**MARYLAND BOARD OF SOCIAL WORKER EXAMINERS**

**SAMPLE PETITION FOR NON-ORGANIZATION NOMINEES**

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| **Candidate Information**  Name:  Address:  License Number:  Signature: |

**Signature and information of at least 15 Social Workers licensed in Maryland**

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| **Name (Print clearly)** | **Maryland License Number** | **Contact Information (phone or email)** | **Signature** | **Date** |
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