DEAR SOCIAL WORK APPLICANT:

Enclosed is an application to apply for a Social Work License. On the first page is a list of fees and the different levels you may apply for. Please read the enclosed rules to determine which level you qualify for. If your degree is a BSW, you apply for the Baccalaureate level. If you are just graduating with an MSW, you apply for the Masters level. If you have completed two years of approved supervised experience, you meet the requirements for the Independent/Clinical level. If you are applying for the Independent/Clinical level please check the specialties you are requesting. Verification of supervised experience in these areas is required. If you have already passed the ASWB Examination at the level you are applying for, please have examination scores sent from ASWB directly to the board. In addition, you will be required to complete the jurisprudence exam and meet the cultural component for all levels of licensure.

If you are licensed, certified, or registered in another state, send the enclosed “Verification of Licensure” form to that state. There is a “Supervisor’s Verification” form that is to be sent only if you are applying for the Independent/Clinical level. Your Supervisor is to fill out this form and return it directly to the Social Work Board.

Official transcripts, sent directly to the Board from your school, are required for all levels.

It is important to attach the appropriate fee (check or money order), photograph (color), answer all questions, list references, and have your signature notarized before sending your application to the Board.

Once your application is complete, with all required documents, it will be processed within two weeks. If your application is approved, a provisional license will be sent, with information to register for the ASWB National Exam. Only one provisional license may be issued per level of licensure.

Please read the enclosed Rules and Regulations carefully. If you have questions, please call the Board office.

Sincerely,

Joe Maldonado

Joe Maldonado
Administrator
New Mexico Board of Social Work Examiners
Application for New Mexico Social Worker License

Initial Licensure fees
(Fees are non-refundable)

- LBSW $ 75.00
- LMSW $100.00
- LISW/LCSW $125.00

The information you supply on this application will be used to determine your eligibility for licensure. You must supply all the information requested. Omission of any information may result in our inability to process your application. Your completed application will be used by authorized personnel of the board, and may be transferred to other governmental or law enforcement agencies. It cannot be returned to you, but you may gain access to the information by contacting the board’s Executive Office at P.O. Box 25101, Santa Fe, New Mexico 87504.

Applications received without fees will not be processed. If additional space is needed to complete any section, use additional sheet. All supporting documents, including official transcripts and verification of supervision and experience must be received at the board office before application can be approved.

(PLEASE PRINT IN INK OR TYPE YOUR RESPONSE BELOW)

CHECK THE APPROPRIATE LEVEL OF LICENSURE: Please check one

- Clinical Social Worker (LCSW): Requires Clinical Examination
  - Clinical Social Worker (LCSW)
  - School Social Worker
  - Medical Social Worker

- Independent Social Worker (LISW): Requires Advanced Generalist Examination*
  - Social Work Researcher
  - Social Work Community Organizer
  - Social Work Administrator

- Master Social Worker (LMSW)
- Baccalaureate Social Worker (LBSW)

Please Indicate: □ Original □ Level Upgrade □ Reinstatement □ Licensure by Credentials

LICENSE HISTORY: If currently or previously licensed in another state or jurisdiction. (If additional space is needed, write on separate sheet of paper)

<table>
<thead>
<tr>
<th>Jurisdiction or State</th>
<th>License #</th>
<th>Date Issued</th>
<th>Current Status</th>
</tr>
</thead>
</table>

Below. Please PRINT your name as you wish it to appear on your license.

** All licensing information provided is public information.**

NAME OF APPLICANT (Last, First, Middle) DATE OF BIRTH SOCIAL SECURITY NUMBER

BUSINESS ADDRESS (Number, Street, City, State, Zip) PHONE

MAILING ADDRESS (Number, Street, City, State, Zip)

PLEASE MAIL ALL CORRESPONDENCE TO MY: □ Business Address □ Mailing Address

E-Mail Address:

EDUCATIONAL RECORDS: You must have Official Transcripts sent directly to the board by the conferring institution.
EMPLOYMENT RECORD: Please list paid Social Work employment in chronological order below, beginning with your present position. If additional space is needed, you may attach a separate sheet of paper. On a separate sheet of paper list your voluntary Social Work employment. ALL ATTACHMENTS MUST BE SUBMITTED IN THE SAME FORMAT AS THAT SHOWN BELOW.

<table>
<thead>
<tr>
<th>DATES EMPLOYED</th>
<th>Name of Employer</th>
<th>Address of Employer</th>
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</thead>
<tbody>
<tr>
<td>From:</td>
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<tr>
<td>To:</td>
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<tr>
<td>Describe duties:</td>
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<tr>
<td>Hours per week</td>
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- Was supervisor an LCSW/LISW or ACSW?  
  - Yes  
  - No  

- Other type of supervision (Please identify)
ANSWER THE FOLLOWING QUESTIONS:

If you answer YES to any of the following questions, attach a complete and comprehensive explanation. The board may contact you later if additional information is needed.

1. I have read and will abide by the Social Work Rules and Regulations. I will comply with the Social Work Code of Conduct.
   - Yes  - No

2. Have you ever used another name under which records may be filed concerning your application or your education, training or experience?
   - Yes  - No IF YES, PLEASE ENTER NAME USED HERE: ______________________________

3. Have you ever received a deferred prosecution, a deferred judgment or been convicted of or pled guilty to or pled nolo contendere to a felony in any state, territory, district of the United States or a foreign country?
   - Yes  - No IF yes, please attach a complete and comprehensive explanation along with Court documentation regarding the disposition of the case. (The Board may contact you later.)

4. Have you ever pled guilty to or pled nolo contendere to or been convicted of Driving Under the Influence or Driving While Intoxicated?
   - Yes  - No IF yes, please attach a complete and comprehensive explanation along with Court documentation regarding the disposition of the case. (The Board may contact you later.)

5. Have you ever been denied a license or permission to practice Social Work or permission to take an examination to practice Social Work in any state, country or territory?
   - Yes  - No IF yes, please attach a complete and comprehensive explanation. (The Board may contact you later.)

6. Has any disciplinary action ever been taken regarding your practice of Social Work or any license you hold or have held to practice Social Work? Disciplinary actions include, but are not limited to, suspension, probation, practice limitations, reprimand, letter of admonition, censure, and any allegations currently pending.
   - Yes  - No IF yes, please attach a complete and comprehensive explanation. (The Board may contact you later.)

7. Have you ever voluntarily surrendered a license to practice Social Work in any other state or territory?
   - Yes  - No IF yes, please attach a complete and comprehensive explanation. (The Board may contact you later.)

8. Are you in arrears in court-ordered child support payments?
   - Yes  - No

CHARACTER REFERENCES

Please name two (2) character references who are familiar with your work and whom we may contact.

<table>
<thead>
<tr>
<th>NAME OF CHARACTER REFERENCE</th>
<th>PHONE</th>
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<tr>
<td>__________________________</td>
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<th>NAME OF CHARACTER REFERENCE</th>
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<td>__________________________</td>
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SWORN AFFADAVIT:

Application must be certified in front of notary public

I hereby certify that I have read and completed this application, that the information contained herein is true to the best of my knowledge, that I am not physically or psychologically dependent on alcohol or drugs, and that I understand that any falsification or misrepresentation made within this application may be grounds for denial of my application or action against my license. I hereby authorized the Department of Licensing and Regulation and its agents to investigate any statements made by me in this application, including checking criminal, civil and administrative records. I declare under penalty of perjury that the statements made on this form are true and complete to the best of my knowledge.

SIGNATURE OF APPLICANT ______________ DATE ______________

State of __________________________ County of __________________________

Before me on this day personally appeared the above named applicant who being by me duly sworn upon oath says that all the acts, statements and answers contained in this application are true and correct.

Sworn and subscribed to before me___________________________ on this _______ day of_________, 20____

SEAL ____________________________________________________________________ 

Notary Public My Commission Expires: ____________________________

For Office Use Only:

Application Approved: _____________

Initials Date _____________
**VERIFICATION OF SUPERVISION**
*(LISW/LCSW Applicants only - Must be completed by applicant)*

Applicant’s Name: ____________________________
Date: ____________________________

Below, please indicate the exact nature and extent of your supervised social work experience.
Use additional sheets, if necessary.

<table>
<thead>
<tr>
<th>Co. Name and Address (where supervision was received)</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<tbody>
<tr>
<td>Title of Position Applicant Held (at time of supervision)</td>
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<tr>
<td>Job Duties (Please be specific - at time of supervision)</td>
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<tr>
<td>Supervisor’s Name</td>
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<tr>
<td>Supervisor’s Current Address</td>
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<tr>
<td>Supervisor’s Official Position (at time of supervision)</td>
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<tr>
<td>Academic Degree &amp; Field (at time of supervision)</td>
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<tr>
<td>Supervisor’s License Number</td>
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<tr>
<td>Nature of Supervision (Clinical, Research, Medical, School, Administration, Community)</td>
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<tr>
<td>Hrs. Per Week Of Direct Supervision</td>
<td></td>
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<tr>
<td>Inclusive Dates of Social Work Supervision (Month, Day, Year) From:</td>
<td>(Month, Day, Year) From:</td>
<td>(Month, Day, Year) From:</td>
<td></td>
</tr>
<tr>
<td>Total number of hours worked per week while under Supervision</td>
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Revised 8/31/15
SUPERVISOR’S VERIFICATION
OF APPLICANT’S SOCIAL WORK EXPERIENCE AND SUPERVISION
For LCSW/LISW Applicants Only

This final evaluation is to be filed with the New Mexico State Board of Social Work Examiners within 30 days after the completion of the supervisory hours. 90 hours is the total required, of which 70 hours must be in direct, face-to-face supervision (video –teleconferencing is acceptable if it is in the approved Supervisory Plan. No more than 20 hours of the 90 may be in group supervision; no more than 30 hours may be from an interdisciplinary supervisor. If there is a change in supervisors due to reasons other than the social worker’s unsuitability for the LCSW/LISW level of licensure, this form needs to be submitted to the board within 30 days after the termination of the supervisory relationship. Supervisors who are overseeing supervision of individuals licensed as masters social workers (LMSW) after May 1, 2015 and aspiring to achieve licensure at the Independent/Clinical level must comply with the boards supervisory requirements Pursuant to 16.63.1.7 (6).

Supervisors who are overseeing supervision of individuals licensed as masters social workers (LMSW) prior to May 1, 2015 must comply with the Boards supervisory requirements as follows:

Appropriate supervision:

1. Supervision, for the purposes of licensure, shall be provided by an individual qualified by the board of social work examiners. For licensed master social workers aspiring to achieve licensure at an independent level (LISW), supervision shall be provided by a licensed independent social worker (LISW). For those licensed independent social workers aspiring to add a specialty to their license, supervision shall be provided by a licensed independent social worker licensed in that specialty. The relationship between the supervisor and supervisee must be designed to promote the development of professional social work skills for the delivery of social work services. These skills include the integration of theory and practice, the development and application of intervention techniques, the development and constant improvement of social work standards and ethics, and the continued acquisition of professional knowledge.

2. Supervision for master level social workers practicing clinical social work not aspiring to achieve licensure at the independent level (LISW), supervision shall be provided by a licensed independent social worker or other supervision approved by the board.

3. Supervisors shall evaluate and oversee the manner in which the above skills development is reflected in the supervisee’s practice. The supervisor's responsibility insures that the supervisee acquires the necessary skills required for advanced and professional social work practice.

4. Applicant for licensure at the independent level must document 3,600 hours of licensed masters level social work experience which has been accumulated over no more than a 60 month period. Applicants for licensure must document 90 hours of supervision during this 3,600 hour period. One (1) hour of supervision must be documented for every 40 hours worked. No more than 60% of the 90 hours of supervision may be group supervision. No more than 25% of the 90 hours of supervision may be non face-to-face. The supervised contact may include live video-teleconferencing which would be equal to face-face supervision. Teleconferencing can be included as supervision. Individual or group supervision will be accepted. Group supervision means supervision rendered to not more than four (4) individuals at one time. Applicants and supervisors will engage the process of supervision in accordance with the guidelines established by the board of social work examiners.

B. Licensed clinical social worker: an independent social worker with a clinical specialty is equivalent to a licensed clinical social worker (LCSW).

C. Qualified applicants:

1. Means those programs having received accreditation by CSWE and those programs having candidacy status, conditional status, or under review status with CSWE.

2. For those applicants who graduated from an institution of higher education before CSWE began to accredit programs (prior to 1974), the New Mexico board of social work examiners will require:

   a. a letter from the university's registrars office stating that the applicant's course of study culminated in a degree which was the equivalent of an emphasis or major in social work;

   b. demonstrated social work experience;

   c. documentation of social work licensure in a previous state; and
(d) concurrence among the majority of professional members of the board that the transcripts reflect sufficient coursework in social work.

D. CSWE (council on social work education) accreditation: means those programs having received accreditation by CSWE and those programs having candidacy status or under review status with CSWE

The applicant named below has provided you as a professional reference and his/her social work supervisor. Applicant is being considered for licensure at the Clinical or Independent Social Worker level. Please complete and return this form directly to: New Mexico Board of Social Work Examiners, P.O. Box 25101, Santa Fe, NM 87504

NAME OF THE SOCIAL WORKER: ______________________________________________________
License/License Number: __________________________ Issue Date__________________________
Address: __________________________________________________________________________
Phone: __________________________ E-mail: ____________________________________________

NAME OF THE SUPERVISOR: _________________________________________________________
License/License Number: __________________________
Address: __________________________________________________________________________
Phone: __________________________ E-mail: ____________________________________________

Date Supervision Began: _______________ Date Supervision Ended: ________________

Please document total number of hours applicant worked while under your supervision. (i.e., 3600 total hours)

Total Hours: __________________________

Type of Supervision: ______ Direct _______ Group ______ Interdisciplinary
(Pre-approval required)

Total Hours of Direct Supervision (per week): _________________
Total Hours Group (per week): _________________
Total Hours Interdisciplinary (per week)________________________

Total number of Supervisory Hours Provided: ______________________

Reason the Supervisory Relationship was Terminated _____________________________________
__________________________________________________________________________________

ASSESSMENT OF THE SUPERVISEE’S PRACTICE KNOWLEDGE, SKILLS AND ABILITIES:  

SUPERVISEE’S STRENGTHS:
MAJOR PROBLEMS IN THE SUPERVISEE’S PERFORMANCE: ____________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

ON A SCALE OF 1 TO 5:

The social worker demonstrated an understanding of the relevant laws related to their practice, clients and setting.

_______1     ______2    ________3     _________4     __________5

The social worker understands Title 16, Chapter 63.16.8: Social Workers’ Ethical Responsibilities to Clients of the New Mexico Rules, Regulations and Practice Act and has demonstrated ethical practice.

_______ 1   _______2   _______3       ________ 4      __________5

The social worker has demonstrated cultural sensitivity and the ability to integrate cultural awareness into practice.

______1     ___ ___2   __       ________4      ___________5

The social worker is knowledgeable, diligent and timely in documentation.

_____1      ______2     _______3   _________4    ___________5

This Final Evaluation has been shared with the supervisee.

Based on my supervisory experience with this social worker, I _____would  ________would not recommend that this social worker advance to the LCSW/LISW level of licensure in the State of New Mexico.

I swear or affirm under penalty of perjury that the above information is true, correct and complete to the best of my knowledge.

Supervisor (signed) ______________________
Date: ___________________________

Reviewed by: _________________________
Date: ________________________________
### New Mexico Board of Social Work Examiners

P.O. Box 25101  
Santa Fe, New Mexico 87504

**VERIFICATION OF LICENSURE**

**Applicant:** Please forward this verification of licensure request to each state, territory or province in which you have ever had a social work license, certification or registration. **NOTE:** Some boards of social work charge fees for verifying licensure. Please check with the appropriate licensing board and remit the fees with this form.

<table>
<thead>
<tr>
<th>Name of Applicant:</th>
<th>Last</th>
<th>First</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>License Type:</td>
<td></td>
<td>License Number:</td>
<td></td>
</tr>
<tr>
<td>Date Issued:</td>
<td></td>
<td>Expiration Date:</td>
<td></td>
</tr>
</tbody>
</table>

I have applied for licensure in the State of New Mexico. I hereby authorize the state/territory/province of __________ to provide the following information to the State of New Mexico.

Applicants Signature

Date

---

### DO NOT WRITE BELOW THIS LINE – AGENCY USE ONLY

1. **This is to certify that the above named individual was issued a license or registration to practice as a:**
   - [ ] Baccalaureate Social Worker
   - [ ] Master Social Worker
   - [ ] Independent Social Worker
   - [ ] Clinical Social Worker

2. **License or registration was based upon:**
   - [ ] Examination
   - [ ] Endorsement
   - [ ] Other, please explain
   
   Exam passed: __________
   
   Date exam taken: __________
   
   State/province: __________
   
   [ ] Independent Social Worker
   
   [ ] Clinical Social Worker

3. **Did your board verify that this individual holds a social work degree?**
   - [ ] Yes
   - [ ] No
   
   On what degree was the licensed based?
   - [ ] BSW
   - [ ] MSW
   - [ ] SW Doctorate
   - [ ] Other, please explain:

   Degree: __________
   
   Subject: __________

4. **Was the degree issued by a program accredited by CSWE?**
   - [ ] Yes
   - [ ] No

5. **Did this license require documented post-master supervised experience?**
   - [ ] Yes
   - [ ] No

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If yes, how much experience was required? _______ Years ________ Hours
Qualifications of the individual who provided supervision:

6. The license or registration is currently?
   - [ ] Active
   - [ ] Expired
   - [ ] Lapsed
   - [ ] Inactive
   - [ ] Other, please explain

7. Has this individual ever been subject to disciplinary action that is public information? [ ] Yes [ ] No

8. Is there any pending disciplinary action against this individual that is public information?
   - [ ] Yes
   - [ ] No

9. Are there any unresolved complaints that are public information regarding this individual?
   - [ ] Yes
   - [ ] No

10. If questions 7, 8, or 9 were answered “yes”, please provide an explanation below:

11. Is there other information that your agency can share with us about the candidate that might effect a board licensure decision?

Signature: ____________________________________________
Printed Name: ______________________________________
Title: ______________________________________________
Social Work Licensing Board: __________________________
Date: ______________________________________________
Email Address: ______________________________________
Office Phone Number: ________________________________
BOARD OF SOCIAL WORK EXAMINERS JURISPRUDENCE EXAM

(A copy of the rules and laws can be downloaded from our website www.rld.state.nm.us under Rules and Laws)

Applicant name: ____________________________________________________________

1. Each licensee must be familiar with the Board’s Code of Conduct rule.
   A. True
   B. False

2. If a Provisional license holder fails the national examination, the provisional license:
   A. Is automatically renewed until the temporary license holder passes the national exam.
   B. License becomes Null and Void
   C. Is issued for one year during which time the applicant can retake the national exam.
   D. May be renewed if the license holder pays an additional fee.

3. Continuing education taken prior to the time period stipulated by board rule for acceptable continuing education will not be accepted toward the current renewal cycle.
   A. True
   B. False

4. Licensees and registrants must notify the Board in writing of any address change.
   A. True
   B. False

5. The Board may take disciplinary action against an unlicensed person practicing social work.
   A. True
   B. False

6. An inactive license must be renewed annually.
   A. True
   B. False

7. A social worker has a thirty (30) day grace period to submit a renewal application without a late fee. However, the social worker’s license shall be considered expired and the social worker will refrain from practicing during that period.
   A. True
   B. False

8. After the initial license period each license expires on July 1 every other year.
   A. True
   B. False

9. All licensed social workers are required to take six hours in the subject area of cultural awareness as part of the continuing education requirement.
   A. True
   B. False

10. A social worker whose license is inactive may still continue to practice.
    A. True
    B. False
11. A person who does the following is guilty of a misdemeanor:
   A. Practices social work without the required current, valid license.
   B. Advertises as a social worker without a current, valid license or registration.
   C. Violates any provision of the Social Work Practice Act
   D. All of the above

12. Any person, including board members, can file a complaint against a licensee or an unlicensed person.
   A. True
   B. False

13. Social Workers should keep records of continuing education courses submitted for renewal:
   A. For at least one (1) year
   B. For at least four (4) years
   C. Do not need to be kept renewal certificate
   D. For at least seven (7) years

14. Failure to submit a completed renewal application by September 29 of the renewal year will result in:
   A. Written reprimand
   B. Summons to appear before the Committee
   C. License revocation
   D. Committee censure

15. According to the Rules (NMAC), to avoid a penalty, a renewal application must be submitted to the Board office no later than:
   A. September 29
   B. July 1
   C. July 30
   D. August 1

16. If the Board has cause to believe a social worker is addicted to drugs or alcohol, or is mentally or physically incapable of practicing social work with reasonable skill and safety, the Board may:
   A. Require the social worker to be examined by an examining committee to determine fitness to practice social work
   B. Without a hearing, summarily revoke the license
   C. Issue a formal reprimand
   D. All of the above

17. A Social Worker who wishes to go inactive must request inactive status in writing to the Board office on or before:
   A. July 1
   B. June 30
   C. September 29
   D. July 30

18. A person with a social work degree can practice social work.
   A. True
   B. False

19. The following records in a licensee’s or applicant’s file are considered confidential and are NOT subject to public inspection:
   1. Letters of reference

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2. Medical reports or records of chemical dependency,
3. Matters of opinion
4. Examination scores

Choose one:
A. 1, 2 and 3
B. 2, 3, and 4
C. All of the above
D. None of the above

20. A Social Worker who wishes to retire a license must request retirement status in writing to the Board office prior to expiration of the current license (07/01).
A. True
B. False

21. A three credit hour college course in social work or in the realm of social work earns thirty (30) hours of continuing education credits (CEUs) acceptable for renewal requirements.
A. True
B. False

22. Social Workers may choose up to ten (10) hours of self-directed continuing education per renewal period.
A. True
B. False

23. The Board may refuse to issue, suspend or revoke a license for any of the following reasons:
A. Licensee is convicted of a felony.
B. Licensee is grossly negligent or incompetent in the practice of social work.
C. Licensee has repeatedly and persistently violated any provisions of the Social Work Practice Act or regulations.
D. All of the above
E. None of the above

24. An actively licensed social worker who attends continuing education programs that exceed the minimum hourly requirements in a given renewal period may apply the excess to the next renewal period requirement.
A. True
B. False

25. An applicant is issued a license to practice social work after:
A. Passing the required exam.
B. Paying licensing fees to a Board office.
C. Living in New Mexico one year.
D. Meeting all the application, examination, and licensure requirements and paying the required fees.

26. All continuing education hours must be completed on or before June 30 of the renewal period or the social worker’s license will be revoked for non-renewal.
A. True
B. False

27. If a social work license is revoked for non-renewal, the licensee will be required to:
A. Submit a renewal application, proof of continuing education, and pay renewal and late fee.
B. Submit an application and application fee.
C. Pay previous penalties, complete a new application, pay another application fee, and take an exam prescribed by the board.
D. None of the above.

28. A social worker can practice during the grace period of July 2 thru July 30 of the renewal period.
   A. True
   B. False

29. For licensed master social workers aspiring to achieve licensure at an independent level (LISW) supervision shall be provided by a:
   A. Psychologist
   B. Licensed Professional Clinical Mental Health Counselor (LPCC)
   C. Licensed Independent Social Workers (LISW)
   D. All of the above

30. If a licensed social worker voluntarily surrenders his/her license or allows his/her license to expire in anticipation of or during the course of an investigation, the complaint committee:
   A. Will complete its investigation.
   B. Report findings to the national database.
   C. Close the case.
   D. Both A and B
   E. None of the above

Signature: ___________________________ Date: ___________________________