

**VERIFICATION OF SOCIAL WORK LICENSURE IN ANOTHER STATE  
(APPLICANTS WHO ARE, OR HAVE BEEN, LICENSED IN ANOTHER STATE)**

Applicants are requested to complete the top section of this form and mail to each state board in which you are currently licensed or have ever been licensed to practice social work. If needed, you may xerox this form for additional copies.

Dear Sir/Madam:

In applying for a license to practice social work in the State of South Carolina, the Board of Social Work Examiners requires this form to be completed by each state wherein I hold or have ever held a license. My signature below is your authority to release any and all information in my file, favorable or otherwise regarding myself, directly to:

**S.C. Board of Social Work Examiners**  
**P.O. Box 11329**  
**Columbia, SC 29211-1329**  
Telephone: (803) 896-4664  
Fax: (803) 896-4719

**Please type or Print**

Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

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**This section should be completed by an official of the state board and returned directly to the SC Bd of SW Examiners.**

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**Verification of Licensee**

Full Name of Licensee: \_\_\_\_\_

State of: \_\_\_\_\_ License Number: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Is License Current? \_\_\_\_\_ If no, why not? \_\_\_\_\_

Is License in Good Standing? \_\_\_\_\_ If no, why not? \_\_\_\_\_

Has License ever been suspended, revoked or restricted? \_\_\_\_\_ If yes, please attach copies of any actions.

Derogatory Information, if any: \_\_\_\_\_

**Level of Licensure**

Level of Licensure: \_\_\_\_\_ Is this the highest level in your state? \_\_\_\_\_ If not, what is? \_\_\_\_\_

**Verification of Clinical Supervision**

If licensed at the highest level, was 2 years of clinical supervision completed? \_\_\_\_\_

If yes, what are the dates? From: \_\_\_\_\_ to \_\_\_\_\_ How many hours were completed? \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ License Number & Level: \_\_\_\_\_

**Verification of Examination**

Licensed by: ( ) ASWB Examination ( ) grandfathering ( ) other

Level of Exam: \_\_\_\_\_ Passing Score: \_\_\_\_\_ If other, what exam? \_\_\_\_\_

If grandfathered in, did licensee ever take the exam? \_\_\_\_\_ If yes: Level: \_\_\_\_\_ Score: \_\_\_\_\_

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**BOARD SEAL**

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

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

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

**Name of Licensing Bd:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

\_\_\_\_\_