



PO Box 1508
Culpeper, VA 22701

Phone (866) 825-9580
registry@aswb.org

Credentials Verification Information and Application Instructions

The Social Work Registry is a program of the Association of Social Work Boards, a nonprofit association that provides services for state, provincial and territorial social work licensing boards in the U.S. and Canada. The purpose of the Social Work Registry is to provide a repository for social workers' credential information while serving as a verification source for social work licensing boards.

By using the Registry, you will establish a permanent file containing primary source records relating to your social work career. At your request this information will be transmitted to any regulatory board to which you may apply for licensure during your social work career.

Your record will contain copies of the application materials enclosed, as well as original copies of your education transcripts, your social work examination scores, and verification of any clinical supervision you have received. In addition, when a summary of your record is prepared for a licensing board, ASWB will check your identifying information against its Disciplinary Action Reporting System (DARS) databank and provide that information to the board.

The Registry will verify the following categories of information and obtain pertinent credentials directly from the source:

- Education
- Social work examination results
- Licensing history
- Clinical supervision (if applicable)
- Disciplinary actions reported to DARS

In addition, the registry will store the following unverified information provided by you:

- Continuing education courses completed
- References
- Employment history

Application Instructions:

Please read these instructions thoroughly before completing the enclosed application forms. Failure to submit the required information will result in processing delays.

- Type or print your information in blue or black ink. Illegible information may result in delays.
- Provide a response to each piece of information requested. Use “N/A” for questions that do not apply to you.
- Include all parts of the requested information.
- Double-check spelling of names and institutions and verify that dates are accurate. If the information you provide differs from what we receive from the primary sources involved, you will be asked to clarify discrepancies.
- Make a copy of your completed application before you return it to ASWB.

If you have any questions, contact the Social Work Registry at 1-866-825-9580 or by email at registry@aswb.org.

All information in your Social Work Registry file is considered highly confidential. Your information will not be released without your consent.

The application packet you return must include the following:

- Application- pages 3 through 7
- Payment form, with credit card information, personal check or money order
- Affidavit and release—NOTARIZED
- Authorization for release of information—NOTARIZED

Provide supervisor contact information only if you have **completed** your postgraduate supervision requirements. ASWB will send a supervision verification form directly to your supervisor(s). *Do not* list supervisor information if supervision is currently ongoing. Provide the registry with the supervisor’s contact information when your supervision requirements have been met in total or supervision has been completed by a particular supervisor, i.e., change of job or change of supervisor.

Fees: *All fees are payable in U.S. dollars only and are non-refundable.*

Regular Rates:

Student Verification \$35.00
General Verification: \$60.00

Annual Maintenance: \$25.00

Additional Reports:

 Single Verification \$25.00

 Multiple Verifications \$Fees to be assessed

All verification fees include one single report during the first year. The annual maintenance fee includes one single verification report per year. Multiple verifications are reports submitted to more than one jurisdiction or multiple license verifications submitted to one jurisdiction.

Returned checks will be assessed a \$25 fee. Verification will be suspended until a cashier’s check or money order covering the original application fee plus the \$25 fee is received

Note: ASWB does not issue social work licenses. Participation in the Social Work Registry does not guarantee that participants will meet licensing standards in any jurisdiction. Your social work licensing board will also require a licensure application that is separate from this application.

Send this completed application with payment to the address on page one. Upon receipt, the Registry will verify the information you submitted to complete your Registry record. You will be notified if the information is incomplete or if we are unable to contact the sources you provided. You will be notified when your record is complete.

Application

Identification & Contact Information

Name (First/Last):												Middle:			
* If you have had a legal name change, please attach pertinent document attesting to this fact															
Social Security/Social Insurance Number:															
Gender:		<input type="checkbox"/> Female		<input type="checkbox"/> Male		Birth Date: _____									
Mailing Address:															

How did you hear about the Social Work Registry? (check all that apply.)										<input type="checkbox"/> Received brochure at a conference <input type="checkbox"/> Found information on the ASWB website <input type="checkbox"/> Saw an ad in a publication <input type="checkbox"/> Other: _____					
Email address:		_____													
Work phone:		()				-					
Home phone:		()				-					
Cellular phone:		()				-					
Current Employment:															
Employer:		_____													
Current position:		_____													
Date started:		_____				_____									
Employer Address:															

Education Information

1) Degree/graduation date:		Major:	
College name and address:			
2) Degree/graduation date:		Major:	
College name and address:			
3) Degree/graduation date:		Major:	
College name and address:			

List additional degrees on the reverse side of this form

Licensure Information

Please list all professional licenses currently or previously held in any profession.

1) License Designation:		State/Province:	
License number:		Date Issued/ Expiration date:	
Status:	<input type="checkbox"/> Current <input type="checkbox"/> Expired	<input type="checkbox"/> Revoked/suspended <input type="checkbox"/> Under investigation	<input type="checkbox"/> Other: _____
Basis for License:	<input type="checkbox"/> Examination <input type="checkbox"/> Endorsement	<input type="checkbox"/> Reciprocity <input type="checkbox"/> Grandparenting	<input type="checkbox"/> Other: _____
2) License Designation:		State/Province:	
License number:		Date Issued/ Expiration date:	
Status:	<input type="checkbox"/> Current <input type="checkbox"/> Expired	<input type="checkbox"/> Revoked/suspended <input type="checkbox"/> Under investigation	<input type="checkbox"/> Other: _____
Basis for License:	<input type="checkbox"/> Examination <input type="checkbox"/> Endorsement	<input type="checkbox"/> Reciprocity <input type="checkbox"/> Grandparenting	<input type="checkbox"/> Other: _____
3) License Designation:		State/Province:	
License number:		Date Issued/ Expiration date:	
Status:	<input type="checkbox"/> Current <input type="checkbox"/> Expired	<input type="checkbox"/> Revoked/suspended <input type="checkbox"/> Under investigation	<input type="checkbox"/> Other: _____
Basis for License:	<input type="checkbox"/> Examination <input type="checkbox"/> Endorsement	<input type="checkbox"/> Reciprocity <input type="checkbox"/> Grandparenting	<input type="checkbox"/> Other: _____
Do you plan on getting licensed in another jurisdiction(s) in the next 3-6 months?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		If yes, what jurisdiction(s)?	

List additional licenses on the reverse side of this form

Affidavit & Release



I, the undersigned, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and person named in the various forms and credentials furnished or to be furnished with respect to my application, and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the instructions for completing this application and have answered all questions contained in the application truthfully and completely. I understand and agree that failure on my part to answer questions truthfully and completely may lead to my disqualification from the program and prosecution under appropriate federal, state and provincial laws, including a report of misconduct to the board in all jurisdictions where I am licensed.

I authorize and request every person, government agency (local, state, provincial, federal, foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the ASWB Social Work Registry any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the ASWB Social Work Registry or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge and exonerate the ASWB, its agents or representatives and any person furnishing information of any and all liability of every nature and kind arising out of my participation in the ASWB Social Work Registry. I authorize the ASWB to release information, material, documents, orders or the like relating to this application or me to any entity at my request.

Applicant's signature (must be signed in the presence of a notary public)

Applicant's PRINTED last name

Applicant's PRINTED first name, middle name and suffix (e.g. Jr.)

Date of signature (must correspond to date of notarization)

State/Province of _____, County of _____, I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this _____ day of _____, 20__.

Notary public signature: _____ Commission expires: _____

Authorization for Release of Information, Documents and Records

I, the undersigned, do hereby authorize the ASWB Social Work Registry to collect, verify and maintain information and copies of documents and records regarding my education, licensure and employment that can subsequently be provided to professional licensing boards, hospitals and other entities when I apply for licensure, staff membership, employment or other privileges.

I request and authorize every person, institution, professional licensing board of any jurisdiction in which I hold or may have held a professional license, government agency (local, state, provincial, federal or foreign), law enforcement agency or other third parties and organizations, and their representatives, to release such information, records, transcripts and other documents concerning my professional qualifications and competence, ethics, character and other information pertaining to me to the ASWB Social Work Registry.

I further request and authorize that the requested information, documents and records be sent directly to:

**ASWB
Social Work Registry
P.O. Box 1508
Culpeper, VA 22701**

Indemnification and Release

I hereby indemnify, release, discharge and hold harmless from any and all liability:

1) The ASWB, its agents, representatives, directors and officers; 2) other agencies and institutions providing the information, their representatives, directors and officers; and 3) any third parties and organizations for any acts, communications, reports, records, transcripts, statements, documents, recommendations or disclosures involving me, made in good faith and without malice, requested or received by the ASWB Social Work Registry.

By my signature below, I acknowledge that information, documents and records required to be furnished by another organization, educational institution, individual or any person or groups of persons must be sent directly by such persons to ASWB. I understand that ASWB will not accept such information, records or documents forwarded by me.

A photocopy of this authorization shall be as valid as the original and shall be valid from the date signed.

Applicant's signature

Date of Signature

Applicant's PRINTED last name, first name, middle name and suffix (e.g. Jr.)

Date of birth (month/day/year)

State/Province of _____, County of _____, I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this _____ day of _____, 20_____.

Notary public signature: _____ Commission expires: _____