



OREGON BOARD OF LICENSED SOCIAL WORKERS

CREDENTIAL VERIFICATION FORM

NON-SOCIAL WORK RELATED LICENSES, CERTIFICATES OR REGISTRATIONS ONLY

IMPORTANT: Please complete this form regarding the Applicant listed below. Please submit the completed form & any other requested materials directly to this office at the address at the bottom of this form. We will not accept the form if submitted by the applicant.

APPLICANT'S NAME:

Last Name,

First Name

Middle Name

TYPE OF LICENSE, CERTIFICATE OR REGISTRATION:

LICENSE, CERTIFICATE OR REGISTRATION #:

AUTHORITY PROVIDING VERIFICATION:

STATE & AGENCY NAME:

NAME & TITLE OF INDIVIDUAL PROVIDING VERIFICATION:

TELEPHONE OF VERIFICATION PROVIDER:

EMAIL ADDRESS OF VERIFICATION PROVIDER:



APPLICANT WAS CREDENTIALLED BY: (Please check the appropriate box)

WRITTEN EXAMINATION

DATE:

SCORE:

NAME OF EXAMINATION:

OTHER EXAMINATION

DATE:

SCORE:

NAME OF EXAMINATION:

IS CREDENTIAL CURRENT: YES ~

NO ~

EXPIRATION DATE:

IS THIS INDIVIDUAL CONSIDERED TO BE IN GOOD STANDING IN YOUR STATE:
(If "NO", please attach a written, detailed explanation)

YES ~

NO ~

HAS THIS APPLICANT EVER BEEN ANY OF THE FOLLOWING?: (If "YES", please provide a copy of the Final Order or other documentation of action taken)

~ DENIED?

~ SUSPENDED?

~ REVOKED?

~ SURRENDERED

~ REINSTATED?

IF THIS CREDENTIAL HOLDER HAS BEEN DISCIPLINED, HAS HE/SHE SUCCESSFULLY COMPLETED ALL REQUIREMENTS & IS CURRENTLY IN GOOD STANDING?

YES ~

NO ~

SIGNATURE of VERIFICATION PROVIDER:



(Signature)

(Date)

SEAL

FOR OFFICE USE ONLY - RECEIVED ON:

Mail this form to:

OREGON BOARD OF LICENSED SOCIAL WORKERS
ATTN: LICENSING DEPARTMENT
3218 PRINGLE ROAD S.E., SUITE #240
SALEM, OR 97302-6310

QUESTIONS? ☎: 503.378.5735

Or Email or Fax the form to: ✉: Oregon.BLSW@state.or.us -OR- FAX #1.888.252.1046

APPROVED BY: _____

DATE: _____