



# 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 [kellie.peay@maryland.gov](mailto:kellie.peay@maryland.gov) or [jacqueline.monroe-moore2@maryland.gov](mailto:jacqueline.monroe-moore2@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:
*Contact Name:		
*Phone:	Ext:	Contact Email:

Below is the description and fee amount for **all** levels LBSW, LMSW, LCSW, and LCSWC.

License Level	Qty	Amount Fee	Total
All Licensees – Bachelors (LBSW-\$80), Masters (LMSW-\$80), Certified (LCSW-\$150), & Clinical (LCSWC-\$150)	4	\$460.00	\$460.00

[Pay Fee \\$460.00](#)

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**