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

<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 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.)

<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 _____ Two Years Post MSW Supervised Experience

Exam Taken

____ AASSWB/ASI ____ Other______________________________

Date Exam Passed

Level Exam Taken

If no Exam, how obtained?                If endorsement, what state?

____ Grandfathered                   _____ Endorsement:____________________________________________

License Current?                        Expiration Date

____ Yes _____ No ______________________

Complaints and/or Disciplinary Action

____ Yes* _____ No

*Explain Complaints or Disciplinary Actions:

______________________________________________________________

Signature                                                    Date

Name (please type or print)                                      Board Seal

Title                                                          Telephone No.

THANKS! THAT’S ALL.