



Arkansas Department of Health

Social Work Licensing Board

Mailing Address: P. O. Box 251965, Little Rock, AR 72225
Street Address: Freeway Medical Tower, 5800 West 10th, Suite 100, Little Rock, AR 72204
Telephone (501)-372-5071 Fax (501)372-6301
Email: swlb@arkansas.gov Website: www.arkansas.gov/swlb
Asa Hutchinson, Governor
Renee Mallory, RN, BSN, Interim Secretary of Health
Ruthie Bain, Director

REPLACEMENT LICENSE REQUEST

The Arkansas Social Work Licensing Board has a \$20 fee for a replacement license. Please include a cashier's check or money order for the amount indicated and mail this request to the Social Work Licensing Board at the mailing address listed above. **NO PERSONAL CHECKS ACCEPTED.**

Replacement wallet License card: _____ (\$20 fee)

Replacement wall Certificate: _____ (\$20 fee)

License Number: _____ Date of Request: _____

Name of Licensee: _____

Mailing Address: _____

(If your mailing address has change, please complete a Name/Address Change Form)

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Signature: _____

Please mail this completed form to the address at the top of the page.