



EXAM REGISTRATION

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 U.S. dollars and are nonrefundable.

- Online:** Go to aswb.org/exam 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, 17126 Mountain Run Vista Ct., 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.

Name
(as it appears on your government-issued photo ID) Last First Middle/Initial

Does the name above match the government-issued photo ID and secondary ID you will present at the test center? Yes No

Address

City State/Province ZIP/Postal code

Work phone Home phone Cell phone

Email address Date of birth

Social Security Number (U.S.)/Social Insurance Number (Canada) State or provincial social work board 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 U.S. dollars and nonrefundable.

Visa
 Mastercard
 Discover
 Certified check/money order (mail-in ONLY, payable to ASWB)

Card number _____

Cardholder's name _____

Cardholder's signature _____

Expiration date _____

Cardholder's billing ZIP code _____

CID number _____
(last three digits from the signature panel on back of card)

ASWB uses information provided about gender and race/ethnicity to help ensure exam fairness for all groups. Your information will be kept private.

Gender	Race/Ethnicity (Check ONLY one.)	
Female	African American/Black	White (not Hispanic)
Male	Asian/Native Hawaiian/Pacific	Multiracial
Prefer not to say	Islander	Prefer not to say
A gender not listed here:	Hispanic/Latino	A race/ethnicity not listed here:
	Native American/Indigenous peoples	

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?

- English Other

Are you a U.S. citizen?

- 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 ONLY one.)

- Social work
Other

Year degree was/will be earned _____

School code (see below)

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

Bachelor's degree

Academic major (Check ONLY one.)

- Social work
Other

Year degree was/will be earned _____

School code (see below)

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

Master's degree

Academic major (Check ONLY one.)

- Social work
Other

Year degree was/will be earned _____

School code (see below)

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

Doctorate degree

Academic major (Check ONLY one.)

- Social work
Other

Year degree was/will be earned _____

School code (see below)

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

Visit our website to find applicable school codes:
<https://www.aswb.org/school-codes/>

Nonstandard testing arrangements

For more information, see [aswb.org/exam/getting-ready-for-the-exam/nonstandard-testing-arrangements](https://www.aswb.org/exam/getting-ready-for-the-exam/nonstandard-testing-arrangements). All nonstandard testing arrangements for a disability, health condition, or other needs and ESL arrangements must be approved by your board and ASWB **before** you submit this registration form.

I have been approved for nonstandard testing arrangements for a disability, health condition, or other need.

- Yes No

I have been approved for nonstandard testing 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: _____