



Record Summary

record printed 9/16/2005

Name	Gender	Social Security Number
Home Address	Mailing Address (if different)	Email address
Phone HOME WORK	Date of Birth:	
Current Employer	Position	
Address	Date Started	

Education—VERIFIED

Degree	School	CSWE or CASSW accredited at time of graduation	Year of graduation	Certified transcript on file with ASWB

Supervised Practice—VERIFIED

Supervisor Name	Title	Agency Name	License Designation	License Number	Jurisdiction	Dates	Total Hours	Ind. Practice* (see text below)

*According to the applicant's supervisor(s), is this applicant able to practice independently?

Exam History—VERIFIED

ASWB Examination	Date	Result

Licensure History—VERIFIED

License	Abbrev.	Jurisdiction	License number	Date issued	Expiration	Official status

**ASWB Social Work Registry
Record Summary**

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Disciplinary History (DARS)—VERIFIED

Other Documentation on File—NOT VERIFIED

Item	Date updated

Social Work Experience—NOT VERIFIED

Quantity	Type	Period

Documentation substantiating the information above has been provided to the Association of Social Work Boards from primary sources and verified for accuracy, unless otherwise noted. This information is only provided to ASWB member boards for the purposes of carrying out their duties and responsibilities as established by law. Unless mandated by law, this information may not be copied or disseminated. This is a copy-protected document

Seal

Social Work Registry



PO Box 1508
Culpeper, VA 22701

Phone (866) 825-9580
registry@aswb.org

September 13, 2005

Credentials Verification Information and Application Instructions

The Social Work Registry is a program of the Association of Social Work Boards, a nonprofit association that provides services for state, provincial and territorial social work licensing boards in the U.S. and Canada. The purpose of the Social Work Registry is to provide a repository for social workers' credential information while serving as a verification source for social work licensing boards.

By using the Registry, you will establish a permanent file containing primary source records relating to your social work career. At your request this information will be transmitted to any regulatory board to which you may apply for licensure during your social work career.

Your record will contain copies of the application materials enclosed, as well as original copies of your education transcripts, your social work examination scores, and verification of any clinical supervision you have received. In addition, when a summary of your record is prepared for a licensing board, ASWB will check your identifying information against its Disciplinary Action Reporting System (DARS) databank and provide that information to the board.

The Registry will verify the following categories of information and obtain pertinent credentials directly from the source:

- Identity
- Education
- Social work examination results
- Licensing history
- Clinical supervision (if applicable)
- Disciplinary actions reported to DARS

In addition, the registry will store the following unverified information provided by you:

- Continuing education courses completed
- References
- Employment history

Application Instructions:

Please read these instructions thoroughly before completing the enclosed application forms. Failure to submit the required information will result in processing delays.

- Type or print your information in blue or black ink. Illegible information may result in delays.
- Provide a response to each piece of information requested. Use “N/A” for questions that do not apply to you.
- Include all parts of the requested information.
- Double-check spelling of names and institutions and verify that dates are accurate. If the information you provide differs from what we receive from the primary sources involved, you will be asked to clarify discrepancies.
- Make a copy of your completed application before you return it to ASWB.

If you have any questions, contact the Social Work Registry at 1-866-825-9580 or by email at registry@aswb.org.

All information in your Social Work Registry file is considered highly confidential. Your information will not be released without your written consent.

The application packet you return must include the following:

- Application- pages 3 through 7
- Payment form, with credit card information, personal check or money order
- Affidavit and release—NOTARIZED
- Authorization for release of information—NOTARIZED

Provide supervisor contact information only if you have *completed* your postgraduate supervision requirements. ASWB will send a supervision verification form directly to your supervisor(s). *Do not* list supervisor information if supervision is currently ongoing. Provide the registry with the supervisor’s contact information when supervision is complete.

Fees: *All fees are payable in U.S. dollars only and are non-refundable.*

Regular Rates (effective 1/1/05):

Student Verification	\$35.00
General Verification:	\$60.00

Annual Maintenance:	25.00
Additional Report:	25.00

All verification fees include one report during the first year. The annual maintenance fee includes one report per year.

Returned checks will be assessed a \$25 fee. Verification will be suspended until a cashier’s check or money order covering the original application fee plus the \$25 fee is received

Note: ASWB does not issue social work licenses. Participation in the Social Work Registry does not guarantee that participants will meet licensing standards in any jurisdiction. Your social work licensing board will also require a licensure application that is separate from this application.

Send this completed application with payment to the address on page one. Upon receipt, the Registry will verify the information you submitted to complete your Registry record. You will be notified if the information is incomplete or if we are unable to contact the sources you provided. You will be notified when your record is complete.

Education Information

1) Degree/graduation date:		Major:	
College name and address:			
2) Degree/graduation date:		Major:	
College name and address:			
3) Degree/graduation date:		Major:	
College name and address:			

List additional degrees on the reverse side of this form

Licensure Information

Please list all professional licenses currently or previously held in any profession.

1) License Designation:		State/Province:	
License number:		Date Issued/ Expiration date:	
Status:	<input type="checkbox"/> Current <input type="checkbox"/> Revoked/suspended <input type="checkbox"/> Expired <input type="checkbox"/> Under investigation <input type="checkbox"/> Other: _____		
Basis for License:	<input type="checkbox"/> Examination <input type="checkbox"/> Reciprocity <input type="checkbox"/> Endorsement <input type="checkbox"/> Grandparenting <input type="checkbox"/> Other: _____		
2) License Designation:		State/Province:	
License number:		Date Issued/ Expiration date:	
Status:	<input type="checkbox"/> Current <input type="checkbox"/> Revoked/suspended <input type="checkbox"/> Expired <input type="checkbox"/> Under investigation <input type="checkbox"/> Other: _____		
Basis for License:	<input type="checkbox"/> Examination <input type="checkbox"/> Reciprocity <input type="checkbox"/> Endorsement <input type="checkbox"/> Grandparenting <input type="checkbox"/> Other: _____		
3) License Designation:		State/Province:	
License number:		Date Issued/ Expiration date:	
Status:	<input type="checkbox"/> Current <input type="checkbox"/> Revoked/suspended <input type="checkbox"/> Expired <input type="checkbox"/> Under investigation <input type="checkbox"/> Other: _____		
Basis for License:	<input type="checkbox"/> Examination <input type="checkbox"/> Reciprocity <input type="checkbox"/> Endorsement <input type="checkbox"/> Grandparenting <input type="checkbox"/> Other: _____		

List additional licenses on the reverse side of this form

