



MARYLAND

Department of Health

MARYLAND BOARD OF SOCIAL WORK EXAMINERS

4201 Patterson Avenue,
Baltimore, Maryland 21215 – 2299
Web Site: www.health.maryland.gov/bswe

Phone Number: 410-764-4788
Toll Free: 1-877-526-2541
Fax: 410-358-2469

EMPLOYMENT CERTIFICATION: ONLY FOR ENDORSEMENT FOR GREATER THEN 5 YEARS

The enclosed employment certification form must be used by an applicant to document that she/he has completed at least 1,000 hours per year of compensated social work practice for 5 years out of the 10 years preceding application to the Board.

If additional forms are needed, you may photo copy this form.

The upper portion is completed by the applicant and the lower portion completed by the Director **or** Personnel Officer, **ALL ITEMS MUST BE COMPLETED.** The employer should return the completed form to you. You may open it to determine if the employer completed the entire section.

OFFICIAL EXAM SCORE REPORT:

ASWB – Association of Social Work Boards

An applicant who passed the required ASWB examination for another jurisdiction must request an Official Score Report. This request can be made by phone by calling 1-888-579-3926 or on line at www.aswb.org The Official Score Report must be sent directly to the Board.

STATE EXAM

An applicant who passed a state constructed test must request a written confirmation from the out-of-state Board(s) indicating the type of exam and date of exam. The written confirmation must be sent to the applicant and must remain in the sealed envelope.

NASW – National Association of Social Workers

An applicant who passed the ACSW examination must request an “ACSW Verification Letter.” This request can be made by phone, 1-800-638-8799 Ext #293 or Ext #367. The ACSW Verification Letter should be mailed to you and must remain in the sealed envelope.



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

EMPLOYMENT CERTIFICATION FORM

For Licensure By Endorsement for Applicants with 5 years out of the past 10 years of SW Practice at an Advanced Licensure Level

Name License No Application ID

THE FOLLOWING IS COMPLETED BY THE APPLICANT, THEN FORWARD TO THE EMPLOYER.

I am applying for Maryland Social Work license as a:

- Licensed Certified Social Work "LCSW" Licensed Certified Social Work - Clinical "LCSW-C"

Applicant's Name

Address City State Zip Code

Agency Name

Address

City State Zip Code

APPLICANT'S AFFIDAVIT

I do solemnly declare and affirm, under the penalties of perjury, the above information is true and correct.

Signature _____ Date

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE EMPLOYER (PLEASE COMPLETE THE ENTIRE SECTION)

This section is to be completed by the Director or Personnel Officer at the agency where the applicant was employed at an advanced licensure level such as a Licensed Certified Social Worker or a Licensed Certified Social Worker- Clinical.

I certify that the applicant, , was employed by the agency named above in the capacity of
(position held)

Dates of Employment: From To

The applicant, named above, completed hours, per YEAR, of advanced social work practice.

Was the social work practice clinical social work? Yes No (This question must be answered.)

Name of person completing the form Title

EMPLOYER'S AFFIDAVIT

I do solemnly declare and affirm, under the penalties of perjury, that the above statement(s) are true and correct.

Signature _____ Date Title

PLEASE RETURN THE COMPLETED FORM TO THE APPLICANT IN A SEALED ENVELOPE