



OREGON STATE BOARD OF CLINICAL SOCIAL WORKERS

FORM 6

3218 Pringle Road SE, Suite 240
Salem, Oregon 97302-6310

VERIFICATION OF LICENSE, REGISTRATION OR CERTIFICATION
IN ANOTHER STATE, PROVINCE OR TERRITORY

NOTE: Please include the Licensure Rules in effect at the time of licensure for this applicant.

This certifies that _____ is
(Name of Applicant)

(Check One) [] Licensed [] Registered [] Certified as a Clinical Social Worker in the

STATE OF _____ License Number _____ Initial Date of Licensure _____

The following items reflect the minimum requirements for the State of Oregon for a Licensed Clinical Social Worker. Please verify all items below that apply to this licensee.

1. Applicant acquired a minimum of two years full-time work with 3,500 clinical practice hours in which at least 2,000 were face-to-face direct client hours, post masters supervised clinical social work.

(Check One) [] Yes [] No [] Unknown [] Other (Please Define)

2. Applicant documented a minimum of 100 hours of LCSW or equivalent clinical supervision. Equivalent qualifications include clinical social workers who meet LCSW requirements, Licensed Psychologists, Board Certified Psychiatrists.

(Check One) [] Yes [] No [] Unknown [] Other (Please Define)

3. Applicant took and passed the CLINICAL Level examination by the Association of Social Work Boards (ASWB).

(Check One) [] Yes [] No [] Unknown Date Taken _____ Score _____

4. Any Legal/Disciplinary Actions? [] Yes [] No If "Yes", please attach an explanation.

I certify that the above information is correct and true. I have enclosed a copy of the requirements for this state.

Signature: _____

Printed Name: _____

Affix Official State Seal

Title: _____

State of _____

Date Completed _____

****Contact your licensing agency to see if there is a charge for verification of your license****