LOS ANGELES COUNTY- DEPARTMENT OF MENTAL HEALTH DEPARTMENT OF MENTAL HEALTH ope, recovery, wellbeing,

OFFICE OF ADMINISTRATIVE OPERATIONS **QUALITY, OUTCOMES AND TRAINING DIVISION TRAINING UNIT**



LICENSURE PREPARATION PROGRAM LICENSED CLINICAL SOCIAL WORKER ASWB CLINICAL EXAMINATION

The Training Unit has a limited number of slots available at a discounted rate for the Mental Health Services Act (MHSA) Workforce Education and Training funded Licensure Preparation Program (LPP) to qualified public mental health staff (LAC DMH-operated and LAC DMH-contracted programs). The following study package is available through the Gerry Grossman Seminars:

GERRY GROSSMAN SEMINARS LCSW ASWB CLINICAL LIVE ONLINE EXAM PREP PACKAGE INCLUDES:

- 14 hours of Live Online Exam Prep Instruction
- 6 months of access to our online LCSW Clinical Exam Testbank
- A complete set of online audio presentations covering 13 different LCSW ASWB exam topics
- Additional study materials (A 2-Volume LCSW ASWB Exam Prep Textbook, Flashcards, Crisis Assessment & Management Charts, and Theory Comparison Charts)

MHSA WET Participant Price: \$50 (Retail Value: \$399)

Visit www.gerrygrossman.com for more details about the package.

APPLICATION DEADLINE: When capacity is reached.

This workshop is to be taken on his/her own time

ELIGIBILITY:

- Must be in good standing with current employer; no disciplinary action within the last year
- Must have completed the required supervision hours
- APPROVED BY THE LICENSING BOARD AND RECEIVED THEIR ELIGIBILITY NOTICE TO TAKE THE LICENSURE EXAMINATION
- Has not previously participated in the MHSA WET-funded LPP for the LCSW ASWB Clinical Exam; this package is available one time per individual

PRIORITY WILL BE GIVEN TO CLINICIANS WHO MEET AT LEAST ONE OF THE FOLLOWING CRITERIA:

- If applicable, license-waivered status with employer to expire within 12 months
- Previous attempt(s) at passing the LCSW ASWB Clinical Exam
- The majority of work assignment is allocated to providing direct services in public mental health

INSTRUCTIONS:

- 1. Scroll down for the application form, which must be completed, scanned and emailed to mhsawet@dmh.lacounty.gov along with along with documentation, indicating you have passed the LCSW Law & Ethics Exam.
- 2. Applications will be accepted until when capacity is reached.
- 3. An e-mail confirming receipt of application will be sent to all applicants.
- 4. Upon approval, participants will be given a website to register and pay the non-refundable fee of \$50 by VISA, MasterCard, American Express, Discover, or PayPal to the Gerry Grossman Seminars.
- 5. The Gerry Grossman Seminars will register participants for the study package and mail the study materials to the address provided on the application when payment is received.

All applications are reviewed. Submission of application does not guarantee approval.

CONTACT: MHSA WET E-mail: mhsawet@dmh.lacounty.gov



LOS ANGELES COUNTY- DEPARTMENT OF MENTAL HEALTH OF OF OF OF OF OFICE OF ADMINISTRATIVE OPERATIONS TH eing. TRAINING UNIT



LICENSED CLINICAL SOCIAL WORKER ASWB CLINICAL EXAMINATION

Print or Type Only TITLE: LPP LCSW ASWB Clinical Live Online Exam Prep Package **FIRST NAME:** LAST NAME: DISCIPLINE: JOB TITLE: ETHNICITY: (optional) AGENCY: PROGRAM: CITY: STATE: ZIP: PHONE #: **WORK E-MAIL:** (required for information) LANGUAGE(S) FLUENCY: PROVIDER # (Reporting Unit #): (other than English) (Required for LAC DMH Contracted Providers) 3 □ 4 🗆 5 🗆 6 □ 7 🗆 Service area(s) of employment: 1 🗆 2 🗆 8 🗆 Countywide Have you previously taken the LCSW ASWB Clinical Exam? Yes □ No □ Is your license-waivered agreement with your employer expiring within 12 months? Yes □ No □ Is the majority of work assignment allocated to providing direct services in public Yes □ No □ mental health? Meets the following eligibility criteria to participate in the LPP: Currently in good standing with his/her employer with no disciplinary action in the last 12 Name of Applicant (Print) months. • Successfully completed the required supervision hours. • Has been approved by the board to take the LCSW ASWB Clinical Exam. Has not previously participated in the MHSA WET-funded LPP for the LCSW ASWB Clinical Exam. Supervisor's Name Supervisor's Signature Date Supervisor's Phone Number Supervisor's E-mail Agrees to the following terms and conditions: • Participate in all offerings of the program. Name of Applicant (Print) • The workshop is to be taken on his/her own time. Provide the Training Unit with exam results and employment/promotional status information. I have attached documentation indicating board approval to sit for the LCSW ASWB Clinical Exam. Applicant's Signature Date

The Training Unit will provide participants with the registration contact information upon approval. Participants must register and pay the non-refundable discounted fee of \$50 by VISA, MasterCard, American Express, Discover, or PayPal.

Return Application to: Email: mhsawet@dmh.lacounty.gov