

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)

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

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

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

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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: _____