Verification of Licensure

Applicant: Please forward this verification of licensure request to each state, territory or province in which you have *ever* had a social work license, certification or registration. NOTE: Some boards of social work charge fees for verifying licensure. Please check with the appropriate licensing board and remit the fees with this form.

First name:
Middle name(s):
Last name:
Suffix:
Name on original license (if different from above):

Mailing Address (Number and street):	
City:	
State/Province:	Zip/Postal Code:

License type:	
License number:	
Date issued: (month, day, year)	Expiration date: (month, day, year)

I have applied for licensure in the State of Alabama. I hereby authorize the state/territory/province of

_____ to provide the following information to Alabama.

Applicant signature & date: _____

Licensing Board, please mail to:
Alabama State Board of Social Work Examiners
Post Office Box 301620
Montgomery, Alabama 36130-1620

DO NOT WRITE BELOW THIS LINE – AGENCY USE ONLY

This is to certify that the above-named individual was issued a license or registration to practice as a:

❑Social Worker ❑Masters/Graduate Social Worker ❑Independent Social Worker ❑Clinical/Certified Social Worker

License or registration was issued based upon: ❑Examination ❑ Endorsement ❑ Grandparenting ❑ Reciprocity

License Number: _____ Level: _____ License Expires: _____
MM/DD/YYYY

Exam passed: _____State/Province:_____ Date exam taken: _____

3. Did your board verify that this individual holds a social work degree? ☐Yes ☐No On what degree was the license based? ❑☐BSW ☐ ❑MSW ☐ ❑Social Work Doctorate ☐❑Other (please specify below) Degree _____Subject?
4. Was the degree issued by a program accredited by CSWE or CASSW? Yes No
5. Did this license require documented post-masters-degree supervised experience? Yes No If yes, how much experience was required? _____years _____ hours Qualifications of the individual who provided supervision:
6. The license or registration is currently: ❑Active ❑Lapsed ❑Expired ❑Inactive ❑Other, please explain:
7. Has this individual ever been subject to disciplinary action that is public information? Yes No
8. Is there any pending disciplinary action against this individual that is public information? Yes No
9. Are there any unresolved complaints that are public information regarding this individual? Yes 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 affect a board licensure decision?

Board Signature: _____

Title: _____

Social Work Licensing Board: _____

Date: _____

Email Address: _____

Office Phone Number: _____

(BOARD SEAL)

Alabama State Board of Social Work Examiners
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