MARYLAND BOARD OF SOCIAL WORK EXAMINERS

4201 Patterson Avenue, Baltimore. Maryland 21215
410-764-4788 or Toll Free: 1-877-526-2541
http://www.dhmh.state.md.us/bswe/

PROFESSIONAL REFERENCE FORM

THE FOLLOWING SECTION IS COMPLETED BY THE APPLICANT

I am applying for Maryland social work license as a:

☐ Licensed Certified Social Work "LCSW" ☐ Licensed Certified Social Work - Clinical "LCSW-C"

Applicant's Name _____ Home Number _____

Current Mailing Address _____ Office Number _____

City _____ State _____ Zip Code _____ Cell Number _____

To:

Name of Reference _____

Address _____

City _____ State _____ Zip Code _____

I am applying for social work licensure in Maryland at the above indicated level.

Please complete the following affidavit AND RETURN THE ORIGINAL SIGNED FORM TO ME by: _____

Signature _____ Date _____

AFFIDAVIT

I have known the applicant since (year) _____ in the capacity of _____

(supervisee, colleague, administrator)
(A reference cannot be a relative or a friend)

I do solemnly declare and affirm , under the penalties of perjury, that the above statement(s) are true and correct, and I hereby recommend this applicant for licensure.

Name of Reference/Supervisor _____ Position/Title _____

Address _____ Phone Number _____

City _____ State _____ Zip Code _____

Signature _____ Date _____