DEPARTMENT OF STATE

DIVISION OF PROFESSIONAL REGULATION

Board of Social Work Examiners

Statutory Authority: 24 Delaware Code, Section 3906(a)(1) (24 **Del.C.** §3906(a)(1))
24 **DE Admin. Code** 3900

FINAL

ORDER

3900 Board of Social Work Examiners

SUMMARY OF THE EVIDENCE AND INFORMATION SUBMITTED

Pursuant to 24 **Del.C.** §3906(a)(1), the Delaware Board of Social Work Examiners ("Board") proposed to amend its regulation. The amendments update the roles of the Board officers, the election of officers, and the standards for use of a non-licensed clinical social worker for clinical supervision. In addition, technical and style changes have been made to ensure consistency with the *Delaware Administrative Code Drafting and Style Manual.*

Notice of the proposed regulation was published in the *Register of Regulations* on May 1, 2026, Volume 29, Issue 11. The Board received no written comments.

ASSESSMENT OF THE IMPACT ON ACHIEVEMENT OF THE STATE'S GREENHOUSE GAS EMISSIONS REDUCTION TARGETS AND RESILIENCY TO CLIMATE CHANGE

The Board has reviewed the proposed regulation as required by 29 **Del.C.** §10118(b)(3) and has determined that if promulgated, the regulation would have a neutral or positive impact on the State's resiliency to climate change because compliance with the regulation would not reasonably involve the increase in greenhouse gas emissions.

FINDINGS OF FACT

On June 15, 2026, the Board considered the proposed regulation. In the absence of any written comment, the Board determined to adopt the regulation as proposed.

DECISION TO ADOPT THE REGULATION

For the foregoing reasons, the Board concludes that it is appropriate to amend 24 **DE Admin. Code** 3900 as published on May 1, 2026. Therefore, pursuant to 24 **Del.C.** § 3906(a)(1), the amendments to 24 **DE Admin. Code** 3900, attached hereto as Exhibit A, are hereby adopted.

EFFECTIVE DATE OF ORDER

The effective date of this Order shall be 10 days from the date this Order is published in the *Register of Regulations.*

IT IS SO ORDERED this 15th day of June 2026.

/s/ Jamie Brown, LCSW
Jamie Brown, LCSW, Professional Member
President

/s/ Janet Urdahl, LCSW
Janet Urdahl, LCSW, Professional Member
Vice President

/s/ Joseph Anastasio
Joseph Anastasio, Professional Member

/s/ Diane Glenn, LBSW
Diane Glenn, LBSW, Professional Member

/s/ Roger Akin
Roger Akin, Public Member

/s/ Kim Epolito
Kim Epolito, Public Member

***Please note: Electronic signatures ("/s/") were accepted pursuant to 6 Del.C. §12A-107(d).**

3900 Board of Social Work Examiners

1.0 General

1.1 Governing statute. Chapter 39 of Title 24 of the Delaware Code governs the Board of Social Work Examiners ("Board") and the professions under its purview.

1.2 Authority

1.2.1 Pursuant to 24 **Del.C.** §3906(a)(1), the Board is authorized and hereby adopts this regulation.

1.2.2 Pursuant to the Administrative Procedure Act, 29 **Del.C.** Ch. 101, the Board reserves the right to make amendments, modifications or additions to this regulation.

1.2.3 The Board reserves the right to grant exceptions to the requirements of this regulation upon a showing of good cause by the party requesting ~~such~~the exception, provided ~~such~~the exception is not inconsistent with the requirements of 24 **Del.C.** Ch. 39.

1.3 Elections. ~~Officers shall be elected in September of each year, for a 1 year term. Special elections to fill vacancies shall be held upon notice and shall be only for the balance of the original term.~~The Board shall conduct annual elections for officers during the month of July to serve for the succeeding Board year. Each officer shall serve a term of 1 year. In the event of a vacancy, a special election shall be held following proper notice, and the officer elected pursuant to the special election shall serve only for the duration of the original officer's term.

1.4 Officers have the following responsibilities:

1.4.1 The President ~~will preside at all meetings and sign official documents on behalf of the Board.~~shall serve as the primary leader of the Board. Responsibilities shall include:

1.4.1.1 Meeting management: Setting and approving meeting agendas, presiding over all Board meetings, and ensuring the smooth conduct of discussions and business.

1.4.1.2 Representation: Representing the Board at professional conferences and regulatory meetings, including ASWB, NASW, CSWE, and other relevant organizations.

1.4.1.3 Administrative authority: Signing official documents on behalf of the Board and acting as the primary Board contact for legal matters.

1.4.1.4 Governance: Overseeing membership governance, upholding the Board's mission, and ensuring all actions align with professional regulatory standards.

1.4.2 The ~~Vice-President will perform the duties of the President when the latter is unavailable or unable to perform the duties of the President~~Vice President, in the absence or incapacity of the President, shall exercise the powers and perform the duties of the office of the President. The Vice President may also be assigned specific oversight of Board committees to support membership governance.

1.4.3 The Secretary ~~will preside over meetings in the absence of the President and Vice-President.~~shall be responsible for the following:

1.4.3.1 Documentation: Assuring the accuracy and integrity of all meeting minutes and official Board records.

1.4.3.2 Regulatory oversight: Overseeing the execution of the Board's regulation to ensure compliance during all Board proceedings.

1.4.3.3 Succession: In the absence or incapacity of both the President and Vice President, the Secretary shall perform the duties of the President and preside over Board business.

1.4.3.4 Administrative support: Collaborate with the President on the preparation of agendas and ensure that all Board actions align with its mission.

1.5 Definitions. The following words and terms, when used in this regulation, have the following meaning ~~unless the context clearly indicates otherwise~~:

"**LBSW**" means licensed baccalaureate social worker or licensed bachelors social worker.

"**LCSW**" means licensed clinical social worker.

"**LMSW**" means licensed masters social worker.

20 DE Reg. 490 (12/01/16)
22 DE Reg. 1028 (06/01/19)
27 DE Reg. 776 (04/01/24)
29 DE Reg. 545 (12/01/25)

2.0 Licensure Requirements for All Applicants

2.1 Transcript. The applicant's degree in social work shall be documented by an official transcript from the accredited educational institution granting the degree.

2.2 Examination

2.2.1 The applicant shall have obtained the passing score on the national clinical examination approved by the Association of Social Work Boards (ASWB), or other examination acceptable to the Board. The Board shall accept the passing grade as determined by the ASWB.

2.2.2 A master's or baccalaureate social work student may take the examination up to 45 days prior to graduation.

22 DE Reg. 1028 (06/01/19)
28 DE Reg. 681 (03/01/25)

3.0 Licensure of Licensed Clinical Social Workers

3.1 Experience. In addition to the requirements set forth in Section 2.0, a Licensed Clinical Social Worker (LCSW) applicant must meet the following experience requirements:

3.1.1 The applicant must provide documentation, verified by oath and acceptable to the Board, of not less than 3,200 hours of post-degree supervised clinical social work experience, acceptable to the Board, obtained over a period of not less than 2 years and not more than 5 years. The required 3,200 hours of post-degree clinical social work experience shall be under professional supervision acceptable to the Board. Supervision acceptable to the Board means the professional relationship between a clinical supervisor and a social worker that provides evaluation and direction over the services that the social worker provides and promotes continued development of the social worker's knowledge, skills, and abilities to provide social work services in an ethical and competent manner. The required 3,200 hours of total experience must be completed under the professional supervision of an individual who meets the requirements of subsection 3.2.

3.1.2 In addition to the requirements set forth in subsection 3.1.1, 1,600 of the required 3,200 hours must be clinical experience hours completed under the direct professional supervision of an individual who meets the requirements of subsection 3.2. Direct supervision acceptable to the Board means supervision overseeing the supervisee's application of clinical social work principles, methods or procedures to assist individuals in the continued development of social work knowledge, skills and abilities. The 1,600 hours of supervised clinical experience must be fulfilled as follows:

~~3.1.2.1~~3.1.3 Within the required 3,200 hours of post-degree supervised clinical social work experience, 1,600 clinical experience hours must be completed under direct professional supervision, which means that at least 75 hours shall be 1-to-1 supervision provided by an approved supervisor, pursuant to the requirements of subsection 3.2, and no more than 25 hours obtained through group supervision may count towards the required 100 hours of direct supervision. Group supervision may include no more than 7 supervisees. The direct supervisory contact must be on a face-to-face basis or by live video conferencing. Up to 100% of direct supervision may be by live video conferencing, at the discretion of the supervisor. Supervision by telephone or e-mail is expressly not permitted.

~~3.1.3~~3.1.4 Hours completed under the supervision of an individual who does not meet the requirements of subsection 3.2 will not count towards the fulfillment of the 3,200 hours of supervised experience.

~~3.1.4~~3.1.5 Supervision must be verified by the "Supervisory Reference Form" which must be completed by the supervisor or supervisors.

~~3.1.5~~3.1.6 Each applicant shall demonstrate to the satisfaction of the Board through the Supervisory Reference Form or Supervisory Reference Forms that the applicant has satisfactorily completed each of the following practice skills during the 1,600 hours of professionally supervised clinical social work experience:

~~3.1.5.1~~3.1.6.1 Provides adequate clinical diagnoses and biopsychosocial assessments;
~~3.1.5.2~~3.1.6.2 Performs short-term or long-term interventions;
~~3.1.5.3~~3.1.6.3 Establishes treatment plans with measurable goals;
~~3.1.5.4~~3.1.6.4 Adapts interventions to maximize client responsiveness;
~~3.1.5.5~~3.1.6.5 Demonstrates competence in clinical risk assessment and intervention;
~~3.1.5.6~~3.1.6.6 Recognizes when personal issues affect clinical objectivity;
~~3.1.5.7~~3.1.6.7 Recognizes and operates within own practice limitations;
~~3.1.5.8~~3.1.6.8 Seeks consultation when needed;
~~3.1.5.9~~3.1.6.9 Refers to sources of help when appropriate; and
~~3.1.5.10~~3.1.6.10 Practices within established ethical and legal parameters.

~~3.1.6~~3.1.7 Use of professional values, professional knowledge, professional identity and use of self and disciplined approach to the practice environment should be reflected in each of the ~~above~~ listed practice skills in subsections 3.1.6.1 through 3.1.6.10.

~~3.1.7~~3.1.8 The Board has the discretion to request a copy of supervisory logs from an applicant who has applied for licensure and who does not provide Supervisory Reference Form or Supervisory Reference Forms or to supplement or clarify the information included on the Supervisory Reference Form or Supervisory Reference Forms.

3.2 Acceptable supervisors

3.2.1 Supervision provided by an LCSW in any state or U.S. territory is acceptable to the Board.

3.2.2 When professional supervision by an LCSW is not available, the applicant may be supervised by a licensed psychologist, or a licensed psychiatrist.

3.2.2.1 Grandfathering. Subject to subsection 3.2.2.2, an applicant who started or completed supervision by a licensed master's level social worker (LMSW) on or before September 26, 2024 will meet the Board's supervision requirements, except that an applicant who will not complete the supervision requirements on or before March 26, 2025 must continue any necessary supervision under the supervision of an LCSW, licensed psychologist, or licensed psychiatrist. An LMSW who is supervising an applicant as of September 26, 2024 may continue to supervise the applicant until March 26, 2025.

3.2.2.2 ~~The applicant must provide a compelling clinical reason for utilizing a non-LCSW supervisor. To establish that an LCSW is or was not available to provide supervision, an applicant must submit a notarized statement, on a form provided by the Board, explaining the efforts made to obtain such supervision. The Board has the discretion to accept or reject the applicant's statement that supervision by an LCSW is or was not available.~~To establish that an LCSW is or was not available to provide supervision, an applicant must submit a notarized statement, on a form provided by the Board, explaining the efforts made to obtain supervision. The applicant must provide a reason for utilizing a non-LCSW supervisor. The Board has the discretion to accept or reject the applicant's statement that supervision by an LCSW is or was not available.

3.2.3 If a supervisor is or was not an LCSW licensed by the Board, the supervisor must attest that the supervisor has read and is familiar with the requirements for licensure in Delaware, including the applicable statutes, rules and regulations, and that the supervisor has the training to provide clinical supervision.

3.2.4 In addition to these requirements, the LCSW applicant's supervisor must attest to compliance with the following requirements:

3.2.4.1 Has been in practice for at least 3 years post-licensure without having been subject to any disciplinary action;

3.2.4.2 Has obtained a minimum of 3 hours of continuing education (CE) related to clinical supervision; 3 hours of CE in cultural competency or diversity and 6 hours in ethics within 4 years of the application; and

3.2.4.3 Has no more than 7 total supervisees at any given time.

3.2.5 Professional supervision is not acceptable to the Board where applicants for licensure have simultaneously supervised one another.

22 DE Reg. 1028 (06/01/19)
27 DE Reg. 776 (04/01/24)
28 DE Reg. 681 (03/01/25)
29 DE Reg. 545 (12/01/25)

4.0 Licensure by Reciprocity

4.1 Proof of licensure status. The applicant must hold an active license in good standing from another state and verification of licensure status must be provided to the Board.

4.2 Determination of Substantial Similarity of Licensing Standards. The applicant must submit a copy of the statute and rules of licensure from the state issuing the applicant's license. The burden of proof is upon the applicant to demonstrate that the statute and rules of the licensing state are at least equivalent to the educational, experience and supervision requirements of this State. Based upon the information presented, the Board shall make a determination regarding whether the licensing requirements of the applicant's licensing state are substantially similar to those of Delaware.

22 DE Reg. 1028 (06/01/19)

5.0 Applicants educated outside of the United States

An applicant whose application is based on a diploma or degree issued by a social work program outside of the United States or its territories shall furnish evidence satisfactory to the Board that the applicant completed a course of professional instruction equivalent to a program approved by the Council on Social Work Education or its successor. The applicant shall arrange and pay for a credential evaluation of the foreign program, to be completed by an agency that the Board has approved.

22 DE Reg. 1028 (06/01/19)

6.0 Duty to Update Address

All licensees must provide the Division of Professional Regulation (Division) with their current mailing address and email address. Any change in mailing address or email address must be reported to the Division within 10 days of ~~such~~the change. All notifications and correspondence pertaining to a licensee's license that are sent through the mail will be sent only to the most recent address provided by the licensee. The failure to provide the Division with a current mailing address will not operate to excuse any duty or responsibility of the licensee and confirmed delivery to the most recent address provided by the licensee will be considered proper notice.

27 DE Reg. 776 (04/01/24)

7.0 Continuing Education

7.1 Required Continuing Education Hours:

7.1.1 Requirements for LBSWs:

7.1.1.1 For each renewal period, 20 hours are required.

7.1.1.2 At least 6 of the hours shall be in the area of professional ethics.

7.1.1.3 At least 1 of the hours shall be in the area of mandatory reporting.

7.1.1.4 Proration. License renewal periods last 2 complete calendar years, beginning February 1 and ending January 31 of odd-numbered years, for example, beginning February 1, 2007 and ending January 31, 2009. At the time of the initial license renewal, some individuals will have been licensed for less than 2 years. Therefore, for these individuals only, the continuing education hours will be prorated as follows:

7.1.1.4.1 If the license was granted prior to July 1 of an odd-numbered year, the licensee must complete 18 hours of CE during the initial licensing period.

7.1.1.4.2 If the license was granted between July 1 of an odd-numbered year and January 31 of an even-numbered year, the licensee must complete 12 hours of CE during the initial licensing period.

7.1.1.4.3 If the license was granted between February 1 of an even-numbered year and June 30 of that year, the licensee must complete 6 hours of CE during the initial licensing period.

7.1.1.4.4 If the license was granted between July 1 of an even-numbered year and January 31 of an odd-numbered year, the licensee is not required to complete CE.

7.1.1.5 For licensees falling within the pro-ration schedule, at least 6 hours must be completed in the area of ethics.

7.1.2 Requirements for LMSWs:

7.1.2.1 For each renewal period, 30 hours are required.

7.1.2.2 At least 6 of the hours shall be in the area of professional ethics.

7.1.2.3 At least 1 of the hours shall be in the area of mandatory reporting.

7.1.2.4 Proration. License renewal periods last 2 complete calendar years, beginning February 1 and ending January 31 of odd-numbered years, for example, beginning February 1, 2007 and ending January 31, 2009. At the time of the initial license renewal, some individuals will have been licensed for less than 2 years. Therefore, for these individuals only, the continuing education hours will be prorated as follows:

7.1.2.4.1 If the license was granted prior to July 1 of an odd-numbered year, the licensee must complete 24 hours of CE during the initial licensing period.

7.1.2.4.2 If the license was granted between July 1 of an odd-numbered year and January 31 of an even-numbered year, the licensee must complete 18 hours of CE during the initial licensing period.

7.1.2.4.3 If the license was granted between February 1 of an even-numbered year and June 30 of that year, the licensee must complete 12 hours of CE during the initial licensing period.

7.1.2.4.4 If the license was granted between July 1 of an even-numbered year and January 31 of an odd-numbered year, the licensee is not required to complete CE.

7.1.2.5 For licensees falling within the pro-ration schedule, at least 6 hours must be completed in the area of ethics.

7.1.3 Requirements for LCSWs:

7.1.3.1 For each renewal period, 40 hours are required.

7.1.3.2 At least 6 of the hours shall be in the area of professional ethics.

7.1.3.3 At least 1 of the hours shall be in the area of mandatory reporting.

7.1.3.4 Proration. License renewal periods last 2 complete calendar years, beginning February 1 and ending January 31 of odd-numbered years, for example, beginning February 1, 2007 and ending January 31, 2009. At the time of the initial license renewal, some individuals will have been licensed for less than 2 years. Therefore, for these individuals only, the continuing education hours will be prorated as follows:

7.1.3.4.1 If the license was granted prior to July 1 of an odd-numbered year, the licensee must complete 36 hours of CE during the initial licensing period.

7.1.3.4.2 If the license was granted between July 1 of an odd-numbered year and January 31 of an even-numbered year, the licensee must complete 30 hours of CE during the initial licensing period.

7.1.3.4.3 If the license was granted between February 1 of an even-numbered year and June 30 of that year, the licensee must complete 24 hours of CE during the initial licensing period.

7.1.3.4.4 If the license was granted between July 1 of an even-numbered year and January 31 of an odd-numbered year, the licensee is not required to complete CE.

7.1.3.5 For licensees falling within the pro-ration schedule, at least 6 hours must be completed in the area of ethics.

7.1.4 No licensee shall earn more than 10 hours of continuing education credit from self-directed activity. The maximum number of hours granted for a particular type of self-directed activity is set forth ~~below~~ in subsection 7.2.6.4.

7.1.5 Any course or activity submitted for continuing education credit must have been attended during the biennial licensing period for which it is submitted. Excess credits may not be carried over to the next licensing period.

7.1.6 An "hour" for purposes of continuing education shall mean 50 minutes of instruction or participation in an appropriate course or program. Meals and breaks shall be excluded from credit.

7.1.7 Hardship. A candidate for license renewal may be granted an extension of time in which to complete continuing education hours upon a showing of good cause. "Good Cause" may include~~, but is not limited to,~~ disability, illness, extended absence from the jurisdiction and exceptional family responsibilities. Requests for hardship consideration must be submitted to the Board in writing prior to the end of the licensing period, along with payment of the appropriate renewal fee. No extension shall be granted for more than 120 days after the end of the licensing period. If the Board does not have sufficient time to consider and approve a request for hardship extension prior to the expiration of the license, the license will lapse upon the expiration date and be reinstated upon completion of continuing education pursuant to the hardship exception.

7.2 Definition and Scope of Continuing Education:

7.2.1 Continuing Education is defined to mean acceptable courses offered by colleges and universities, except for courses taken to satisfy degree requirements, televised and internet courses, independent study courses which have a final exam or paper, workshops, seminars, conferences and lectures oriented toward the enhancement of clinical social work practice, values, skills and knowledge, as well as acceptable self-directed activities as described ~~herein~~ in this Section.

7.2.2 The following types of courses are NOT acceptable for credit: business, computer, financial, administrative or practice development courses or portions of courses.

7.2.3 The Board will not "pre-approve" courses or activities for continuing education credit, except as provided in subsection 7.2.6 with respect to self-directed activities.

7.2.4 Approved Courses. The Board will accept for continuing education credit all courses designated for clinical social workers which are offered by the Association of Social Work Boards (ASWB), the National Association of Social Work (NASW), the Clinical Social Work Association (CSWA) and the American Psychological Association (APA) approved providers.

7.2.5 Other Courses.

7.2.5.1 The Board will also accept courses which:

7.2.5.1.1 Increase the licensee's knowledge about skill in diagnosing and assessing, skill in treating, or skill in preventing mental and emotional disorders, developmental disabilities and substance abuse; AND

7.2.5.1.2 Are instructed or presented by persons who have received specialized graduate-level training in the subject, or who have no less than 2 years of practical application or research experience pertaining to the subject.

7.2.5.2 For purposes of ~~this~~ subsection 7.2.5, ~~"Mental~~"mental and emotional disorders," "developmental disabilities" and "substance abuse" are those disorders enumerated and described in the most current Diagnostic and Statistical Manual including~~, but not limited to,~~ the V Codes and the Criteria Sets and Axes provided for further study.

7.2.6 Self-Directed Activities.

7.2.6.1 The Board will accept a maximum of 10 continuing education credits for Self-Directed Activities. The maximum number of credits that will be granted for any particular self-directed activity is indicated in subsection 7.2.6.4 ~~below~~.

7.2.6.2 To obtain credit for self-directed activity upon renewal of licensure, licensees shall retain documentation of each activity as noted in subsection 7.2.6.4 ~~below~~.

7.2.6.3 Pre-approval for self-directed activity. Licensees may, but are not required to, seek approval of continuing education credit for self-directed activity PRIOR to undertaking the activity IF they submit the following information to the Board by at least 2 business days prior to a Board meeting preceding the activity. A written proposal outlining the scope of the activity, the number of continuing education hours requested, the anticipated completion date, the role of the licensee in the case of multiple participants (e.g. research) and whether any part of the self-directed activity has ever been previously approved or submitted for credit by the same licensee.

7.2.6.4 Self-Directed Activity shall include teaching, research, preparation or presentation of professional papers and articles, and other activities specifically approved by the Board, which may include 1 or more of the following:

7.2.6.4.1 Publication of a professional clinical social work-related book, or initial preparation/presentation of a clinical social work-related college or university course (maximum of 10 hours). Required documentation shall be proof of publication, or syllabus of course and verification that the course was presented.

7.2.6.4.2 Publication of a professional clinical social work-related article or chapter of a book (maximum of 5 hours). Required documentation shall be a reprint of the publication.

7.2.6.4.3 Initial preparation/presentation of a professional clinical social work-related continuing education course/program (maximum of 2 hours, in addition to number of hours actually attended at the course/program) (Will only be accepted 1 time for any specific program). Required documentation shall be an outline, syllabus, agenda and objectives for the course, and verification that the course was presented

7.2.6.4.4 One year of field instruction of graduate students in a Council on Social Work Education-accredited school program, in a clinical setting (maximum of 2 hours). Required documentation shall be a letter of verification from the school for social work.

7.2.6.4.5 Participation in formal clinical staffing at federal, state or local social service agencies, public school systems or licensed health facilities and licensed hospitals (maximum of 5 hours). Required documentation shall be a signed statement from the agency, school system, facility or hospital, from a supervisor other than the licensee, including date and length of staffing.

7.3 Continuing Education Reporting and Documentation

7.3.1 Continuing Education Reporting Periods. Licenses are valid for 2 year periods ending January 31 of odd numbered years (e.g. January 31, 2005, 2007). Continuing education (CE) reporting periods run concurrently with the biennial licensing period. The Board shall continue to have the discretion, however, to grant extensions of time in which to complete continuing education in cases of hardship, pursuant to 24 **Del.C.** §3912 and subsection 7.1.7.

7.3.2 Proof of continuing education is satisfied with an attestation by the licensee that the licensee has satisfied the requirements of Section 7.0.

7.3.2.1 Attestation shall be completed electronically.

7.3.2.2 Licensees selected for random audit will be required to supplement the attestation with attendance verification pursuant to subsection 7.3.3.3.

7.3.3 Random audits will be performed by the Board to ensure compliance with the CEU requirements.

7.3.3.1 The Board will notify licensees within 60 days after January 31 that they have been selected for audit.

7.3.3.2 Licensees selected for random audit shall be required to submit verification within 10 days of receipt of notification of selection for audit.

7.3.3.3 Verification shall include ~~such~~ information necessary for the Board to assess whether the course or other activity meets the CE requirements in Section 7.0, which may include~~, but is not limited to,~~ the following information:

7.3.3.3.1 Proof of attendance;

7.3.3.3.2 Date of CE course;

7.3.3.3.3 Title of CE course;

7.3.3.3.4 Course agenda, brochure, outline or syllabus;

7.3.3.3.5 Instructor of CE course;

7.3.3.3.6 Sponsor of CE course;

7.3.3.3.7 Proof of clinical content; and

7.3.3.3.8 Number of hours of CE course.

7.3.4 The Board shall review all documentation submitted by licensees pursuant to the CE audit. If the Board determines that the licensee has met the CE requirements, the license shall remain in effect. If the Board determines that the licensee has not met the CE requirements, the licensee shall be notified and a hearing may be held pursuant to the Administrative Procedures Act. The hearing will be conducted to determine if there are any extenuating circumstances justifying the noncompliance with the CE requirements. Unjustified noncompliance with the CE requirements set forth in ~~these rules and regulations~~ this regulation shall constitute a violation of 24 **Del.C.** §3915(a)(5) and the licensee may be subject to 1 or more of the disciplinary sanctions set forth in 24 **Del.C.** §3916.

7.3.5 Failure to notify the Board of a change in mailing address will not absolve the licensee from audit requirements, including possible sanctions for non-compliance.

2 DE Reg. 775 (11/01/98)
2 DE Reg. 1680 (06/01/00)
4 DE Reg. 1815 (05/01/01)
7 DE Reg. 1667 (06/01/04)
8 DE Reg. 880 (12/01/04)
9 DE Reg. 265 (08/01/05)
10 DE Reg. 886 (11/01/06)
20 DE Reg. 490 (12/01/16)
22 DE Reg. 1028 (06/01/19)
27 DE Reg. 776 (04/01/24)
29 DE Reg. 545 (12/01/25)

8.0 Inactive Status

8.1 Any licensee, upon written request, may be placed in an inactive status for up to 3 years.
8.2 The licensee may reactivate the license after meeting all of the following criteria:
8.2.1 Providing the Board with written notification that the licensee intends to reactivate the license.
8.2.2 Satisfying all the continuing education requirements.
8.2.3 Paying the appropriate renewal fee.
8.3 A licensee who fails to reactivate a license within 3 years of being placed on inactive status must reapply for licensure.

2 DE Reg. 775 (11/01/98)
3 DE Reg. 1680 (06/01/00)
10 DE Reg. 886 (11/01/06)
20 DE Reg. 490 (12/01/16)
22 DE Reg. 1028 (06/01/19)

9.0 Code of Ethics

9.1 Duties to Client
9.1.1 The licensee's primary responsibility is the welfare of the client.
9.1.2 In providing services, the licensee must not discriminate on the basis of age, sex, race, color, religion/ spirituality, national origin, disability, political affiliation, sexual orientation, gender identity, or gender expression.
9.1.3 When a client needs other community services or resources, the licensee has the responsibility to assist the client in securing the appropriate services.
9.1.4 The licensee should refer a client to other service providers in the event that the licensee cannot provide the service requested. In the case of a referral, no commission, rebate or any other remuneration may be given or received for referral of clients for professional services, whether by an individual or an organization.
9.1.5 The licensee must, in cases where professional services are requested by a person already receiving therapeutic assistance from another professional, clarify with the client and the other professional the scope of services and division of responsibility which each professional will provide.
9.1.6 The licensee must maintain appropriate boundaries in interactions with a client. The licensee must not engage in sexual activity with a client. The licensee must not treat a family member or close personal friend where detached judgment or objectivity would be impaired. Business, social or professional relationships with a client (outside of the counseling relationship) should be avoided, where ~~such~~the relationships may influence or impair the licensee's professional judgment.
9.2 Confidentiality/privileged Communications
9.2.1 The licensee must safeguard the confidentiality of information given by clients in the course of client services.
9.2.2 The licensee must discuss with clients the nature of and potential limits to confidentiality that may arise in the course of therapeutic work.
9.2.3 No licensee or employee of ~~such person~~the licensee may disclose any confidential information they may have acquired from clients consulting them in their professional capacity except under the following conditions:
9.2.3.1 With the written consent of the client, the client's guardian in the case of a minor, or in the case of death or disability, of the client's personal representative, or person authorized to sue, or the beneficiary of an insurance policy on the client's life, health or physical condition; or
9.2.3.2 Where the communication reveals the planning of any violent crime or act.
9.2.3.3 When the person waives the privilege by initiating formal charges against the licensee.
9.2.3.4 When otherwise specifically required by law or judicial order.
9.2.4 The disclosure of confidential information, as permitted by subsection 9.2.3, is restricted to what is necessary, relevant, verifiable and based on the recipients' need to know. The licensee should, provided it will not adversely affect the client's condition, inform the client about the nature and scope of the information being disclosed, to whom the information will be released and the purpose for which it is sought.
9.3 Ethical Practice
9.3.1 The licensee must confine social work practice to areas where the licensee is legally authorized to practice and qualified to practice. When necessary the licensee should utilize the knowledge and experience of members of other professions.
9.3.2 The licensee is responsible for providing a clear description of what the client may expect in the way of scheduling services, fees and any other charges or reports
9.3.3 The licensee, or any employee or supervisee of the licensee, must be accurately identified on any bill as the person providing a particular service, and the fee charged the client should be at the licensee's usual and customary rate. Sliding fee scales are permissible.
9.3.4 A licensee employed by an agency or clinic, and also engaged in private practice, must conform to contractual agreements with the employing facility. The licensee must not solicit or accept a private fee or

consideration of any kind for providing a service to which the client is entitled through the employing facility.

9.3.5 A licensee having direct knowledge of a colleague's impairment, incompetence or unethical conduct should take adequate measures to assist the colleague in taking remedial action. In cases where the colleague does not address the problem, or in any case in which the welfare of a client appears to be in danger, the licensee should report the impairment, incompetence or unethical conduct to the Board.

9.3.6 The Board has voted to adopt the Voluntary Treatment Option, in accordance with 29 **Del.C.** §8735(n).

9.3.7 A licensee should safeguard the welfare of clients who willingly participate as research subjects. The licensee must secure the informed consent of any research participant and safeguard the participant's interests and rights.

9.3.8 In advertising services, the licensee may use any information so long as it describes the licensee's credentials and the services provided accurately and without misrepresentation.

9.4 Clinical Supervision

9.4.1 The licensee should ensure that supervisees inform clients of their status as interns, and of the requirements of supervision (review of records, audiotaping, videotaping, etc.). The client shall sign a statement of informed consent attesting that services are being delivered by a supervisee and that the licensee is ultimately responsible for the services. This document shall include the supervising licensee's name and the telephone number where the licensee can be reached. One copy shall be filed with the client's record and another given to the client. The licensee must intervene in any situation where the client seems to be at risk.

9.4.2 The licensee should inform the supervisee about the process of supervision, including goals, case management procedures, and agency or clinic policies.

9.4.3 The licensee must avoid any relationship with a supervisee that may interfere with the supervisor's professional judgment or exploit the supervisee.

9.4.4 The licensee must refrain from endorsing an impaired supervisee when ~~such~~ the impairment deems it unlikely that the supervisee can provide adequate professional services.

9.4.5 The licensee must refrain from supervising in areas outside the licensee's realm of competence.

9.5 All licensees must comply with the Code of Ethics adopted by the National Association of Social Workers.

3 DE Reg. 1680 (06/01/00)
20 DE Reg. 490 (12/01/16)
22 DE Reg. 1028 (06/01/19)
27 DE Reg. 776 (04/01/24)

10.0 Telehealth

10.1 Preamble: "Telehealth" means the practice of social work by distance communication technology, ~~such as, but not necessarily limited to,~~ including telephone, email, Internet-based communications, and videoconferencing. The licensee shall use telehealth only where appropriate based on the licensee's professional judgment.

10.2 Delaware license required

10.2.1 The licensee who provides treatment through telehealth shall meet the following requirements:

10.2.1.1 The licensee shall have an active Delaware license in good standing; and

10.2.1.2 During the telehealth treatment session, the client shall be located within the borders of the State of Delaware.

10.2.2 Exemption: The requirement of a Delaware license, as set forth in subsection 10.2.1.1, does not apply to an individual providing social work services pursuant to a Delaware interstate telehealth registration, as provided in Chapter 60 of Title 24 of the Delaware Code.

10.3 The licensee practicing social work through telehealth shall comply with the Board's Practice Act, Chapter 39 of Title 24 of the Delaware Code, rules and regulations and current standard of care requirements applicable to onsite care.

10.4 The licensee shall establish and maintain current competence in the use of telehealth through continuing education, consultation, or other procedures, in conformance with prevailing standards of scientific and professional knowledge. The licensee shall establish and maintain competence in the appropriate use of the information technologies utilized in telehealth.

10.5 The licensee shall use telehealth only where it is appropriate for the client, and decisions regarding the appropriate use of telehealth shall be made on a case-by-case basis.

10.6 The licensee shall be aware of the additional risks incurred when practicing social work through the use of distance communication technologies and take special care to conduct professional practice in a manner that protects the welfare of the client and ensures that the client's welfare is paramount.

10.7 Prior to delivering services by telehealth, the licensee shall conduct a risk-benefit analysis and document that:

10.7.1 The client's presenting problems and apparent condition are consistent with the use of telehealth to the client's benefit; and

10.7.2 The client has sufficient knowledge and skills in the use of the technology involved in rendering the service or can use a personal aid or assistive device to benefit from the service.

10.8 Prior to delivery of services by telehealth, the licensee shall obtain written, informed consent from the client, or other appropriate person with authority to make health care decisions for the client, in language that is likely to be understood and is consistent with accepted professional and legal requirements. Where the licensee cannot obtain written informed consent at the outset of care due to emergency circumstances, the licensee shall obtain verbal informed consent to be followed by written informed consent as soon as reasonably possible. At minimum, the informed consent shall inform the client of:

10.8.1 The limitations and innovative nature of using telehealth in the provision of social work services;

10.8.2 Potential risks to confidentiality of information due to the use of telehealth;

10.8.3 Potential risks of sudden and unpredictable disruption of telehealth services and how an alternative means of re-establishing electronic or other connection will be used under ~~such~~ these circumstances;

10.8.4 When and how the licensee will respond to routine electronic messages;

10.8.5 Under what circumstances the licensee and client will use alternative means of communications;

10.8.6 Who else may have access to communications between the client and the licensee;

10.8.7 Specific methods for ensuring that a client's electronic communications are directed only to the licensee; and

10.8.8 How the licensee stores electronic communications exchanged with the client.

10.9 Upon initial and subsequent contacts with the client by telehealth, the licensee shall make reasonable efforts to verify the identity of the client.

10.10 Upon initial contact, the licensee shall: obtain alternative means of contacting the client; provide to the client alternative means of contacting the licensee; and establish a written agreement relative to the client's access to face-to-face emergency services in the client's geographical area, in instances ~~such as, but not necessarily limited to,~~including the client experiencing a suicidal or homicidal crisis.

10.11 The licensee shall document in the file or record which services were provided by telehealth.

10.12 Confidentiality: The licensee shall ensure that the electronic communication is secure to maintain confidentiality of the client's health or educational information as required by the Health Insurance Portability and Accountability Act (HIPAA) and other applicable Federal and State laws. Confidentiality shall be maintained through appropriate processes, practices and technology, including disposal of electronic equipment and data.

10.13 In the context of a face-to-face professional relationship, the following are exempt from this Section:

10.13.1 Electronic communication used specific to appointment scheduling, billing, the establishment of benefits and eligibility for services; and,

10.13.2 Telephonic or other electronic communications made for the purpose of ensuring client welfare in accord with reasonable professional judgment.

20 DE Reg. 490 (12/01/16)
27 DE Reg. 776 (04/01/24)
29 DE Reg. 545 (12/01/25)

11.0 Voluntary Treatment Option for Chemically Dependent or Impaired Professionals

11.1 If the report is received by the chairperson of the regulatory Board, that chairperson shall immediately notify the Director of Professional Regulation or the Director's designate of the report. If the Director of Professional Regulation receives the report, the Director shall immediately notify the chairperson of the regulatory Board, or that chairperson's designate or designates.

11.2 The chairperson of the regulatory Board or that chairperson's designate or designates shall, within 7 days of receipt of the report, contact the regulated professional in question and inform the regulated professional in writing of the report, provide the regulated professional written information describing the Voluntary Treatment Option, and give the regulated professional the opportunity to enter the Voluntary Treatment Option.

11.3 In order for the regulated professional to participate in the Voluntary Treatment Option, the regulated professional shall agree to submit to a voluntary drug and alcohol screening and evaluation at a specified laboratory or health care facility. This initial evaluation and screen shall take place within 30 days following notification to the regulated professional by the participating Board chairperson or that chairperson's designate or designates.

11.4 A regulated professional with chemical dependency or impairment due to addiction to drugs or alcohol may enter into the Voluntary Treatment Option and continue to practice, subject to any limitations on practice the participating Board chairperson or that chairperson's designate or designates or the Director of the Division of Professional Regulation or the Director's designate may, in consultation with the treating professional, deem necessary, only if ~~such action~~the regulated professional's entry into the treatment program will not endanger the public health, welfare or safety, and the regulated professional enters into an agreement with the Director of Professional Regulation or the Director's designate and the chairperson of the participating Board or that chairperson's designate for a treatment plan and progresses satisfactorily in ~~such~~the treatment program and complies with all terms of that agreement. Treatment programs may be operated by professional Committees and Associations or other similar professional groups with the approval of the Director of Professional Regulation and the chairperson of the participating Board.

11.5 Failure to cooperate fully with the participating Board chairperson or that chairperson's designate or designates or the Director of the Division of Professional Regulation or the Director's designate in regard to

the Voluntary Treatment Option or to comply with their requests for evaluations and screens may disqualify the regulated professional from the provisions of the Voluntary Treatment Option, and the participating Board chairperson or that chairperson's designate or designates shall cause to be activated an immediate investigation and institution of disciplinary proceedings, if appropriate, as outlined in subsection 11.8 of this ~~section~~regulation.

11.6 The Voluntary Treatment Option may require a regulated professional to enter into an agreement which includes the following provisions:

11.6.1 Entry of the regulated professional into a treatment program approved by the participating Board. Board approval shall not require that the regulated professional be identified to the Board. Treatment and evaluation functions must be performed by separate agencies to assure an unbiased assessment of the regulated professional's progress.

11.6.2 Consent to the treating professional of the approved treatment program to report on the progress of the regulated professional to the chairperson of the participating Board or to that chairperson's designate or designates or to the Director of the Division of Professional Regulation or the Director's designate at ~~such~~ intervals as required by the chairperson of the participating Board or that chairperson's designate or designates or the Director of the Division of Professional Regulation or the Director's designate, and ~~such person~~the treating professional making ~~such~~a report will not be liable when ~~such reports are~~the report is made in good faith and without malice.

11.6.3 Consent of the regulated professional, in accordance with applicable law, to the release of any treatment information from anyone within the approved treatment program.

11.6.4 Agreement by the regulated professional to be personally responsible for all costs and charges associated with the Voluntary Treatment Option and treatment program. In addition, the Division of Professional Regulation may assess a fee to be paid by the regulated professional to cover administrative costs associated with the Voluntary Treatment Option. The amount of the fee imposed under this subparagraph shall approximate and reasonably reflect the costs necessary to defray the expenses of the participating Board, as well as the proportional expenses incurred by the Division of Professional Regulation in its services on behalf of the Board in addition to the administrative costs associated with the Voluntary Treatment Option.

11.6.5 Agreement by the regulated professional that failure to satisfactorily progress in ~~such~~the treatment program shall be reported to the participating Board's chairperson or that chairperson's designate or designates or to the Director of the Division of Professional Regulation or the Director's designate by the treating professional who shall be immune from any liability for ~~such~~ reporting made in good faith and without malice.

11.6.6 Compliance by the regulated professional with any terms or restrictions placed on professional practice as outlined in the agreement under the Voluntary Treatment Option.

11.7 The regulated professional's records of participation in the Voluntary Treatment Option will not reflect disciplinary action and shall not be considered public records open to public inspection. However, the participating Board may consider ~~such~~the regulated professional's records of participation in setting a disciplinary sanction in any future matter in which the regulated professional's chemical dependency or impairment is an issue.

11.8 The participating Board's chairperson, that chairperson's designate or designates or the Director of the Division of Professional Regulation or the Director's designate may, in consultation with the treating professional at any time during the Voluntary Treatment Option, restrict the practice of a chemically dependent or impaired professional if ~~such action~~practice restriction is deemed necessary to protect the public health, welfare or safety.

11.9 If practice is restricted, the regulated professional may apply for unrestricted licensure upon completion of the program.

11.10 Failure to enter into ~~such~~a treatment agreement or to comply with the terms and make satisfactory progress in the treatment program shall disqualify the regulated professional from the provisions of the Voluntary Treatment Option, and the participating Board shall be notified and cause to be activated an immediate investigation and disciplinary proceedings as appropriate.

11.11 Any person who reports pursuant to this section in good faith and without malice shall be immune from any civil, criminal or disciplinary liability arising from ~~such reports~~a report, and the person's confidentiality shall be protected if the matter is handled in a nondisciplinary matter.

11.12 The confidentiality of any regulated professional who complies with all of the terms and completes the Voluntary Treatment Option shall be protected unless otherwise specified in a participating Board's ~~rules and regulations~~regulation. In ~~such an~~this instance, the written agreement with the regulated professional shall include the potential for disclosure and specify those to whom ~~such~~confidential information may be disclosed.

3 DE Reg. 1680 (06/01/00)
7 DE Reg. 1667 (06/01/04)
20 DE Reg. 490 (12/01/16)
27 DE Reg. 776 (04/01/24)
29 DE Reg. 545 (12/01/25)

12.0 Crimes substantially related to the practice of social work:

12.1 Conviction of any of the following crimes, or of the attempt to commit or of a conspiracy to commit or conceal or of solicitation to commit any of the following crimes, is deemed to be substantially related to the practice of social work in the State of Delaware without regard to the place of conviction:

12.1.1 Aggravated menacing. 11 **Del.C.** §602(b).
12.1.2 Reckless endangering in the first degree. 11 **Del.C.** §604.
12.1.3 Abuse of a pregnant female in the second degree. 11 **Del.C.** §605.
12.1.4 Abuse of a pregnant female in the first degree. 11 **Del.C.** §606.
12.1.5 Assault in the second degree. 11 **Del.C.** §612.
12.1.6 Assault in the first degree. 11 **Del.C.** §613.
12.1.7 Abuse of a sports official; felony. 11 **Del.C.** §614.
12.1.8 Assault by abuse or neglect. 11 **Del.C.** §615**.**
12.1.9 Terroristic threatening; felony. 11 **Del.C.** §621.
12.1.10 Unlawfully administering drugs. **11 Del.C.** §625.
12.1.11 Unlawfully administering controlled substance or counterfeit substance or narcotic drugs. 11 **Del.C.** §626.
12.1.12 Manslaughter. 11 **Del.C.** §632.
12.1.13 Murder by abuse or neglect in the second degree. 11 **Del.C.** §633.
12.1.14 Murder by abuse or neglect in the first degree. 11 **Del.C.** §634.
12.1.15 Murder in the second degree. 11 **Del.C.** §635.
12.1.16 Murder in the first degree. 11 **Del.C.** §636.
12.1.17 Promoting suicide. 11 **Del.C.** §645.
12.1.18 Abortion. 11 **Del.C.** §651.
12.1.19 Incest. 11 **Del.C.** §766.
12.1.20 Unlawful sexual contact in the third degree. 11 **Del.C.** §767.
12.1.21 Unlawful sexual contact in the second degree. 11 **Del.C.** §768.
12.1.22 Unlawful sexual contact in the first degree. 11 **Del.C.** §769.
12.1.23 Rape in the fourth degree. 11 **Del.C.** §770.
12.1.24 Rape in the third degree. 11 **Del.C.** §771.
12.1.25 Rape in the second degree. 11 **Del.C.** §772.
12.1.26 Rape in the first degree. 11 **Del.C.** §773.
12.1.27 Sexual extortion. 11 **Del.C.** §776.
12.1.28 Bestiality. 11 **Del.C.** §777.
12.1.29 Continuous sexual abuse of a child. 11 **Del.C.** §778.
12.1.30 Dangerous crime against a child. 11 **Del.C.** §779.
12.1.31 Female genital mutilation. 11 **Del.C.** §780.
12.1.32 Unlawful imprisonment in the first degree. 11 **Del.C.** §782.
12.1.33 Kidnapping in the second degree. 11 **Del.C.** §783.
12.1.34 Kidnapping in the first degree. 11 **Del.C.** §783A.
12.1.35 Acts constituting coercion. 11 **Del.C.** §791.
12.1.36 Arson in the first degree. 11 **Del.C.** §803.
12.1.37 Burglary in the third degree. 11 **Del.C.** §824.
12.1.38 Burglary in the second degree. 11 **Del.C.** §825.
12.1.39 Burglary in the first degree. 11 **Del.C.** §826.
12.1.40 Possession of burglar's tools or instruments facilitating theft. 11 **Del.C.** §828.
12.1.41 Robbery in the second degree. 11 **Del.C.** §831.
12.1.42 Robbery in the first degree. 11 **Del.C.** §832.
12.1.43 Carjacking in the second degree. 11 **Del.C.** §835.
12.1.44 Carjacking in the first degree. 11 **Del.C.** §836.
12.1.45 Extortion. 11 **Del.C.** §846.
12.1.46 Identity theft. 11 **Del.C.** §854.
12.1.47 Forgery. 11 **Del.C.** §861.
12.1.48 Falsifying business records. 11 **Del.C.** §871.
12.1.49 Tampering with public records in the second degree 11 **Del.C.** §873.
12.1.50 Tampering with public records in the first degree. 11 **Del.C.** §876.
12.1.51 Issuing a false certificate. 11 **Del.C.** §878.
12.1.52 Criminal impersonation. 11 **Del.C.** §907.
12.1.53 Criminal impersonation, accident related. 11 **Del.C.** §907A.
12.1.54 Criminal impersonation of a police officer. 11 **Del.C.** §907B.
12.1.55 Insurance fraud. 11 **Del.C.** §913.
12.1.56 Health care fraud. 11 **Del.C.** §913A.
12.1.57 Misuse of computer system information. 11 **Del.C.** §935.
12.1.58 Dealing in children. 11 **Del.C.** §1100.
12.1.59 Endangering the welfare of a child. 11 **Del.C.** §1102.
12.1.60 Endangering the welfare of an incompetent person. 11 **Del.C.** §1105.

12.1.61 Sexual exploitation of a child. 11 **Del.C.** §1108.
12.1.62 Unlawfully dealing in child pornography. 11 **Del.C.** §1109.
12.1.63 Possession of child pornography. 11 **Del.C.** §1111.
12.1.64 Sexual offenders; prohibitions from school zones. 11 **Del.C.** §1112.
12.1.65 Sexual solicitation of a child. 11 **Del.C.** §1112A.
12.1.66 Perjury in the second degree. 11 **Del.C.** §1222.
12.1.67 Perjury in the first degree. 11 **Del.C.** §1223.
12.1.68 Making a false written statement. 11 **Del.C.** §1233.
12.1.69 Terroristic threatening of public officials or public servants. 11 **Del.C.** §1240.
12.1.70 Assault in a detention facility; Class B felony. 11 **Del.C.** §1254.
12.1.71 Sexual relations in a detention facility. 11 **Del.C.** §1259.
12.1.72 Bribing a witness. 11 **Del.C.** §1261.
12.1.73 Bribe receiving by a witness. 11 **Del.C.** §1262.
12.1.74 Tampering with a witness. 11 **Del.C.** §1263.
12.1.75 Interfering with child witness. 11 **Del.C.** §1263A.
12.1.76 Bribing a juror. 11 **Del.C.** §1264.
12.1.77 Bribe receiving by a juror. **11 Del.C.** §1265.
12.1.78 Tampering with physical evidence. 11 **Del.C.** §1269.
12.1.79 Criminal contempt of a domestic violence protective order. 11 **Del.C.** §1271A.
12.1.80 Hate crimes. 11 **Del.C.** §1304.
12.1.81 Aggravated harassment. 11 **Del.C.** §1312.
12.1.82 Stalking; felony. 11 **Del.C.** §1312A.
12.1.83 Cruelty to animals; felony. 11 **Del.C.** §1325.
12.1.84 Violation of privacy. 11 **Del.C.** §1335.
12.1.85 Bombs, incendiary devices, Molotov cocktails and explosive devices. 11 **Del.C.** §1338.
12.1.86 Adulteration. 11 **Del.C.** §1339.
12.1.87 Promoting prostitution in the first degree. 11 **Del.C.** §1353.
12.1.88 Possessing a destructive weapon. 11 **Del.C.** §1444.
12.1.89 Unlawfully dealing with a dangerous weapon; felony. 11 **Del.C.** §1445.
12.1.90 Organized Crime and Racketeering. 11 **Del.C.** §1504.
12.1.91 Victim or Witness Intimidation. 11 **Del.C.** §§3532 and 3533.
12.1.92 Abuse, neglect, mistreatment or financial exploitation of residents or patients. 16 **Del.C.** §1136(a), (b) and (c).
12.1.93 Prohibited acts A under the Uniform Controlled Substances Act. 16 **Del.C.** §4751(a), (b) and (c).
12.1.94 Prohibited acts B under the Uniform Controlled Substances Act. 16 **Del.C.** §4752(a) and (b).
12.1.95 Trafficking in marijuana, cocaine, illegal drugs, methamphetamines, Lysergic Acid Diethylamide (L.S.D.), designer drugs, or 3,4-methylenedioxymethamphetamine (MDMA). 16 **Del.C.** §4753A (a)(1)-(9).
12.1.96 Distribution to persons under 21 years of age. 16 **Del.C.** §4761.
12.1.97 Purchase of drugs from minors. 16 **Del.C.** §4761A.
12.1.98 Drug paraphernalia; delivery to a minor 16 **Del.C.** §4774(c)**.**
12.1.99 Obtaining benefit under false representation. 31 **Del.C.** §1003.
12.1.100 Reports, statements and documents. 31 **Del.C.** §1004.
12.1.101 Kickback schemes and solicitations. 31 **Del.C.** §1005.
12.1.102 Conversion of payment. 31 **Del.C.** §1006.
12.1.103 Driving a vehicle while under the influence or with a prohibited alcohol content; third and fourth offenses. 21 **Del.C.** §4177 (3) and (4).
12.1.104 Prohibited trade practices against infirm or elderly. 6 **Del.C.** §2581.
12.1.105 Prohibition of intimidation [under the Fair Housing Act]; felony. 6 **Del.C.** §4619.
12.1.106 Auto Repair Fraud victimizing the infirm or elderly. 6 **Del.C.** §4909A.
12.1.107 Interception of Communications Generally; Divulging Contents of Communications. 11 **Del.C.** §2402.
12.1.108 Manufacture, Possession or Sale of Intercepting Device. 11 **Del.C.** §2403.
12.1.109 Breaking and Entering, Etc. to Place or Remove Equipment. 11 **Del.C.** §2410.
12.1.110 Obstruction, Impediment or Prevention of Interception. 11 **Del.C.** §2412.
12.1.111 Obtaining, Altering or Preventing Authorized Access. 11 **Del.C.** §2421.
12.1.112 Divulging Contents of Communications. 11 **Del.C.** §2422.
12.1.113 Installation and Use Generally [of pen trace and trap and trace devices]. 11 **Del.C.** §243.
12.1.114 Attempt to Intimidate. 11 **Del.C.** §3534.
12.1.115 Disclosure of Expunged Records. 11 **Del.C.** §4374.
12.1.116 Providing false information when seeking employment in a public school. 11 **Del.C.** §8572.
12.1.117 Failure of Physician to file report of abuse of neglect pursuant to 16 **Del.C.** §903.
12.1.118 Coercion or intimidation involving health-care decisions and falsification, destruction of a document to create a false impression that measures to prolong life have been authorized; felony. 16 **Del.C.** §2513(b).

12.1.119 Failure of Physician to report persons subject to loss of consciousness. 24 **Del.C.** §1763.

12.1.120 Abuse, neglect, exploitation or mistreatment of infirm adult. 31 **Del.C.** §3913(a), (b) and (c).

12.2 Crimes substantially related to the practice of social work shall be deemed to include any crimes under any federal law, state law, or valid town, city or county ordinance, that are substantially similar to the crimes identified in this regulation.

8 DE Reg. 1600 (05/01/05)
20 DE Reg. 490 (12/01/16)
29 DE Reg. 545 (12/01/25)

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2 DE Reg. 775 (11/01/98)
2 DE Reg. 1680 (06/01/00)
4 DE Reg. 1815 (05/01/01)
5 DE Reg. 1072 (11/01/01)
7 DE Reg. 1667 (06/01/04)
8 DE Reg. 880 (12/01/04)
8 DE Reg. 1600 (05/01/05)
9 DE Reg. 265 (08/01/05)
10 DE Reg. 886 (11/01/06)
12 DE Reg. 1435 (05/01/09)
16 DE Reg. 108 (07/01/12)
20 DE Reg. 490 (12/01/16)
22 DE Reg. 1028 (06/01/19)
27 DE Reg. 776 (04/01/24)
28 DE Reg. 681 (03/01/25)
29 DE Reg. 545 (12/01/25)