Arkansas Department of Health

Social Work Licensing Board
5800 West 10th, Suite 100, Little Rock, AR 72204 * (501) 372-5071 * Fax (501) 372-6301
Mailing Address: P. O. Box 251965, Little Rock, AR 72225
swlb@arkansas.gov * http://www.arkansas.gov/swlb/
Governor Asa Hutchison
José Romero, MD, Secretary of Health
Ruthie Bain, Director

VERIFICATION OF LICENSURE IN OTHER STATE

Direction to Applicant: Complete Part I and forward this form to the state(s) where you currently hold or have held a license, registration, or certification to practice social work. Note: Some Board charge fees to verify or endorse your license. Please check with the appropriate board and remit any necessary fees with this form.

PART I – To be completed by the applicant:

_____ _____ _____
Name of Applicant State from which verification Requested License No.

I was granted a license as described above and request that verification of that license be submitted to the Arkansas Social Work Licensing Board. Verification may be sent to the mailing address above.

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

_____ _____
Signature Date

PART II – To be completed by the State Board Verifying Licensure:
Please complete this form and return the mailing address above. A computer-generated form is also acceptable.

_____ _____ _____ _____
Name of Licensee License Level Number Issue Date

Please verify requirement met in your State:

_____BSW from CSWE Accredited School ____ MSW from CSWE Accredited School ____ Other(Specify)

If licensed for independent practice: Number of supervision hour required_____ Number of months required_____
Did this meet the requirement for your state at the time of issuance? Yes_____ No _____ Please attach a copy.

Exam Taken: ____ASWB Bachelors ____ASWB Masters ____ASWB Clinical Date Passed_____
Other, please specify_____

If no exam was taken, how was license obtained? Grandfathered ____ Endorsement ____ What State? _____

License Current? Yes ____ No ____ Expiration Date: _____

Complaints and/or Disciplinary Action? Yes_____ No _____ If yes, please attach explanation or copy.

_____
Signature Date

BOARD SEAL

_____
Printed Name Title

Revised 08/06/2020