

4201 Patterson Avenue. 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

| | NOSTEN ONDER I ONIM | | Fee \$ |
|--|--|-----------------------------------|-----------|
| The Board of Social Work | cial Work Examiners has available for purchase listings of its licensed social workers | | Check# |
| The lists consists of the following <i>public</i> information: | | | Delivered |
| Last Name, First Name, A | ddress, City, State, Zip Code, License Number, Date | e of Issue and Date of Expiration | |
| IMPORTANT: EMAIL add | ress is not included because it is not public inform | ation. | |
| 1) Enter Information: | | | |
| Organization /Agency | | | |
| Address | | | |
| City _ | | State | Zip Code |
| Contact Person | | | |

FOR BOARD USE ONLY

2) Below is the list of fees for each level of licensure. Please make checks/ money orders payable to: Maryland Board of Social Work Examiners. We must receive your payment along with your order. Please check levels requested.

Extension

| License Level | Fee |
|---|----------|
| Bachelor Licensees (LBSW) | \$80.00 |
| Master Licensees (LMSW) | \$80.00 |
| Certified Licensees (LCSW) | \$150.00 |
| Clinical Licensees (LCSW-C) | \$150.00 |
| Combined Certified & Clinical Licensees | \$300.00 |
| All License Levels | \$460.00 |
| Total Amount Due | |

| Mail Payments and the completed Roster Order Form to: Maryland Bo | ard of S |
|--|----------|
| Email Address | |
| 6) IMPORTANT! Please provide an email address to which the roster will be se | ent. |
| 5) How do you want the list to be sorted? By Licensee Name By Zip Code | |
| 4) Indicate the status of the licensees you are requesting: Only active licensees All Licensees (Active and Inactive) | |
| 3) Please indicate the format of the list: Excel Format ASCII format | |

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