**MARYLAND BOARD OF SOCIAL WORKER EXAMINERS**

**SAMPLE PETITION FOR NON-ORGANIZATION NOMINEES**

|  |
| --- |
| **Candidate Information**Name:Address:License Number:Signature:  |

**Signature and information of at least 15 Social Workers licensed in Maryland**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name (Print clearly)** | **Maryland License Number** | **Contact Information (phone or email)** | **Signature** | **Date** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |