



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 LICENSE VERIFICATION AND / OR A RECORD RETRIEVAL

1. LICENSE VERIFICATION

The Board's verification form includes the following information:

Licensee's Name; last four digits social security number and year of birth
License number and type (LBSW – LGSW – LCSW – LCSW-C)
License issuance and expiration dates
License Status Active / In Good Standing
Inactive
Non-renewed
Licenses held or were held in other states – if this information is on file
How licensed – Examination – Endorsement
Examination date
Score will be listed as "PASS"
College/University
Degree BSW or MSW and graduation year
Disciplinary action – yes or no

There is a \$20 license verification fee for EACH license verification requested. (The copy of the license verification sent to you is included in the \$20 fee.)

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 verification and/or 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 the verification and/or record retrieval. Your copy is included in the \$20 fee and / or \$30 fee.

If your name has changed, please include legal documentation of the change in name with the request form for a license verification and/or 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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VERIFICATION OF A MARYLAND LICENSE AND / OR 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)

Please note: As part of the fee a copy of each verification and / or record retrieval will be sent to you.

<u>BOARD USE ONLY</u>	
Fee \$	_____
Check #	_____

NUMBER OF VERIFICATIONS REQUESTED \$20.00 fee for EACH verification \$30.00 fee for a record retrieval

Licensee Name _____ <input type="checkbox"/> Self <input type="checkbox"/> Supervisor	License #: _____ <input type="checkbox"/> LBSW <input type="checkbox"/> LGSW <input type="checkbox"/> LCSW <input type="checkbox"/> LCSW-C
Licensee Name _____ <input type="checkbox"/> Self <input type="checkbox"/> Supervisor	License #: _____ <input type="checkbox"/> LBSW <input type="checkbox"/> LGSW <input type="checkbox"/> LCSW <input type="checkbox"/> LCSW-C
Licensee Name _____ <input type="checkbox"/> Self <input type="checkbox"/> Supervisor	License #: _____ <input type="checkbox"/> LBSW <input type="checkbox"/> LGSW <input type="checkbox"/> LCSW <input type="checkbox"/> LCSW-C
Licensee Name _____ <input type="checkbox"/> Self <input type="checkbox"/> Supervisor	License #: _____ <input type="checkbox"/> LBSW <input type="checkbox"/> LGSW <input type="checkbox"/> LCSW <input type="checkbox"/> LCSW-C

PERSONAL INFORMATION

Your License #: _____ LBSW LGSW LCSW LCSW-C

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 verification(s) and/or record retrieval directly to the out-of-state boards(s) and a copy to me.
- Please send the verification(s) and/or record retrieval directly to me in a sealed enveloped and a copy to me.