

Arkansas Department of Health

Social Work Licensing Board

5800 West 10th, Suite 100, Little Rock, AR 72204 * (501) 372-5071 * Fax (501) 372-6301 swlb@arkansas.gov * www.arkansas.gov/swlb

Governor Sarah Huckabee Sanders Renee Mallory, RN, BSN, Secretary of Health

Kristen Allen, Executive Director

VERIFICATION OF LICENSURE IN OTHER STATE

<u>Directions to Applicant:</u> Complete Part I and forward this form to the state(s) where you currently hold or have held a license, registration, or certification to practice social work. Note: Some boards charge fees to verify or endorse your license. Please check with the appropriate board and remit any necessary fees with this form.

PART I – To be completed by the applicant:		
Name of Applicant	State from which verification Requested	License No.
I was granted a license as described above an Licensing Board. Verification may be sent to	nd request that verification of that license be submitte the mailing address above.	ed to the Arkansas Social Work
You are herby authorized to release any info	rmation in your files, favorable or otherwise, directly	to the Arkansas Board.
	Signature	 Date
PART II – To be completed by the State Board Please complete this form via mail or email.	d Verifying Licensure: A computer-generated form is also acceptable.	
Name of Licensee	License Level Number	Issue Date
Please verify requirement met in your State:		
BSW from CSWE Accredited School	MSW from CSWE Accredited School Othe	er(Specify)
	er of supervision hour required Number of at the time of issuance? Yes No Please a	
Exam Taken:ASWB BachelorsASV Other, please specify	WB MastersASWB Clinical Date Passed	
If no exam was taken, how was license obtain	ned? Grandfathered Endorsement What	: State?
License Current? Yes No Expirati	ion Date:	
Complaints and/or Disciplinary Action? Yes_	No If yes, please attach explanation	on or copy.
	Signature	Date
BOARD SEAL		
	Printed Name	Title