**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:**

<table>
<thead>
<tr>
<th>Name of Applicant:</th>
<th>State from which Verification Requested:</th>
<th>License No.:</th>
<th>Date Issued:</th>
</tr>
</thead>
</table>

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.

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**PART II - TO BE COMPLETED BY THE STATE BOARD VERIFYING LICENSURE:**

Please complete this form and return it to the address indicated above.

<table>
<thead>
<tr>
<th>Name of Licensee:</th>
<th>Licensure Level:</th>
<th>License No.:</th>
<th>Date Issued:</th>
</tr>
</thead>
</table>

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

If no exam was taken, how was license obtained?

- [ ] Grandfathered
- [ ] Endorsement
- [ ] What State? ______________________

License Current?

- [ ] Yes
- [ ] No

Complaints and/or Disciplinary Action?

- [ ] *Yes
- [ ] No

Expiration Date: ______________________

*If yes, please attach explanation.

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(Board Seal) 
Signature 
Date 

Printed Name 
Title