



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH RELATED BOARDS
665 Mainstream Drive
NASHVILLE, TN 37243

TENNESSEE BOARD OF SOCIAL WORKER LICENSURE

VERIFICATION OF LICENSURE

Please complete the top portion and mail this form to the regulatory Board in each state where you hold or have held a license or certificate to practice as a Social Worker. (If additional forms are required, this form may be duplicated.) Please disregard this page if you are not licensed or certified or have never been licensed or certified as a social worker in another state.

NOTE: Some states require a fee for providing verification information. In order to expedite your application, you may wish to contact the applicable state or states.

I was granted _____ on _____ by the State of _____.
(License #) (Date)

The Tennessee Board of Social Worker Licensure requests that I submit evidence that my license or certificate in your state is in good standing. You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Tennessee Board of Social Worker Licensure. Your early attention is appreciated. _____
(Signature) (Date)

THIS PORTION IS TO BE COMPLETED BY STATE LICENSING BOARD VERIFYING LICENSURE

Name of Licensee	Licensure Level	License No.	Date Issued
Please Verify All Requirements Met in Your Jurisdiction			
Education: ____ BSW from CSWE Accredited School ____ MSW from CSWE Accredited School	Experience clinical: ____ # Months Post LMSW Clinical Experience ____ # Hours of face to face supervision ____ # Hours clinical experience ____ #Failed ASWB Clinical Exam	Experience non-clinical: ____ # Months Post LMSW Non-clinical Experience ____ # Hours of face to face supervision ____ # Hours non-clinical experience	
Exam Taken ____ ASWB (Only ASWB will be accepted) ____ Other _____	Date Exam Passed	Level Exam Taken	If no Exam score is on file, how was licensure obtained? ____ Grandfathered ____ Endorsement: If endorsement, what state? _____
License Current? ____ Yes ____ No	Expiration Date ____ / ____ / ____	Complaints and/or Disciplinary Action ____ Yes* ____ No	

***Explain Complaints or Disciplinary Actions (please enclose a copy of any board order)**

(Signature of person completing form) (Date)

(Print name of person completing form) (Phone number)

(Title of person completing form)

Board Seal Here

This form may be emailed to the Tennessee Board of Social Work: Unit1HRB.Health@tn.gov