



# Arkansas Department of Health

## Social Work Licensing Board

5800 West 10<sup>th</sup>, Suite 100, Little Rock, AR 72204 \* (501) 372-5071 \* Fax (501) 372-6301  
Mailing Address: P. O. Box 251965, Little Rock, AR 72225  
[swlb@arkansas.gov](mailto:swlb@arkansas.gov) \* [www.arkansas.gov/swlb](http://www.arkansas.gov/swlb)

**Governor Asa Hutchinson**  
**José Romero, MD, Secretary of Health**  
**Ruthie Bain, Director**

### VERIFICATION OF LICENSURE IN OTHER STATE

Direction to Applicant: 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 Board 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 and request that verification of that license be submitted to the Arkansas Social Work Licensing Board. Verification may be sent to the mailing address above.

You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Arkansas Board.

\_\_\_\_\_  
Signature Date

PART II – To be completed by the State Board Verifying Licensure:  
Please complete this form and return the mailing address above. 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 \_\_\_\_ Other(Specify)

If licensed for independent practice: Number of supervision hour required \_\_\_\_\_ Number of months required \_\_\_\_\_  
Did this meet the requirement for your state at the time of issuance? Yes \_\_\_\_\_ No \_\_\_\_\_ Please attach a copy.

Exam Taken: \_\_\_\_ ASWB Bachelors \_\_\_\_ ASWB Masters \_\_\_\_ ASWB Clinical Date Passed \_\_\_\_\_  
Other, please specify \_\_\_\_\_

If no exam was taken, how was license obtained? Grandfathered \_\_\_\_ Endorsement \_\_\_\_ What State? \_\_\_\_\_

License Current? Yes \_\_\_\_ No \_\_\_\_ Expiration Date: \_\_\_\_\_

Complaints and/or Disciplinary Action? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please attach explanation or copy.

\_\_\_\_\_  
Signature Date

BOARD SEAL

\_\_\_\_\_  
Printed Name Title