

VERIFICATION OF LICENSURE IN OTHER STATE

TEXAS STATE BOARD OF SOCIAL WORKER EXAMINERS
 P.O. Box 149347 - Mail Code 1982
 Austin, Texas 78714-9347
 1-512-719-3521
 1-800-232-3162 (TEXAS ONLY) FAX NO. 1-512-834-6677

DIRECTIONS TO APPLICANT: Complete Part I and forward to the state where you hold a license to practice Social Work.

PART I-TO BE COMPLETED BY THE APPLICANT

Name of Applicant	State from which Verification Requested	License No.	Date Issued

I was granted a license as described above and request that verification of that license be submitted to the Texas State Board of Social Worker Examiners.

You are hereby authorized to release any information in your files, favorable or otherwise, directly to this state's Social Work Board.

Your early attention is appreciated.

Signature

Date

PART II-TO BE COMPLETED BY THE STATE BOARD VERIFYING LICENSURE (Please complete this form and return it to the address indicated above. Attach copies of any verification of supervision received after applicant received their MSW.

Name of Licensee	Licensure Level	License No.	Date Issued
Please Verify Requirement Met in Your State			
<input type="checkbox"/> BSW from CSWE Accredited School <input type="checkbox"/> MSW from CSWE Accredited School <input type="checkbox"/> Two Years Post MSW Supervised Experience			
Exam Taken	Date Exam Passed	Level Exam Taken	
<input type="checkbox"/> AASSWB/ASI <input type="checkbox"/> Other _____			
If no Exam, how obtained? <input type="checkbox"/> Grandfathered		If endorsement, what state? Endorsement: _____	
License Current? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date _____	Complaints and/or Disciplinary Action <input type="checkbox"/> Yes* <input type="checkbox"/> No	

*Explain Complaints or Disciplinary Actions:

Signature

Date

Name (please type or print)	
Title	Telephone No.

Board Seal

THANKS! THAT'S ALL.