



MARYLAND

Department of Health

MARYLAND BOARD OF SOCIAL WORK EXAMINERS

4201 Patterson Avenue,
Baltimore, Maryland 21215 – 2299
Web Site: www.health.maryland.gov/bswe

Phone Number: 410-764-4788
Toll Free: 1-877-526-2541
Fax: 410-358-2469

A RECORD RETRIEVAL

1. LICENSE VERIFICATION

PLEASE NOTE EFFECTIVE JULY 1, 2018

The Board will no longer generate paper verification of licenses. The primary source to verify a license will be the Board's website.

The Board's verification page includes the following information:

Licensee's Name
License type (LBSW – LMSW – LCSW – LCSW-C)
License number
License Status Active / In Good Standing
 Inactive
 Non-renewed
 Transferred
 Probation
 Revoke
 Surrendered
License issuance
How licensed – Examination – Endorsement
Expiration date
Disciplinary action – yes or no

2. RECORD RETRIEVAL – FOR LCSWs & LCSW-Cs

A certified copy of an application submitted for the LCSW or LCSW-C license can be sent to the social worker and another State Board. There is a \$30 record retrieval fee. If the Board no longer has the application on file the Board will generate a letter confirming the licensing requirements at the time your license was issued.

A social worker can request a copy or copies of their renewal application(s) for the \$30 record retrieval fee.

3. ADDITIONAL INFORMATION

At the bottom of the form, please indicate the name of the Out-of-State licensing Board – AND- if you want the record retrieval mailed sent directly to the out-of-state Board - OR - mailed to you in a sealed envelope. Either way, you will receive a copy of record retrieval. Your copy is included in the \$30 fee.

If your name has changed, please include legal documentation of the change in name with the request form for a record retrieval.

If your personal information (postal address, phone numbers, email address) is different than what is on file with the Board, your electronic licensee record will be revised.



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REQUEST FOR A RECORD RETRIEVAL

Enclose a check/money order payable to the Maryland Board of Social Work Examiners
Send one check or money order for the total amount (cannot accept credit cards)

BOARD USE ONLY

Fee \$ _____

Check # _____

LBSW LMSW LCSW LCSW-C

Your License #: _____ Expiration Date _____

\$30.00 fee for a record retrieval

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle/Initial _____

*Address _____

*City _____ *State _____ *Zip Code _____

*Home _____ *Work _____ *Cell _____

*Email _____

(E-mail address is used by the Board to send notices & newsletters)

Degree: BSW MSW Year _____

College/ University _____ City _____ State _____

***PLEASE NOTE:** If different from what is on file with the Board, your postal address, phone number(s), and email address will be changed to what is on the registration form.

NAME OF OUT OF STATE BOARD

State Board _____

Please send the record retrieval directly to the out-of-state boards(s) and a copy to me.

Please send the record retrieval directly to me in a sealed enveloped and a copy to me.

Please submit the following:

- 1) The Request for a Record Retrieval Form.
- 2) A check or money order for \$ 30.00 payable to the Board of Social Work Examiners.

_____ Date

Signature