

VERIFICATION OF LICENSURE IN OTHER STATE

ARKANSAS SOCIAL WORK LICENSING BOARD
P.O. BOX 251965
LITTLE ROCK, ARKANSAS 72225
PHONE: 501-372-5071
FAX: 501-372-6301

DIRECTIONS TO APPLICANT: Complete Part I and forward this form to the state(s) where you currently hold or have held a license to practice social work. **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.**

PART I-TO BE COMPLETED BY THE APPLICANT:

Name of Applicant	State from which Verification Requested:	License No.	Date Issued
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I was granted a license as described above and request that verification of that license be submitted to the Arkansas Social Work Social Licensing Board.

You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Arkansas Board.

Your immediate attention will be 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.

Name of Licensee	Licensure Level	License Number	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 Postmasters LCSW Supervised Experience			
Exam Taken ASWB: _____ Other: _____	Date Exam Passed:	Level of Exam Taken	
If no exam was taken, how was license obtained? <input type="checkbox"/> Grandfathered <input type="checkbox"/> Endorsement What state? _____			
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 *If yes, please attach explanation.		

Signature Date

(Board Seal)

Printed Name Title