioner and client self-awareness;

(3) group dynamics, processes, and counseling approaches and techniques, which shall include studies in theories and types of groups, as well as descriptions of group practices, methods, dynamics, and facilitative skills;

(4) human growth and development, which shall include studies that provide a broad understanding of the nature and needs of individuals at all developmental levels and in multicultural contexts;

(5) career development and lifestyle foundations, which shall include studies in vocational theory, the relationship between career choice and lifestyle, sources of occupational and educational information, approaches to career decision-making processes, and career development exploration techniques;

(6) appraisal of individuals and studies and training in the development of a framework for understanding the individual, including methods of data gathering and interpretation, individual and group testing, and the study of individual differences;

(7) social and cultural foundations, which shall include studies in change processes, ethnicity, subcultures, families, gender issues, the changing roles of women, sexism, racism, urban and rural societies, population patterns, cultural mores, use of leisure time, and differing life patterns. These studies may come from the behavioral sciences, economics, political science, and similar disciplines;

(8) research and evaluation, which shall include studies in the areas of statistics, research design, development of research, development of program goals and objectives, and evaluation of program goals and objectives;

(9) professional orientation, which shall include studies codes of ethics, legal considerations, standards of preparation and practice, certification, licensing, and the role identities of counselors and others in the helping professions; and

(10) supervised practical experience, which shall include studies in the application and practice of the theories and concepts presented in formal study. This experiential practice shall be performed under the close supervision of the instructor and on-site supervisor with the use of direct observation and the preparation and review of written case notes. Direct observation may include the use of one-way mirrors in a counseling laboratory, the use of videotaped or audiotaped sessions, or the use of real-time video conferencing or similar synchronous communication devices.

(d) Each applicant for licensure as a clinical professional counselor whose master's or doctoral degree is earned before July 1, 2003 shall have earned the graduate degree in accordance with subsections (b) and (c).

(e) Each applicant for licensure as a clinical professional counselor whose master's or doctoral degree is earned on or after July 1, 2003 shall meet the following education requirements:

(1) Have earned a graduate degree in accordance with subsections (b) and (c);

(2) in addition to or as a part of the academic requirements for the graduate degree, have completed 15 graduate semester credit hours, or the academic equivalent, supporting diagnosis and treatment of mental disorders using the "diagnostic and statistical manual of mental disorders" as specified in K.A.R. 102-3-15. The 15 graduate semester credit hours, or the academic equivalent, shall include both of the following:

(A) The applicant shall have satisfactorily completed two graduate semester hours, or the academic equivalent, of discrete coursework in ethics and two graduate semester hours, or the academic equivalent, of discrete coursework in psychopathology and diagnostic assessment, including the study of the latest edition of the “diagnostic and statistical manual of mental disorders” and assessment instruments that support diagnosis.

(B) The applicant shall have satisfactorily completed coursework addressing treatment approaches and inter-disciplinary referral and collaboration; and

(3) completion of a graduate-level, supervised clinical practicum pursuant to K.S.A. 65-5804a(c)(1)(C), and amendments thereto.

(f) In order to be approved by the board, each educational program in professional counseling shall meet the following requirements:

(1) Have established program admission requirements that are based, in part or in full, on objective measures or standardized achievement tests and measures;

(2) require an established curriculum that encompasses at least two academic years of graduate study;

(3) have clear administrative authority and primary responsibility within the program for the core and specialty areas of training in professional counseling;

(4) have an established, organized, and comprehensive sequence of study that is planned by administrators who are responsible for providing an integrated educational experience in professional counseling;

(5) engage in continuous systematic program evaluation indicating how the mission objectives and student learning outcomes are measured and met;

(6) be chaired or directed by an identifiable person who holds a doctoral degree in counseling that was earned from a regionally accredited college or university upon that person’s actual completion of a formal academic training program;

(7) have an identifiable, full-time, professional faculty whose members hold earned graduate degrees in professional counseling or a related field;

(8) have an established, identifiable body of students who are formally enrolled in the program with the goal of obtaining a degree;

(9) require an appropriate practicum, internship, or field or laboratory training in professional counseling that integrates didactic learning with supervised clinical experience;

(10) conduct an ongoing, objective review and evaluation of each student’s learning and progress, and report this evaluation in the official student transcripts;

(11) require that at least 30 graduate semester credit hours, or the academic equivalent, of coursework be completed “in residence” at one institution and require that the practicum or internship be completed at the same institution; and

(12) require that the number of graduate semester hours, or the academic equivalent, delivered by adjunct faculty does not exceed the number of graduate semester hours, or the academic equivalent, delivered by core faculty members.

(g) In order for an applicant to qualify for licensure, the college or university at which the applicant completed the counseling degree requirements shall meet these requirements:

(1) Be regionally accredited, with accreditation standards equivalent to those met by Kansas colleges and universities;

(2) document in official publications, including course catalogs and announcements, the program description and standards and the admission requirements of the professional counseling education and training program;

(3) identify and clearly describe in pertinent institutional catalogs the coursework, experiential, and other academic program requirements that must be satisfied before conferral of the graduate degree in counseling;

(4) clearly identify and specify in pertinent institutional catalogs its intent to educate and train professional counselors;

(5) have clearly established the professional counselor education program as a coherent entity within the college or university that, when the applicant's graduate degree was conferred, met the program standards in subsection (f); and

(6) have conferred the graduate degree in counseling upon the applicant's successful completion of an established and required formal program of studies.

(h) The following types of study shall not be substituted for or counted toward the coursework requirements of subsections (b), (c), (d), and (e):

(1) Academic coursework that the applicant completed as a part of or in conjunction with the undergraduate degree requirements;

(2) academic coursework that has been audited rather than graded;

(3) academic coursework for which the applicant received an incomplete or failing grade;

(4) coursework that the board determines is not closely related to the field or practice of counseling;

(5) graduate or postgraduate coursework or training provided by any college, university, institute, or training program that does not meet the requirements of subsections (f) and (g); and

(6) any continuing education, in-service activity, or on-the-job training.

(i) The following types of study may be counted toward the 60 graduate semester hours required under paragraph (b)(2):

(1) No more than six graduate semester hours of independent study that is related to the field or practice of counseling, except that independent study shall not be used to meet any of the substantive content area requirements specified in subsection (c); and

(2) no more than four graduate semester hours for thesis research and writing.

(Authorized by K.S.A. 2014 Supp. 65-5804a and 74-7507; implementing K.S.A. 2014 Supp. 65-5804a; effective Dec. 19, 1997; amended July 19, 2002; amended Aug. 8, 2003; amended Oct. 27, 2006; amended Dec. 12, 2014.)