

Verification of Licensure, p. 2

3. Did your board verify that this individual holds a social work degree? On what degree was the license based? <input type="checkbox"/> BSW <input type="checkbox"/> MSW <input type="checkbox"/> Social Work Doctorate Degree _____ Subject? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (please specify below)
4. Was the degree issued by a program accredited by CSWE or CASSW?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Did this license require documented post-masters-degree supervised experience? If yes, how much experience was required? _____ years _____ hours Qualifications of the individual who provided supervision:	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. The license or registration is currently: <input type="checkbox"/> Active <input type="checkbox"/> Expired <input type="checkbox"/> Other, please explain: <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive	
7. Has this individual ever been subject to disciplinary action that is public information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is there any pending disciplinary action against this individual that is public information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are there any unresolved complaints that are public information regarding this individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. If questions 7, 8, or 9 were answered "yes", please provide an explanation below:	
11. Is there any other information that your agency can share with us about the candidate that might effect a board licensure decision?	

Board Signature: _____

Title: _____

Social Work Licensing Board: _____

Date: _____

Email Address: _____

Office Phone Number: _____

(BOARD SEAL)