



**MAIL THIS FORM TO:**  
**OREGON BOARD OF LICENSED SOCIAL WORKERS**  
 3218 PRINGLE ROAD S.E., SUITE #240  
 SALEM, OR 97302-6310  
 \* \* \* \* \*  
 503.378.5735 | 866.355.7050  
 Email: [Oregon.blsw@state.or.us](mailto:Oregon.blsw@state.or.us) | Web Address: <http://www.oregon.gov/blsw>

**SECTION J: ~ VERIFICATION OF SOCIAL WORK CREDENTIALS IN OTHER JURISDICTION(S)**

**\*\*NOTE\*\*** This form must be completed by each licensing Board where you have held a license, certification or registration & mailed directly to the Oregon Board.

**\*\*\*CONTACT YOUR LICENSING AGENCY TO SEE IF THERE IS A CHARGE FOR COMPLETING THIS VERIFICATION\*\*\***

THIS CERTIFIES THAT   
 (APPLICANT'S NAME)

**HAS BEEN LICENSED, CERTIFIED OR REGISTERED IN THE FOLLOWING:**

STATE OF:	LICENSE NUMBER:	ORIGINAL DATE OF LICENSURE:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Applicant acquired a <b>MINIMUM</b> 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's requirements of: <b>3,500 work hours / 2,000 direct client hours</b> .....	YES	NO
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Applicant acquired a <b>MINIMUM</b> of 24 months of full-time, or 48 months of part-time, post masters LCSW clinical supervision that is substantially equivalent to Oregon's requirements of: a <b>MINIMUM</b> of 100 hours (with at least 50 individual hours).....	YES	NO
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**APPLICANT TOOK & PASSED WHAT LEVEL EXAMINATION GIVEN BY THE ASSOCIATION OF SOCIAL WORK BOARDS (ASWB)?**

BACHELORS EXAM DATE TAKEN:..... <input type="text"/>	PASS:    FAIL:	FOR OFFICE USE ONLY ~ RECEIVED ON:
MASTERS EXAM DATE TAKEN:..... <input type="text"/>	PASS:    FAIL:	
ADVANCED EXAM DATE TAKEN:..... <input type="text"/>	PASS:    FAIL:	
CLINICAL EXAM DATE TAKEN:..... <input type="text"/>	PASS:    FAIL:	

Any legal / disciplinary actions? If <b>"YES,"</b> please attach a written explanation & include a copy of the disciplinary action document.	YES	NO
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**\*\*\* I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT & TRUE TO THE BEST OF MY KNOWLEDGE. \*\*\***

SIGNATURE:  SIGN HERE

PRINTED NAME:

TITLE:

STATE OF:

\*\* OFFICIAL STATE SEAL \*\*

DATE COMPLETED: