

**TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL
TEXAS STATE BOARD OF SOCIAL WORKER EXAMINERS
VERIFICATION OF LICENSURE IN OTHER JURISDICTION**

Directions to Applicant: Complete Part I and forward to the jurisdiction where you hold a license to practice Social Work.

PART I-TO BE COMPLETED BY THE APPLICANT

Name of Applicant	State from which Verification is Requested	License No.	Date Issued

I was granted a license as described above and request that verification of that license and supervised experience approved by your board, as applicable, be submitted to the Texas State Board of Social Worker Examiners.

You are hereby authorized to release any information in your files, favorable or otherwise, directly to this state's Social Work Board.

Your early attention is appreciated.

Signature **Date**

PART II-TO BE COMPLETED BY THE STATE BOARD VERIFYING LICENSURE (Please complete this form and return it to the address indicated below. Attach copies of any verification of supervised experience received after applicant received their MSW.)

Name of Licensee	Licensure Level	License No.	Date Issued
Please Verify All Requirements Met in Your Jurisdiction			
Education: <input type="checkbox"/> BSW from CSWE Accredited School <input type="checkbox"/> MSW from CSWE Accredited School		Experience: <input type="checkbox"/> # Months Post LMSW Clinical Experience <input type="checkbox"/> # Hours of face to face supervision <input type="checkbox"/> # Hours clinical experience <input type="checkbox"/> # Months Post LMSW Non-clinical Experience <input type="checkbox"/> # Hours of face to face supervision <input type="checkbox"/> # Hours non-clinical experience	
Exam Taken <input type="checkbox"/> ASWB (Only the ASWB or ASI will be accepted) <input type="checkbox"/> Other _____	Date Exam Passed	Level Exam Taken	
If no Exam score is on file, how was licensure obtained? <input type="checkbox"/> Grandfathered <input type="checkbox"/> Endorsement; If endorsement, what state? _____			
License Current? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date _____	Complaints and/or Disciplinary Action <input type="checkbox"/> Yes* <input type="checkbox"/> No	

***Explain Complaints or Disciplinary Actions (please enclose a copy of any board orders):**

Signature of person completing form Date

Printed name of person completing form / phone number

Insert Board Seal Here

Title of person completing form

Mail to: **TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL
TEXAS STATE BOARD OF SOCIAL WORKER EXAMINERS
333 Guadalupe, Suite 3-900
Austin, Texas 78701**