



Oregon Board of Licensed Social Workers
Verification of License, Registration or Certification
 3218 Pringle Road SE, Suite 240
 Salem, Oregon 97302-6310

FORM 6

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 reflect the minimum requirements for Oregon Licensed Clinical Social Workers. Please **verify** all items below that apply to this licensee.

1. Applicant acquired a *minimum* two years of full-time or equivalent part-time work experience. All hours must be post masters supervised clinical social work experience with 3,500 hours of clinical practice and 2,000 hours of direct client therapy.

(Check One) Yes No

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

3. Applicant has taken and passed the **CLINICAL** Level examination by the Association of Social Work Boards (ASWB). The Board will accept the ASWB Advanced Exam if taken prior to July 2004.

(Check One) Yes No Date Exam Taken _____ Score _____

4. Any Legal/Disciplinary Actions? Yes No If "Yes" please attach the necessary paperwork documenting the final disciplinary action.

PLEASE INCLUDE LAWS/RULES IN EFFECT AT THE TIME OF LICENSURE FOR THIS APPLICANT.

****I CERTIFY THE ABOVE INFORMATION IS CORRECT AND TRUE.**

Signature: _____

Printed Name: _____

Title: _____

State of _____

Date Completed _____

Affix Official
State Seal