



OREGON BOARD OF LICENSED SOCIAL WORKERS
 3218 PRINGLE ROAD S.E., SUITE #240
 SALEM, OR 97302-6310
 * * * * *
 503.378.5735
 Email: Oregon.blsw@state.or.us
 Web Address: <http://www.oregon.gov/blsw>



SECTION J: ~ VERIFICATION OF SOCIAL WORK CREDENTIALS IN OTHER JURISDICTION(S)

THIS CERTIFIES THAT

[]
(APPLICANT'S LAST NAME, FIRST NAME MIDDLE INITIAL)

HAS BEEN LICENSED, CERTIFIED OR REGISTERED IN THE FOLLOWING:

STATE OF:	LICENSE NUMBER:	ORIGINAL DATE OF LICENSURE:
[]	[]	[]

Applicant acquired a MINIMUM of (24) months of full-time, or (48) months of part-time, post masters supervised clinical social work experience that is substantially equivalent to Oregon requirements of: (3,500 work hours / 2,000 direct client hours)	YES: NO:
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Applicant documented a MINIMUM of (100) hours of LCSW or equivalent clinical supervision. Equivalent qualifications include clinical social workers who meet LCSW requirements, licensed psychologists, board certified psychiatrists:	YES: NO:
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APPLICANT TOOK & PASSED WHAT LEVEL EXAMINATION GIVEN BY THE ASSOCIATION OF SOCIAL WORK BOARDS (ASWB)?

BACHELORS EXAM
 DATE TAKEN: []
 PASS: FAIL:

MASTERS EXAM
 DATE TAKEN: []
 PASS: FAIL:

ADVANCED EXAM
 DATE TAKEN: []
 PASS: FAIL:

CLINICAL EXAM
 DATE TAKEN: []
 PASS: FAIL:

Any legal / disciplinary actions? If "YES," please attach a written explanation & include a copy of the disciplinary action document.	YES: NO:
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***** I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT & TRUE TO THE BEST OF MY KNOWLEDGE. *****

SIGNATURE: []

PRINTED NAME: []

TITLE: []

STATE OF: []

DATE COMPLETED: []

** OFFICIAL STATE SEAL **

NOTE: This form must be completed by each licensing Board where you have held a license, certification or registration & mailed directly to the Oregon Board. **PLEASE INCLUDE THE LICENSURE STATUTES & RULES IN EFFECT AT THE TIME OF LICENSURE FOR THIS APPLICANT ***CONTACT YOUR LICENSING AGENCY TO SEE IF THERE IS A CHARGE FOR COMPLETING THIS VERIFICATION*****