Phone Number: 410-764-4788 Baltimore. Maryland 21215 Toll Free: 1-877-526-2541 Website: http://www.health.maryland.gov/bswe 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 LBSW.

License Level	Qty	Amount Fee	Total
Bachelors (LBSW)	1	\$80.00	\$80.00

Pay Fee \$80.00

FOR BOARD USE ONLY

M-Log: C-Log: __

Archived: ___

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