



**MARYLAND**  
**Department of Health**

**MARYLAND BOARD OF SOCIAL WORK EXAMINERS**

4201 Patterson Avenue,  
Baltimore, Maryland 21215

Website: <http://www.health.maryland.gov/bswe>

Phone Number: 410-764-4788

Toll Free: 1-877-526-2541

Fax: 410-358-2469

**ROSTER ORDER FORM**

The Board of Social Work Examiners has available for purchase listings of its licensed social workers. The lists consist of the following **public** information:

Last Name, First Name, Address, City, State, Zip Code, License Number, Date of Issue and Date of Expiration

**IMPORTANT:** EMAIL address is not included because it is **not** public information.

FOR BOARD USE ONLY

M-Log: \_\_\_\_\_

C-Log: \_\_\_\_\_

Archived: \_\_\_\_\_

**Instructions for ONLINE PAYMENT**

1. Download & Save copy of form
2. Complete all required fields & save copy to be emailed
3. To pay the nonrefundable fee click "pay fee \$ amount" for the relevant fee(s). After payment, print a digital copy of the confirmation receipt. **Tip: right-click/print as pdf.**
4. Email a copy of the completed form & confirmation receipt to [mdh.socialwork@maryland.gov](mailto:mdh.socialwork@maryland.gov) with Subject line "RosterRequest"
5. Requests will not be processed without completed form & copy of confirmation receipt

**Enter Required Information: \*Please enter required information**

*Organization/Agency:		
*Address:		
*City:	*State:	*Zip Code:
*Contact Name:		
*Phone:	Ext:	*Contact Email:

Below is the description and fee amount for LCSW & LCSWC

License Level	Qty	Amount Fee	Total
Combined Certified (LCSW-\$150) & Clinical (LCSWC-\$150)	2	\$300.00	\$300.00

[Pay Fee \\$300.00](#)

*Please indicate the format of the list	Excel	ASCII
*Indicate the status of the licensees you are requesting:	Active Only	Active & Inactive
*How do you want the list to be sorted?	By Last Name	By Zip Code

**IMPORTANT!** \*Email Address of File Recipient:

**Save a copy of form to be emailed with online receipt of payment**