



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Social Work Examiners

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11329 • Columbia • SC 29211-1329

Phone: 803-896-4664 • Contact.SocialWork@llr.sc.gov • Fax: 803-896-4719

www.llronline.com/POL/SocialWorkers



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

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 the above address.

Applicant's Signature: _____

Type or Print Full Name: _____

Last five digits of SS #: _____

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

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: _____

BOARD SEAL

Signature: _____

Printed Name: _____

Title: _____

Name of Licensing Bd: _____

DATE: _____