

**Verification of Social Work License/Registration/Certification  
In Another Jurisdiction**



**Board of Licensed Social Workers**  
**3218 Pringle Road SE, Suite 240**  
**Salem, Oregon 97302-6310**  
**(503) 378 -5735**  
[Oregon.bls@state.or.us](mailto:Oregon.bls@state.or.us)  
<http://oregon.gov/blsw>

This certifies that \_\_\_\_\_ has been licensed, certified, or registered in the  
 Applicant Name

State of	License Number	Original Date Of Licensure
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Applicant acquired a *minimum* of 24 months of full-time or 48 months of part-time, post masters supervised clinical social work experience that is substantially equivalent to Oregon requirements, 3500 work hours/2000 direct client hours. YES  NO

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 YES  NO

Applicant took and passed what Level examination given by the Association of Social Work Boards (ASWB)?

**Bachelors Exam**  **Masters Exam**

Date Taken \_\_\_\_\_ Pass Fail Date Taken \_\_\_\_\_ Pass Fail

**Advanced Exam**  **Clinical Exam**

Date Taken \_\_\_\_\_ Pass Fail Date Taken \_\_\_\_\_ Pass Fail

Any Legal/Disciplinary Actions? YES  NO

If "Yes", please attach a written explanation and include a copy of the disciplinary action document.

**I certify that the above information is correct and true to the best of my knowledge.**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Affix Official State Seal

Title: \_\_\_\_\_

State of: \_\_\_\_\_

Date Completed: \_\_\_\_\_

**NOTE:** This form must be completed by each licensing Board where you have held a license, certification or registration and mailed directly to the Oregon Board. **Please include the Licensure Statutes and Rules in effect at the time of licensure for this applicant.**

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