

## MARYLAND Department of Health

MARYLAND BOARD OF SOCIAL WORK EXAMINERS

4201 Patterson Avenue, Baltimore. Maryland 21215 Website: <u>http://www.health.maryland.gov/bswe</u>

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.

## 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 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 all levels LBSW, LMSW, LCSW, and LCSWC.

License Level	Qty	Amount Fee	Total	
All Licensees – Bachelors (LBSW-\$80),	4	\$460.00	\$460.00	
Masters (LMSW-\$80), Certified (LCSW-		<u>Pay Fee \$460.00</u>		
\$150), & Clinical (LCSWC-\$150)				
Please indicate the format of the list	Excel	ASCII		
Indicate the status of the licensees you are	Active Only	Active & Inactive		
requesting:				
How do you want the list to be sorted?	By Last Name	By Zip Co	de	
IMPORTANT! *Email Address of File Recipient:				

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

FOR BOARD USE ONLY
TOR BOARD OSE ONET
M-Log:
C-Log:
Archived: