



VERIFICATION OF LICENSE

GENERAL INFORMATION

Endorsement Applicants Only: You must provide a license verification ONLY from the jurisdiction(s) in which you are currently licensed as a social worker. Please complete and submit this form to the appropriate licensing/credentialing agency and have that agency submit the form directly to the Minnesota Board of Social Work.

All information provided is private until your application has been approved. Once it has been approved, all information is public except as noted in the application. Public information is available to any person upon request.

The purpose and intended use of this information is to determine whether you meet legal requirements for licensure. You are not required to provide the information requested on this form, but the Board will not be able to act on your application without this information.

Endorsement Applicants & ASWB Score Transfer Report: If you are an applicant with Minnesota by Endorsement and if you have taken the applicable level ASWB examination, you must also contact ASWB at (800) 225-6880 and request that an Official Score Transfer Report be sent directly to the Minnesota Board of Social Work.

INSTRUCTIONS TO APPLICANT

- Please provide all information requested on page 1 of the Verification of Licensure form.
- Send a copy of this complete form (pages 1 and 2) to each licensing/credentialing agency from which you have ever received a professional license or credential. (Be sure to enclose any fee that agency may require.)
- Instruct the licensing/credentialing agency to complete page 2 of this form and return it directly to the Board office.

TO BE COMPLETED BY APPLICANT

LICENSE NUMBER:	SOCIAL SECURITY NUMBER: (private data)	DATE OF BIRTH: (MM/DD/YYYY)
LAST NAME:	FIRST NAME:	MIDDLE NAME (full):
ALL MAIDEN, ALIAS, AND/OR FORMER NAMES:		
MAILING ADDRESS:		
TELEPHONE HOME: (include area code)	BUSINESS:	EMAIL:
I hereby authorize the state licensing/credentialing agency named on the reverse side to release information contained in my file directly to the Minnesota Board of Social Work.		
SIGNATURE:		DATE:

Reverse side to be completed by Licensing/Credentialing Agency

TO BE COMPLETED BY STATE LICENSING/CREDENTIALING AGENCY

The individual listed on the reverse side of this form has applied for a social work license from the Minnesota Board of Social Work. Before further consideration can be given, the Board requires the information requested below. Please provide all information and return this form directly to the Board office at the address listed below.

STATE OF:

DATE INITIAL LICENSE/CREDENTIAL ISSUED:

LEVEL OR TITLE OF LICENSE/CREDENTIAL:

TYPE OF LICENSE/CREDENTIAL

(circle):

PERMANENT

TEMPORARY

OTHER _____

STATUS OF

LICENSE/CREDENTIAL

(circle):

ACTIVE/CURRENT

INACTIVE

EMERITUS

EXPIRED

OTHER: _____

EFFECTIVE DATE OF
CURRENT STATUS:

EXPIRATION DATE *(if current):*

LICENSE/CREDENTIAL WAS OBTAINED BY *(circle):*

GRANDPARENTING

EXAMINATION

RECIPROCITY

ENDORSEMENT

Has this individual's license/credential ever been revoked, suspended, conditioned, or otherwise encumbered for any reason? *(circle)*
(If yes, please attach a letter explaining the details of this case and any other applicable documentation related to this case.)

YES

NO

Are there any current complaints or pending investigations regarding this individual? *(circle)*
(If yes, please attach a letter explaining the details of this case.)

YES

NO

SIGNATURE OF PERSON
COMPLETING FORM:

DATE COMPLETED:

NAME: *(print)*

TITLE:

NAME OF STATE
LICENSING/CREDENTIALING AGENCY:

TELEPHONE
NUMBER:

**ATTENTION STATE LICENSING/CREDENTIALING
AGENCY:**

**Please affix your
Board/State seal here**

Please complete and return this form directly to:

**MINNESOTA BOARD OF SOCIAL WORK
2829 UNIVERSITY AVE SE STE 340
MINNEAPOLIS MN 55414-3239**