

Clinical Social Worker

Verification of Licensure or Certification

Complete the applicant section of this form and forward a form to every state in which you now hold, or have ever held a license/certification to practice as a Clinical Social Worker.

Applicant Section

Last Name		First		MI	Former
Mailing Address (Street, P.O. Box, Apt #)					
City		State		Zip Code	
License #		Date Issued			

I hereby authorize the Licensing Authority in the State of to furnish to the Vermont Office of Professional Regulation the information requested below.

Applicant Signature/Date: _____

To Be Completed by the State Licensing Authority

Name of Licensee					
License/Certificate #:		Date Issued		Date Expired(s)	
Licensed on Basis of:	<input type="checkbox"/> Examination <input type="checkbox"/> Endorsement/Reciprocity <input type="checkbox"/> Waiver				
If by endorsement please indicate state endorsed from:					
License/Certificate Status:	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed				
Has this license/certificate ever been encumbered in any way (revoked, suspended, limited, conditioned, surrendered, restricted, placed on probation, etc.)? If yes, attach a copy of the decision.					Yes No

What Are Your State's Current Standards for Licensure:

Examination Information		
1. Do you require that an applicant take the ASWB Clinical examination? If yes, indicate passing score: <input style="width: 100px; height: 20px;" type="text"/>	Yes	No
2. Do you require that an applicant take the ASWB Advanced examination? If yes, indicate passing score: <input style="width: 100px; height: 20px;" type="text"/>	Yes	No
Education Information		
4. Do you require applicants to have graduated, with a degree in social work, from a program accredited by the Council on Social Work Education, or the council's equivalent?	Yes	No
Supervised Experience Information		
6. Do you require an applicant to have, at least, two years of post-master's supervised practice?	Yes	No
7. Do you require that an applicant have, at least, 3,000 hours of post-master's supervised practice?	Yes	No
8. Do you require at least one hour of clinical supervision for every forty hours of supervised practice?	Yes	No
9. Do you require the clinical supervision be under one of the following licensees? *physician or osteopathic physician (who has completed a residency in psychiatry), or *psychologist, or *clinical social worker	Yes	No

(OFFICIAL SEAL)	Name of State Licensing Authority:
	Signature of Person Completing Form:
	Position:
	Date: Phone #: