

SOUTH DAKOTA BOARD OF SOCIAL WORK EXAMINERS
810 N. MAIN STREET, SUITE 298
SPEARFISH, SD 57783
(605) 642-1600

VERIFICATION OF LICENSURE IN OTHER STATE

Part I - To be completed by applicant. Verification of licensure must be received from each state you are currently or were previously licensed.

Directions for Applicant:

Complete Part I of this form and forward to each state where you hold or have held a license to practice Social Work.

TO: _____
State Board

I am applying for a license in South Dakota to practice social work. I was granted license level _____
license # _____ on _____ by the State of _____.

My license expired _____ My license is still active and expires _____

I, also, held the _____ level of licensure in this state # _____
from _____ to _____.

The South Dakota Board of Social Work Examiners request that I submit verification that my license in the State of _____ is or was in good standing.

You are hereby authorized to release any information in your files, favorable or otherwise, directly to the South Dakota Board of Social Work Examiners. Your early attention is appreciated.

Signature: _____

Print Name: _____

Date: _____

Part II - To be completed by State licensure board. Please verify the licensure status in your state for the applicant listed on Part I. Please return this form directly to the above address.

Name of Licensee: _____
(last) (first)

Licenses' Licensure Level in your State: _____

License #: _____ Date Issued: _____ License Current? Yes NO

Expiration Date: _____

(over)

Complaints or Disciplinary Actions: Yes No

Explanation of above, if answer is yes: _____

Please verify requirements met in your state:

1. _____ BSW or _____ MSW from a CSWE accredited school.

2. Was licensee required to pass an ASWB examination? Yes No

If yes please supply a copy of the ASWB exam results or complete the following:

Date Exam Passed _____

The level of examination (please circle):

Associate Basic Intermediate Clinical Advanced

Was this the ASWB exam? Yes No

3. Please list any previous licensure level held in this state:

Level _____ # _____ from _____ to _____.

Please supply a copy of ASWB examination results or complete the following:

Date Exam Passed _____

The level of examination (please circle):

Associate Basic Intermediate Clinical Advanced

Was this the ASWB exam? Yes No

4. If no exam taken or not the ASWB exam, how was license obtained: _____

5. Please list all levels of licensure available in your state: _____

Signature: _____

Title: _____

Address _____

P.O. Box or Street

City

State

Zip

(State Board Seal)

Telephone # _____

Date: _____