



# 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) & [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:	*Zip Code:
*Contact Name:		
*Phone:	Ext:	*Contact Email:

Below is the description and fee amount for LMSW

License Level	Qty	Amount Fee	Total
Master (LMSW)	1	\$80.00	\$80.00

**Pay Fee \$80.00**

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
<b>IMPORTANT!</b> *Email Address of File Recipient:		

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