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/

LICENSURE VERIFICATION

Use this form ONLY if you currently hold an active license in a jurisdiction other than Maryland.

Board Instructions: Please return this verification form to the applicant in a sealed envelope.

Licensee's Name _____ License Number _____

The Social Work licensing board verifies the following:

1) This certifies that the above-named individual was issued a license or registration on _____ to practice as a :

License Title _____ License Designation _____

2) License or registration was issued based upon:

☐ Examination ☐ Endorsement ☐ Reciprocity

Exam Passed _____ State / Province _____ ☐ Grandparenting

Date Exam Taken _____ ☐ Other (please specify) _____

3) The board verified that this individual holds a social work degree: ☐ Yes ☐ No

The license was based on this degree:

☐ BSWE ☐ MSW ☐ Social Work Doctorate ☐ Other (please specify) _____

Degree _____ Subject _____

4) A program accredited by CSWE or CASSW issued the degree: ☐ Yes ☐ No

5) This license required documented post-masters-degree supervised experience: ☐ Yes ☐ No

If yes, how much experience was required? Years _____ Hours _____

Qualification of the individual who provided supervision: _____

6) The license or registration is currently:

☐ Active ☐ Expired ☐ Non-Renewed ☐ Inactive ☐ Other, please explain _____

7) This individual has been subject to disciplinary action that is public information: ☐ Yes ☐ No

8) There is pending disciplinary action against this individual that is public information: ☐ Yes ☐ No

9) There are unresolved complains regarding this individual that are public information: ☐ Yes ☐ No

10) If questions 7, 8, or 9 are answered "yes", an explanation follows . Other information that the board can share about the license that might affect another board's licensing decision:

(Board Seal)

Name (Print) _____

Title _____

Email/ Phone # _____

Signature _____ Date _____