

Registration options:

Regardless of the method of registration, the registration fee is US\$230 for the Bachelors or Masters exams or US\$260 for the Advanced Generalist or Clinical exams (all fees are in US dollars and are nonrefundable).

By phone: Use this form to collect and organize the information you will need to provide when you call. Fill out this form and call 888.579.3926 to register. Only credit card payments (Visa, Mastercard, Discover) will be accepted. **Payment must be made at time of registration.**

Online: Go to <https://www.aswb.org/exam-candidates/> and click on "Register for the Exam" on the opening page. Only credit card payments (Visa, Mastercard, Discover) will be accepted when registering online

By mail: Fill out this form **completely** and mail to ASWB with a certified check, money order or credit card information (Visa, Mastercard, Discover). **No personal checks will be accepted.** Mail to: ASWB Candidate Services, PO Box 1508, Culpeper, VA 22701.

By fax: Fill out this form **completely** and fax to ASWB at 540.829.0142. Be sure to fill out the credit card payment information. Only credit card payments (Visa, Mastercard, Discover) will be accepted when registering by fax.

Make sure all information is correct. There is a US\$30.00 fee for processing any changes to registration.

Name: <i>(as it appears on your government-issued photo ID)</i>		Last		First		Middle/Initial		Suffix	
Does the name above match the government-issued photo ID and secondary ID you will present at the testing center? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Address:									
City:			State/Province:			ZIP/Postal Code:			
Work phone:			Home phone:			Cell phone:			
Email address:					Birth date:				
					Month		Day		Year
Social Security Number (US)/Social Insurance Number (Canada)					State/Province/Territory to which you are applying for a license:				
ASWB examination category requested (check ONLY one):									
Associate		Bachelors		Masters		Advanced Generalist		Clinical	
Registration fee payment US\$230 for Bachelors/Masters US\$260 for Advanced Generalist/Clinical All fees are US dollars. Visa Mastercard Discover Certified check/money order (mail-in ONLY, payable to ASWB) Examination fees are not refundable.					Card Number: <input type="text"/>				
					Card holder's name: _____				
					Card holder's signature: _____				
					Expiration date: <input type="text"/>		Card holder's billing ZIP code: _____		
					CID number (last three digits from the signature panel on back of card): <input type="text"/>				
With which gender do you identify?					Race/Ethnicity (check one): <i>This information is optional</i>				
Male		Female			African American/Black		Asian/Pacific Islander		
					Caucasian		Native American/First Nations		
					Hispanic/Latin American		Puerto Rican		
					Multiracial		Other _____		

What is your current primary position? (check only one)

Administrator/manager	Direct service provider	Consultant
Program planner	Policy analyst/lobbyist	Educator
Supervisor	Evaluator/researcher	Other
		Not currently employed in social work

Total years in practice since receiving highest social work degree: _____

What is your first / native language?	Are you a U.S. Citizen?
English Other	Yes No

Education PLEASE FILL OUT COMPLETELY
Indicate ALL degrees earned or programs in which you are currently completing your last semester.
No secondary degree earned

Associate degree
Academic major (check one):
Social work
Other
Year degree was/will be earned _____
School code (see below)

--	--	--	--	--	--

Bachelor's degree
Academic major (check one):
Social work
Other
Year degree was/will be earned _____
School code (see below)

--	--	--	--	--	--

Master's degree
Academic major (check one):
Social work
Other
Year degree was/will be earned _____
School code (see below)

--	--	--	--	--	--

Doctorate degree
Academic major (check one):
Social work
Other
Year degree was/will be earned _____
School code (see below)

--	--	--	--	--	--

Find applicable school codes:
Note: Depending on your browser, the following link may not open in a new browser window. To avoid losing data entered, save this form to your desktop before proceeding to the link below.
<https://www.aswb.org/school-codes/>

Special Testing Arrangements
For more information, see page 5 of the handbook. All disability accommodations and ESL arrangements must be approved by your board and ASWB **before** you submit this registration form.

There is a US\$30 fee for processing any changes to registration.

I have been approved for special accommodations for a disability.
Yes No

I have been approved for special arrangements for English as a second language.
Yes No

ASWB and its testing vendor make every effort to ensure that all aspects of examination registration and administration are handled properly and that the results of each examination reflect the performance of the candidate. In the unlikely event that an error occurs in registration, administration (including disruptions at the test center that lead to delays), or reporting, ASWB and/or its testing vendor will correct the error, if possible, within a reasonable period of time. If the problem cannot be corrected within a reasonable period of time, ASWB and/or its testing vendor may permit the affected candidate to retest at no additional fee. In the event that a retest is determined to be the most appropriate remedy, the examination will be administered in its entirety and no credit will be given for any portion of the previous examination administration. THESE ARE THE EXCLUSIVE REMEDIES THAT WILL BE AVAILABLE TO CANDIDATES.

The information provided by you will be used to generate an Authorization Number that allows you to take the ASWB social work licensure examination. The accuracy of this information must be assured to protect the integrity of the licensure process as well as the examination program. Please read and sign the following statement:

I attest that all the information provided in this registration is true and accurate; and further attest that I am taking the ASWB social work licensure examination for the purpose of submitting an application for licensure with one of the licensing jurisdictions of Canada, the United States, or its territories. I acknowledge the exclusive remedies available to candidates.

Signature: _____

Name (please print): _____

Date: _____