

STUDY GUIDE

for the
**SOCIALWORK
LICENSING
EXAM**



SOCIAL WORK TEST PREP

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Exam Basics

Welcome to Social Work Test Prep’s study guide for the social work licensing exam! Reading this, you’re taking an important step toward a goal you’ve likely been pursuing since you entered the field: social work licensure.

In these pages, you’ll find guidance about what to expect in the ASWB exam and how best to approach it. We’ve also included a set of free practice questions, complete with thorough rationales and suggested study links, just like the ones you’ll find on socialworktestprep.com. First up, some essential knowledge about what to look forward to on exam day.

Knowing the ASWB Exam

The Association of Social Work Boards (ASWB) administers the social work licensing exam for the entire U.S. and Canada. Exams come at four levels: Bachelors, Masters, Advanced Generalist, and Clinical. The ASWB has posted detailed outlines for each [here](#). The credentials earned by passing the ASWB exam can be different from state to state. Most common are LSW, LMSW, LGSW, and LCSW (see your [state board](#) for those specifics).

The exam is comprised of 170 multiple choice questions. You get four hours to take the test. Of the 170 exam items you’ll face, 150 count toward your score. The other 20 are testers—questions being tried out for use in a future exam. Our advice: since there’s no way to know which exam items are testers, pretend you don’t know this and approach each question as if it counts. If you hit an exam item that seems especially impossible, take your best guess and brush it off, telling yourself, “That one probably didn’t count.” On to the next!

Knowing the California Law & Ethics Exam

California has a one-state-only exam it administers in addition to the ASWB Clinical Exam: a California-specific Law & Ethics Exam. This test is 75-questions long and runs two hours. Find details about the L&E Exam’s contents [here](#).

Special Accommodations

If you have a learning disability or English is not your first language, you may be eligible for special accommodations from the ASWB. More information [here](#).

Study Tips

Essential wisdom to help you prepare to take--and pass!--the exam.

You Can Get It Done

You may be feeling overwhelmed by the studying ahead. Yes, there's an enormous amount of information that *could* show up on the exam. But what *actually* shows up on the exam is likely to be narrower, simpler, and easier to prepare for.

The people putting together social work licensing exams want to make sure that licensed social workers are compassionate, ethical, law-abiding professionals. They commission questions designed to test for those qualities. That means exam questions will tend to present real-world, close-call, social work situations. You may be able to answer many of them without preparing at all. Just go with your social work gut.

Some basic guidelines when attacking each new exam question:

- Remember that doing no harm and operating within scope of practice is essential. Knowing the *NASW Code of Ethics* well can help you through the majority of questions on the exam.
- Asking yourself, "What would the by-the-book perfect social worker do in this situation?" can often help shake loose a correct answer. Your real-life experience will help you pass the exam. But your knowledge that not all textbook answers apply in the real world is best left at the examination-room door. For the exam, think like an unjaded, optimistic, can-do social worker.
- Exam questions are generally straightforward and trick-free. If an answer seems obvious to you, that's probably because you know your stuff. Click that answer and move on to the next. If it seems impossibly convoluted, maybe it's a tester and won't count toward your score. Don't sweat it.
- The exam is meant to test for *beginning* social work skills. If an answer seems especially exotic and unfamiliar--something you haven't encountered in school or at work--look for something simpler.
- Don't get rattled by questions asking for the BEST intervention or the MOST likely diagnosis. Even if it seems like it's yelling at you, it's still just a basic question about social work practice.

How do you apply all this? The best way to prepare is to practice. Practice gets you familiar with the rhythms of the test and gives you a chance to begin burning off test anxiety. If you've purchased [SWTP Practice Tests](#), you're off to a great start!

Keep in mind: You've made it this far; this exam won't be the hardest thing you've ever faced or ever will face. You can get it done!

Four Tips for Studying

Here, from our sibling blog, [Pass the ASWB Exam](#), are four tips to keep in mind as you prepare for the exam:

1. **Check your pulse.** It's easy to get worked up about the licensing exam. It's big, it's expensive, it doesn't always seem relevant to social work practice. Keep tabs on the effect that preparing for the exam is having on you. It's a whole additional stressor added onto your probably already sufficiently stress-filled day-to-day. Take care of yourself. Maybe dial up the anxiety-reducing basics—sleep, breathe, eat, exercise. Exam prep is a marathon, not a sprint. Be the slow and steady exam-passing turtle!

2. **Focus on fundamentals.** The social work exam is meant for beginning professionals. There's an endless amount of material that could be on the test, but a limited amount of material that will be on the test. Study smart by mastering the material you are fairly certain you'll encounter. Learn the *NASW Code of Ethics*—it's the underpinning of the vast majority of exam questions. Know the common diagnoses in the DSM, the essentials of human development theory—that sort of stuff. Review scope of practice, mandated reporting, and suicide assessment. The examiners are looking to make sure you'll do a reasonably professional job and keep clients safe. If you've got that down, you're very close to passing the exam.

3. **Don't overstudy.** If you find yourself deep in the theoretical or diagnostic weeds as you're preparing for the exam, get out! Remember tip #2. And #1 while you're at it. Remember that some people prepare for just a day or two and pass this test. All a lot of the questions require is social work-informed common sense. Take care not to cram and clutter your mind with unnecessary detail.

4. **Practice.** How do you know you've done all of the above? Practice. Take real-time, full-length practice exams to help you gauge your readiness, identify areas you need to

strengthen, and generally get acquainted with the experience of a four-hour, 170-question sit. [SWTP](#) has complete practice exams online. There are a handful of questions at the end of this guide. At four hours, the licensing exam is more like a marathon than a sprint. Practice tests are like practice runs for athletes. They really help.

Managing Test Anxiety

The test is a big deal and everyone gets anxious about it to some degree. Test anxiety is like any other anxiety you might have experienced and will respond to the same tried-and-true anxiety reduction efforts that have worked for you in the past. How do you calm yourself when worried? CBT...meditation...exercise...progressive muscle relaxation...or maybe just letting the anxiety flow and focusing on the task at hand. Take care of yourself; put your social work skills to use!

The following comes from [Test Anxiety and the Social Work Exam](#):

On the other side of the exam are long-desired letters to follow your name. LSW! LMSW! LCSW! Maybe even a raise, new responsibilities, or some additional job security. Those are high stakes. As all social workers know all too well, big feelings follow.

The way those feelings present is familiar. They show up in clients all the time—feeling overwhelmed, stressed out, burnt out. Tests can tap into our deeply rooted misgivings about our self-worth, about being judged, about the conditionality of the affection we receive. That’s a lot to carry into the licensing exam. And once you really start preparing and realize that the exam is 170 questions administered in a strange place over four hours...well, you know the result. It’s anxiety and it doesn’t feel good. Happily, as we tell clients, anxiety is treatable. There is help.

So how do you reduce test anxiety? The [literature](#) has been consistent. Think of it as an exam question:

A social worker sees a client who is struggling with anxiety regarding a licensing exam she has to take in a few months. She reports difficulty focusing on test preparation and ruminating about failure. What type of therapy is MOST likely to be helpful in this situation?

A. Psychodynamic psychotherapy

B. Dialectical behavior therapy

C. Gestalt therapy

D. Cognitive behavioral therapy

Although there are studies indicating that all types of therapy are all effective at more-or-less the same rate, there are still more studies showing that one of these

therapies is particularly useful when it comes to reducing anxiety: cognitive behavioral therapy (CBT).

CBT is so broad that it's hard to find approaches to managing test anxiety that don't fit under the CBT umbrella. These [tips from the Anxiety and Depression Association of America](#) are no exception. Their advice:

- Be prepared.
- Develop good test-taking skills.
- Maintain a positive attitude.
- Stay focused.
- Practice relaxation techniques.
- Stay healthy.
- Visit the counseling center.

You can probably fill in the details yourself—avoid all-nighters, eat well, get sleep, take deep breaths, get therapy as needed. Their wisdom regarding preparation: “Try to simulate exam conditions by working through a practice test, following the same time constraints.” This is easier to do for the licensing exam than it may have been for exams in high school, college, and grad school. SWTP stands at the ready to provide realistic, real-time licensing exam practice.

To get walked through an exam-anxiety CBT thought log, take a look at the [article](#) that the above was drawn from.

Additional Anxiety Help

Find additional suggestions for managing test anxiety here:

- [Overcoming Test Anxiety](#)
- [Test Anxiety Help](#)
- [Test Anxiety Links](#)

For free anxiety reduction tools—including lots of CBT—try [Therapy Worksheets](#).

About SWTP

SWTP originated as a blog and evolved into a full-fledged test prep program created by social workers, for social workers. Here are some details about the program. To get started with exams, [sign up/in](#) and go to your account page.

What You Get

Confidence

Real-time, online practice is the best way to prepare for the licensing exam. SWTP's 700+ exam questions include thorough rationales and suggested study links to help you understand both the content and process of identifying correct answers and passing the exam.

Satisfaction

There's no better way to prepare for the licensing board exam than real-time, online practice. What SWTP customers are saying:

"Incredibly helpful"..."Like the real test"..."Easy to use"..."Trains you to think like a test writer"..."So glad I found the site!"

Find more customer feedback on our [testimonials page](#) and [blog](#).

Study on the Go

Use SWTP exams anywhere, anytime on your smartphone; no app necessary. If you haven't already tried SWTP on your cell, take a look!

Different Ways to Study

Three of them: **Exam Mode** (timed), **Study Mode** (untimed), and **Review Mode** (untimed, review your answers). All questions are accompanied by thorough **Rationales**, explaining the how and why of reaching the right answer, and by **Suggested Study Links**, opening the way to a deeper exploration and understanding of exam content. Track your progress, **study by Content Area**, and *get prepared for the real thing!*



Exam Choices

ASWB Exam. 170-question online practice exams. ASWB is the licensing exam for the entire U.S. (except for California) and Canada. SWTP practice tests follow the ASWB clinical exam outline—people use them for all levels of exam prep with great success. Exams are four hours when timed.

California Law & Ethics Exam. 75-question online practice. Two hours when timed. Preparation for California's new Law & Ethics test.

Ethics Booster. An additional set of test questions for ASWB preppers who want just a little more exposure to items focused on social work ethics.

Studying in Style

SWTP offers a sleek, user-friendly interface—desktop, tablet, and mobile. Try SWTP's [free practice test](#) to get a full sense of the site's capabilities.

Using Your Tests

With each SWTP exam you purchase, you get *unlimited* review in untimed study mode and three runs through each exam in timed exam mode. We suggest getting underway on SWTP with a four-hour timed exam to gauge your readiness. Then, in study mode, review rationales and suggested study links for all answers, whether or not you got them right on the exam.

Since your exam subscription expires after 90 days (unless you request an extension), it makes sense to take the first of the three timed tests you get early on (near day 1), the second halfway through your study window. Take the exam a third time closer to your exam date, while still allowing time to review answers.

Success

SWTP has helped *thousands* of social workers prepare for the exam. And they've saved money while doing it. See our [pricing page](#) for details on current offers. Don't forget, purchasing multiple exams at once in a bundle helps you save as much as possible.

Congratulations on getting underway. Good luck with the exam!

Resources on the Web

In addition to SWTP practice tests, take a look at these invaluable resources as you're preparing for the exam.

Essential Review

If there's something you need to know for the exam that can't be found on the web, we have yet to discover it. Here are links to some essentials:

- [The NASW Code of Ethics](#). There's nothing more important to have a good grasp on. Will this be on the test? Yes!
- The [ASWB](#) posts basics about what to expect on the test—browse their site for exam outlines and pass rates. In California, go to the [BBS](#) site for candidate handbooks and other info.
- [NASW Standards of Practice](#). Freshen up on the basics of social work practice.
- The DSM-5 is, of course, going to come in handy as you study. For exam prep purposes, we prefer the shorter [desk reference edition](#). Find DSM-5 details on the web at [PsychCentral](#), [Wikipedia](#), and elsewhere. Focus primarily on the diagnoses regularly found in front-line social work settings (e.g., depression, anxiety, bipolar disorder, substance use disorders, PTSD, ADHD, personality disorders...). Close-call differentials (e.g., schizoaffective disorder versus schizophrenia) are also worth attention. For more in-depth information, try the [National Institute for Mental Health](#).

Your MSW program textbooks are also a great resource. Board question writers are required to cite published sources for each item they submit. What are they likely to use? Their MSW program textbooks.

Additional Review

Have the essentials down? The suggested study links that accompany each question in the SWTP practice exams are a great next step toward deeper review. For additional exposure to exam-related content, try browsing these sites:

- [NASW](#)
- [Social Work Today](#) (pay special attention to the “Eye on Ethics” column)
- [The Social Work Podcast](#) (early episodes about different theories are especially helpful)

- [The New Social Worker](#)
- [National Institute for Mental Health](#)

And of course, take a look at SWTP's long-running blog for additional free practice, test-taking research, success stories, and more:

- [The Social Work Test Prep Blog](#)

There's still more help, including tutoring, on SWTP's [Resources](#) page. And don't be shy about Googling to find more about areas you feel uncertain about. If you discover sites that you think should be included here, please send them in.

Test Taking

For licensing exam-specific test prep strategies, try these links:

- [The Social Work Test Prep Blog](#)
- [The Licensed Clinical Social Worker Blog](#) (five tips for passing the exam)

More general study skills wisdom is collected around the web—most university websites have space dedicated to the topic. Here are a few good ones:

- [Study Guides & Strategies](#)
- [Maryville Guide to Test Preparation](#)
- [Virginia Tech Study Skills](#)

Practice Questions

Taken from SWTP's [bonus exam](#), here are seven practice questions to help you get a feel for how the ASWB exam—and SWTP practice tests—work. Answers, with complete rationales and suggested study links, are at the [end of this guide](#).

1) A clinician is working with a seven-year-old who has been sexually abused by his father. The father is now in prison. The child's mother reports that the child often hits her and screams, "I hate you!" Which ego defense mechanism is the child MOST likely using?

- Repression
- Displacement
- Projection
- Sublimation

2) A hospital social worker meets with an elderly woman after nurses express concerns about possible elder abuse. The woman resides with her grandson and was admitted for pneumonia, but nurses have discovered several bruises on her arms and legs. When the social worker goes to talk to the woman, her grandson and several other family members are present. The social worker wants to interview the woman today as she may be discharged soon. What should the social worker do?

- Provide the woman with a business card and ask her to call if she needs anything.
- Ask the woman if she would like to talk to her alone.
- Interview the woman with her family present.
- Ask the family leave and interview the woman by herself.

3) A social worker shopping at a grocery store sees that the cashier is a former client. How should the social worker respond?

- The social worker should go to a different checkout lane.
- The social worker should greet the client just as she would anyone else.
- The social worker should ask the client if she feels comfortable checking out her groceries.
- The social worker can talk to the former client to see how she's doing.

4) A college student meets with a social worker on campus to discuss his drinking. He states that he tends to get drunk on the weekends and sometimes does things he later regrets. He has tried to quit drinking in the past but states he never stays dry more than a week or two because he enjoys partying with his friends. According to the transtheoretical model, what stage of change is the client likely in?

- Preparation
- Action
- Contemplation
- Precontemplation

5) A man brings his 16-year-old son to a therapy appointment to have him assessed for depression. His son has started wearing black and has dyed his blond hair black. The boy denies he's depressed and says that all his friends dress the way he does. According to Erik Erikson's stages of psychosocial development, which crisis is the client experiencing?

- Industry vs. inferiority
- Intimacy vs. isolation
- Identity vs. role confusion
- Autonomy vs. shame and doubt

6) A social worker provides services at a rural health care facility. The physicians in the practice are starting to do some telemedicine work. The physicians approach the social worker about treating people who may not be able to travel to the health center regularly. How should the social worker respond?

- Begin incorporating telemedicine along the same lines as face-to-face services.
- Inform the physicians that telemedicine does not tend to be an effective means of doing social work, since it presents difficulties in establishing a therapeutic relationship.
- Tell the physicians that confidentiality concerns make telemedicine unethical for social workers.
- Discuss the need for informed consent to warn patients of possible limitations of telemedicine versus face-to-face contact.

7) A client who is receiving cognitive-behavioral therapy for depression complains that because he turned in a work report one day late, his co-workers dislike him and he will never be promoted. What cognitive distortion is the client using?

- Personalization
- Magical Thinking
- Catastrophizing
- Labeling

Done? Answers, rationales, and suggested study links on the next page.

Answers and Rationales

Here are the answers to the *practice questions*, complete with rationales and suggested study links just as they appear on SWTP. The correct answer is in **bold**.

Question 1

A clinician is working with a seven-year-old who has been sexually abused by his father. The father is now in prison. The child's mother reports that the child often hits her and screams, "I hate you!" Which ego defense mechanism is the child MOST likely using?

Projection is the process of disowning one's feelings or beliefs and attributing them instead to another person. Sublimation involves finding socially acceptable ways to deal with strong emotions. In repression, negative experiences are automatically "forgotten"--pulled into the unconscious. Displacement refers to taking one's feelings and acting them out on an innocent third party, in this case the mother.

Repression

Repression refers to an unconscious forgetting or pulling an unpleasant memory or event into the subconscious. The child in this scenario shows no signs of repression.

Displacement

Displacement involves taking one's feelings toward one person or thing and acting them out on another, safer, person or thing. The classic example is the man who goes home after a fight with his boss and kicks his dog. The child in this scenario is taking out his anger toward his father on the other parent, the mother.

Projection

Projection involves projecting things about yourself onto someone or something else. For instance, a mother who is worried about leaving her children with a certain babysitter may say something like, "The dog doesn't like her," instead of admitting her own concerns.

Sublimation

Sublimation is acting out one's feelings in a socially acceptable manner. The boy in this scenario is acting out violently, so he's not sublimating.

Suggested Study:

Ego Defense Mechanisms

allpsych.com

Question 2

A hospital social worker meets with an elderly woman after nurses express concerns about possible elder abuse. The woman resides with her grandson and was admitted for pneumonia, but nurses have discovered several bruises on her arms and legs. When the social worker goes to talk to the woman, her grandson and several other family members are present. The social worker wants to interview the woman today as she may be discharged soon. What should the social worker do?

To appropriately assess for abuse, the woman should be interviewed alone. The social worker should ask the family to leave so that the woman can be free to provide information without fear of consequences from her family.

Provide the woman with a business card and ask her to call if she needs anything.

The woman may not feel comfortable calling; if she is being abused, her family may not allow her to call.

Ask the woman if she would like to talk to her alone.

The woman may not feel safe saying that she wants to meet alone, so asking this question may not help.

Interview the woman with her family present.

If the woman is being abused, she is not likely to share this with the potential abuser present.

Ask the family leave and interview the woman by herself.

It is important to interview the woman alone so she can provide any information about possible abuse in a safe, private environment.

Suggested Study:

Elder Abuse

www.findlaw.com

Question 3

A social worker shopping at a grocery store sees that the cashier is a former client. How should the social worker respond?

Since it's the social worker's responsibility to protect confidentiality, social workers should not react differently with clients than anyone else--and make it clear ahead of time that this is how they will deal with interactions outside the office.

The social worker should go to a different checkout lane.

A social worker should not take special measures to avoid a client in public, because the effort may attract inappropriate attention and violate confidentiality.

The social worker should greet the client just as she would anyone else.

To protect confidentiality, the social worker should greet the former client as she would any other cashier.

The social worker should ask the client if she feels comfortable checking out her groceries.

Asking the client if she feels comfortable could draw attention to the fact that the person is a former client.

The social worker can talk to the former client to see how she's doing.

A social worker should not engage a client in public conversation about treatment or former treatment.

Suggested Study:

NASW Code of Ethics: Privacy and Confidentiality

socialworkers.org

Question 4

A college student meets with a social worker on campus to discuss his drinking. He states that he tends to get drunk on the weekends and sometimes does things he later regrets. He has tried to quit drinking in the past but states he never stays dry more than a week or two because he enjoys partying with his friends. According to the transtheoretical model, what stage of change is the client likely in?

The transtheoretical model has five stages: Precontemplation, Contemplation, Preparation, Action, and Maintenance. Clients who are considering making change are said to be contemplative. This client states he has tried to quit drinking and is interested in talking about his drinking--both signs that he is in the contemplation stage.

Preparation

The client's statement that he still wants to party with his friends signals he's not ready to commit to making the change. He's still in the contemplation stage.

Action

The client hasn't indicated that he is definitely ready to make a change. For the moment, the client can still be considered contemplative.

Contemplation

The client's report that he has tried to quit drinking in the past, coupled with his willingness to meet with the social worker, signifies he is most likely contemplative.

Precontemplation

Since the client is discussing a willingness to make a change, he has acknowledged a potential problem. This indicates he's contemplative, not precontemplative.

Suggested Study:

Transtheoretical Model

psychcentral.com

Question 5

A man brings his 16-year-old son to a therapy appointment to have him assessed for depression. His son has started wearing black and has dyed his blond hair black. The boy denies he's depressed and says that all his friends dress the way he does. According to Erik Erikson's stages of psychosocial development, which crisis is the client experiencing?

Autonomy vs. shame and doubt, as well as industry vs. inferiority, are Eriksonian crises that come earlier in childhood. The crisis of intimacy vs. isolation typically comes later than mid-adolescence. In the case of a 16-year-old, identity vs. role confusion is a typical crisis.

Industry vs. inferiority.

Industry vs. inferiority is typically the crisis a child experiences at the time he enters school, when he's expected to perform for the approval of adults for the first time.

Intimacy vs. isolation.

The intimacy vs. isolation crisis tends to occur when the child is a little older, around the age of 18.

Identity vs. role confusion.

The identity vs. role confusion stage typically occurs between the ages of 12 and 18 years. During this period, the child tries out different identities and belief systems. It's not unusual for a child in this stage to radically change his appearance—sometimes many times in the course of a month or year.

Autonomy vs. shame and doubt.

This conflict usually occurs between the ages of 18 months and three years and involves learning how to develop control over one's bodily functions.

Suggested Study:

Erikson's Psychosocial Stages

[verywell.com](https://www.verywell.com)

Question 6

A social worker provides services at a rural health care facility. The physicians in the practice are starting to do some telemedicine work. The physicians approach the social worker about treating people who may not be able to travel to the health center regularly. How should the social worker respond?

Social workers can conduct therapy over the phone or via the internet, but clients must be informed of the possible limitations of doing such work. Working remotely may impact the therapeutic relationship, confidentiality issues may arise, and third-party payers may not reimburse for treatment.

Begin incorporating telemedicine along the same lines as face-to-face services.

There are differences between face-to-face services and telemedicine, and clients should be made aware of them.

Inform the physicians that telemedicine does not tend to be an effective means of doing social work, since it presents difficulties in establishing a therapeutic relationship.

Telemedicine may not work for everyone, but it can be an effective treatment method for many people.

Tell the physicians that confidentiality concerns make telemedicine unethical for social workers.

It is ethical for social workers to conduct sessions remotely, which may open doors to people who don't have easy access to services in person.

Discuss the need for informed consent to warn patients of possible limitations of telemedicine versus face-to-face contact.

It's appropriate to discuss with the doctors the possible limitations of telemedicine, and to review how informed consent would explain these limitations to clients.

Suggested Study:

NASW Code of Ethics: Informed Consent

socialworkers.org

Question 7

A client who is receiving cognitive-behavioral therapy for depression complains that because he turned in a work report one day late, his co-workers dislike him and he will never be promoted. What cognitive distortion is the client using?

The client has taken a minor problem (turning in work a day late) and imagining a worst-case result (being disliked and never promoted), a good example of catastrophizing.

Personalization

With personalization, people take the blame for something over which they have no control. This client is exaggerating the likely negative repercussions for something he did have control over (completing the report).

Magical Thinking

Magical thinking occurs when a client believes the outcome of an event is tied to behavior unrelated to the event. ("I'll throw salt over my shoulder to ward off bad luck.")

Catastrophizing

The client is taking a relatively minor event (turning in a late report), and blowing it up into a huge problem that will lead to the end of his career.

Labeling

Labeling occurs when a client slaps negative labels on himself or on another person or object. The client in this scenario is not labeling anything.

Suggested Study:

Cognitive Distortions

wikipedia.org

Licensing Boards by State

The Association of Social Work Boards (ASWB) oversees the social work licensing exam for all states. Find additional information about the exam at the ASWB's site, aswb.org. For details about the licensing exam process in your state, start by browsing your state licensing board's website. Here's the list:

Alabama	alabama.gov
Alaska	ak.us
Arizona	azbbhe.us
Arkansas	arkansas.gov
California	bbs.ca.gov
Colorado	colorado.gov
Connecticut	ct.gov
Delaware	delaware.gov
District of Columbia	dc.gov
Florida	floridasmentalhealthprofessions.gov
Georgia	ga.gov
Hawaii	hawaii.gov
Idaho	idaho.gov
Illinois	idfpr.com
Indiana	in.gov
Iowa	ia.us
Kansas	ksbsrb.org
Kentucky	ky.gov
Louisiana	labswe.org
Maine	maine.gov
Maryland	maryland.gov
Massachusetts	mass.gov
Michigan	michigan.gov
Minnesota	mn.gov
Mississippi	ms.gov

Missouri	mo.gov
Montana	mt.gov
Nebraska	ne.gov
Nevada	nv.gov
New Hampshire	nh.gov
New Jersey	njconsumeraffairs.gov
New Mexico	rld.state.nm.us
New York	nysed.gov
North Carolina	ncswboard.org
North Dakota	ndbswe.com
Ohio	ohio.gov
Oklahoma	ok.gov
Oregon	oregon.gov
Pennsylvania	pa.us
Rhode Island	ri.gov
South Carolina	sc.us
South Dakota	sd.gov
Tennessee	tn.gov
Texas	tx.us
Utah	utah.gov
Vermont	vt.us
Virginia	virginia.gov
Washington	wa.gov
West Virginia	wvsocialworkboard.org
Wisconsin	wi.gov
Wyoming	wy.us

Thanks for studying with SWTP!

For more practice questions—and answers and rationales and suggested study links—try our 10-question [free practice test](#) and purchase any or all of our 170-question [ASWB exam practice tests](#).

If you have any questions, please don't hesitate to contact us:

info@socialworktestprep.com

Good luck on the exam!



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