

VERIFICATION OF LICENSURE IN OTHER STATE



OKLAHOMA SOCIAL WORKER LICENSING BOARD
 P. O. BOX 18817
 OKLAHOMA CITY, OK 73154
 PHONE: (405) 521-3712
 FAX: (405) 521-3713



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.

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 Oklahoma State Board of Licensed Social Workers.

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

Your immediate attention will be appreciated.

_____ Date

_____ Signature

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 No.:	Date Issued:
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Please Verify Requirement Met in Your State

BSW from CSWE Accredited School
 MSW from CSWE Accredited School
 If Applicable: Two Years Post Masters Clinical Supervised Experience

Exam Taken ASWB: _____ Other: _____	Date Exam Passed	Level of Exam Taken
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If no exam was taken, how was license obtained?

Grandfathered
 Endorsement
 What State? _____

License Current? <input type="checkbox"/> Yes <input type="checkbox"/> No	Complaints and/or Disciplinary Action? <input type="checkbox"/> *Yes <input type="checkbox"/> No
Expiration Date: _____	*If yes, please attach explanation.

(Board Seal)

_____ Signature _____ Date

_____ Printed Name _____ Title