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/

Please print additional c

EMPLOYMENT CERTIFICATION FORM

THE FOLLOWING IS COMPLETED BY THE APPLICANT, THEN FORWARD TO THE EMPLOYER.

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

Address City State Zip Code

Agency Name

Address

City State Zip Code

APPLICANT'S AFFIDAVIT

I do solemnly declare and affirm, under the penalties of perjury, the above information is true and correct.

Signature _____ Date

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE EMPLOYER

This section is to be completed by the Director or Personnel Officer at the agency where the applicant was employed at an advanced licensure level such as a Licensed Certified Social Worker or a Licensed Certified Social Worker - Clinical.

I certify that the applicant, _____ , was employed by the agency named above in the capacity of

(position held) _____

Dates of Employment: From To

The applicant, named above, completed _____ hours, per year, of advanced social work practice.

Was the Advanced social work practice clinical social work? ☐ Yes ☐ No

Name of person completing the form _____ Title _____

EMPLOYER'S AFFIDAVIT

I do solemnly declare and affirm, under the penalties of perjury, that the above statement(s) are true and correct.

Signature _____ Date Title

PLEASE RETURN THE COMPLETED FORM TO THE APPLICANT IN A SEALED ENVELOPE