



STATE OF MARYLAND

**DHMH**

Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

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**MARYLAND BOARD OF SOCIAL WORK EXAMINERS**

4201 Patterson Avenue,  
Baltimore, Maryland 21215 – 2299

Web Site: [www.dhmh.maryland.gov/bswe](http://www.dhmh.maryland.gov/bswe)

Phone Number: 410-764-4788

Toll Free: 1-877-526-2541

Fax: 410-358-2469

**LBSW & LGSW BY ENDORSEMENT**

July 2015

Dear Applicant:

**PLEASE NOTE: The application instructions include everything you need to know about applying for a social work license in Maryland.**

**Please review all of the material very carefully.**

Enclosed is an application for licensure by **ENDORSEMENT** as a Licensed Bachelor Social Worker (LBSW) or Licensed Graduate Social Worker (LGSW).

Be certain that you understand the requirements as the **license application fee is non-refundable.** If you have not passed the required licensing examination required by the Maryland Board, then you need to apply by examination.

**PLEASE SUBMIT ORIGINAL COPIES OF ALL FORMS** and keep a copy for your records.

**An individual with an ACTIVE Bachelors or Masters social work license in another jurisdiction and a PENDING application with the Maryland Board, may take a social work position in Maryland, for up to six months, while the application is being processed.**

If you have any questions, please contact the Board office at 410-764-4788 toll free at 1-877-526-2541.

**Article - Health Occupations**

**Title 19. Social Workers**

Subtitle 3. Licensing

**§ 19-301. License required; exceptions.**

*(a) Except as otherwise provided in this title, an individual shall be:*

*(1) Licensed by the Board before the individual may practice social work in this State while representing oneself as a social worker;*

*(2) Licensed as a certified social worker-clinical before the individual may practice clinical social work in this State.*

*(b) This section does not apply to:*

*(1) An individual employed by any agency of the federal government while performing the duties of that employment, unless the individual chooses to apply for a license under this subtitle;*

*(2) An individual licensed as a social worker in another state while responding to an emergency in this State; or*

*(3) An individual who:*

*(i) Is licensed to practice social work in any other state or possesses social work qualifications in another jurisdiction comparable to § 19-302 of this subtitle;*

*(ii) Has an application for a license pending before the Board; and*

*(iii) Meets requirements established by the Board in regulations.*

*(c) An individual may not practice social work without a license under subsection (b)(3) of this section for more than 6 months.*

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410-764-4788 or Toll Free: 1-877-526-2541 [www.dhmh.maryland.gov/bswe](http://www.dhmh.maryland.gov/bswe)

## **LBSW & LGSW BY ENDORSEMENT - APPLICATION INSTRUCTIONS**

**ALL DOCUMENTATION MUST BE ORIGINAL, ON THE FORMS CURRENTLY IN USE BY THE BOARD AND SUBMITTED AS A COMPLETE APPLICATION PACKET**

**DOCUMENTATION CONTAINING WHITE OUT OR CORRECTIONS WILL NOT BE ACCEPTED**

**ALL SECTIONS OF THE FORMS SHOULD BE COMPLETED IN BLUE INK**

### **CHECK LIST:**

Please use the following check list to be certain your application packet is complete.

- A check or money order, payable to the Maryland Board of Social Work, for the \$100 application fee.
- Application form
- Three Professional Reference Forms
- Official BSW or MSW transcript with the date the degree was awarded / conferred
- Official Score Report from the Association of Social Work Boards
- Criminal History Records Check (CHRC)**
  - First submit your completed application then complete the CHRC
  - **If a CHRC was done for another purpose, a “NEW” CHRC is required for licensing.**

**CHECK LIST CONTINUED FOR:** “Service Members”, “Veterans” or “Military Spouses”, please review the **Veterans Full Employment Act 2013** section of the instructions and include the following documentation.

- A copy of the applicant’s out-of-state social work license.
- Proof that the applicant is a service member, veteran or military spouse.
- If the applicant is a service member or veteran, proof that the applicant is assigned to a duty station in Maryland or has established legal residence in Maryland.
- If the applicant is a military spouse, proof that the applicant’s spouse is assigned to a duty station in Maryland or has established legal residence in Maryland.

PLEASE DO NOT SEND THE ITEMS LISTED ABOVE SEPERATELY

PLEASE NOTE: Applicants will be **notified** of the status of their applicant through the **email address** provided on the application form. Please be sure your email address is legible, accurate and current. Set your computer to accept emails from the Board so the notifications do not go into **SPAM**. Please provide the Board with changes in your email address. **PLEASE DO NOT CLICK THE 'UNSUBSCRIBE' LINK FROM AN EMAIL SENT FROM THE BOARD.**

**DOCUMENTATION:**

All documentation and required forms must be mailed to the Board in **one** application packet. The applicant must use the forms currently in use by the Board. It is recommended that applicants keep copies of all the documentation and communications submitted to the Board.

**APPLICATION FORM:**

All items on the application form must be completed and the "Applicant's Affidavit" must be signed and dated. It does not need to be notarized.

**NAME**

Your name will appear on all documents and correspondence as you list it on the application form. Please note:

- 1) the name must be your **legal** name
- 2) the name on your driver's license or identification card must match
- 3) the license will be issued in the name listed on your application

**VETERANS FULL EMPLOYMENT ACT 2013 – EFFECTIVE JULY 1, 2013**

Under this ACT the Board shall issue an expedited temporary license to a service member, veteran or military spouse. A temporary license issued under this section shall be valid for 6 months.

“Service member” means an individual who is an active duty member of the Armed Forces of the United States; a reserve component of the Armed Forces of the United States; or the National Guard in any State.

“Veteran” means a former service member who was discharged from active duty, under circumstances other than dishonorable, within 1 year before the date on which the application for a license is submitted. A veteran **DOES NOT** include an individual who has completed active duty and has been discharged for more than 1 year before the application for a license is submitted.

“Military Spouse” means the spouse of a service member or veteran and includes a surviving spouse of a veteran or a service member who died within 1 year before the date on which the application for a license is submitted.

## **RACE / ETHNIC IDENTIFICATION**

Check all that apply.

American Indian or Alaska Native (A person having origins in any of the original peoples of North or South American, including Central America and who maintain tribal affiliations or community attachments)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asian, or the Indian subcontinent including, for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)

Black or African American (A person having origins in any of the black racial groups of Africa)

Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

Answer the question with a yes or a no.

Are you of Hispanic or Latino origin? (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)

## **QUESTIONS #1 THROUGH #5**

Answer all questions with a yes or no. For each question answered with a yes, please attach a detailed narrative/explanation. For question #4 also provide a certified copy of the police/court record and final disposition AND, as soon as possible, initiate the Criminal History Records Check.

## **CRIMINAL HISTORY RECORDS CHECK**

A Criminal History Records Check through the Department of Public Safety and Correctional Services - Criminal Justice Information Systems - Central Repository is required under the social work statute. An excerpt from the Board's statute is below and section (e) (2) outlines what the Board should consider when reviewing the reports. All reviews are conducted on a case by case basis.

### **Article - Health Occupations Title 19. Social Workers. Subtitle 3. Licensing.**

#### **§19-302.2. Criminal history records checks.**

- (a) In this section, "Central Repository" means the Criminal Justice Information System Central Repository of the Department of Public Safety and Correctional Services.
- (b) As part of an application to the Central Repository for a State and national criminal history records check, an applicant shall submit to the Central Repository:
  - (1) A complete set of legible fingerprints taken on forms approved by the Director of the Central Repository and the Director of the Federal Bureau of Investigation;

- (2) The fee authorized under § 10–221(b)(7) of the Criminal Procedure Article for access to State criminal history records; and
- (3) The processing fee required by the Federal Bureau of Investigation for a national criminal history records check.
- (c) In accordance with §§ 10–201 through 10–228 of the Criminal Procedure Article, the Central Repository shall forward to the Board and to the applicant the criminal history record information of the applicant.
- (d) If an applicant has made two or more unsuccessful attempts at securing legible fingerprints, the Board may accept an alternate method of criminal history records check as permitted by the Director of the Central Repository and the Director of the Federal Bureau of Investigation.
- (e) (1) Information obtained from the Central Repository under this section:
  - (i) Is confidential and may not be disseminated; and
  - (ii) May be used only for the licensing purpose authorized by this title.
- (2) In using information obtained from the Central Repository under this section to determine whether to issue a license, the Board shall consider:
  - (i) The age at which the crime was committed;
  - (ii) The circumstances surrounding the crime;
  - (iii) The length of time that has passed since the crime was committed;
  - (iv) Subsequent work history;
  - (v) Employment and character references; and
  - (vi) Other evidence that demonstrates whether the applicant poses a threat to the public health or safety.
- (f) The subject of a criminal history records check under this section may contest the contents of the printed statement issued by the Central Repository as provided in § 10–223 of the Criminal Procedure Article.

**If an applicant wishes to contest the results, the applicant must submit a written explanation, to the Board, within 6 months of the date of the report and provide legal documentation which refutes the results.**

### **PROFESSIONAL REFERENCE FORMS:**

Using the enclosed forms, applicants are required to submit three (3) professional references. References may be from professors, internship supervisors, academic advisor etc. The references can be, but do not have to be, completed by social workers. Friends and relatives cannot be references.

### **OFFICIAL TRANSCRIPT:**

The official seal of the college/university is required on all transcripts with the date the BSW or MSW degree was awarded/conferred. The official transcript must be submitted in a sealed envelope with the application's packet. Please do not request the college/university to mail the official transcript directly to the Board.

### **FOREIGN DEGREES:**

Applicants who possess foreign degrees must have their credentials reviewed by the Council on Social Work Education (CSWE) prior to making application to the Board. CSWE's written determination and a copy of the foreign transcript must be submitted with the application. [www.cswe.org](http://www.cswe.org) or 703-683-8080

**ASSOCIATION OF SOCIAL WORK BOARDS (ASWB) EXAMINATIONS:**

**Without exception**, all applicants have passed the examination administered by ASWB which is required for the licensure level. [www.aswb.org](http://www.aswb.org)

**OFFICIAL SCORE REPORT:**

An applicant must contact ASWB at 1-888-579-3926 and request that an Official Score Report be sent directly to the Board.

**OFFICIAL ADDRESS OF RECORD:**

Please note that the mailing address provided to the Board is the official address of record and is considered part of a public record.

**NOTIFICATION OF CHANGE IN NAME OR STREET ADDRESS OR EMAIL ADDRESS:**

It is the responsibility of the applicant/licensee to notify the Board promptly of any change in contact information. For a change in address, postal and / or email, please use the form on the Board's website. For a change in name, please mail or fax a copy of legal documentation to the Board. The Board's newsletter and various notifications are sent to licensees using the email address. **PLEASE DO NOT CLICK THE 'UNSUBSCRIBE' LINK FROM AN EMAIL SENT FROM THE BOARD.**

**FEES:**

The \$100.00 non-refundable application fee, payable to the Maryland Board of Social Work Examiners, by check or money order, is due with the application.

**A \$75.00 non-refundable initial license fee is required after the application has been approved.**

**DO NOT SUBMIT THE \$75.00 FEE WITH THE APPLICATION**

**CJIS – CRIMINAL JUSTICE INFORMATION SYSTEM:**  
**AND**  
**CHRC – CRIMINAL HISTORY RECORDS CHECK:**

**I FOR APPLICANTS WHO RESIDE IN MARYLAND:**

- 1) LIVESCAN PRE-REGISTRATION FORM – LOCATED ON THE NEXT PAGE
- 2) TAKE THIS FORM TO A FINGERPRINTING LOCATION IN MARYLAND
- 3) **DO NOT MAIL THIS FORM TO THE BOARD OF SOCIAL WORK**
- 4) **DO NOT SEND ANY RECEIPTS TO THE BOARD OF SOCIAL WORK**
- 5) THE BOARD RECEIVES THE CHRC ELECTRONICALLY AND DIRECTLY FROM CJIS

**FOR FAST AND ACCURATE SERVICE**

1. If you are requesting a background check for licensing purposes you must use the Maryland Board of Social Work Examiner' name and authorization numbers, listed below:

**CJIS #1300005486 & FBI ORI – MD920513Z**

2. If your background check is being sent to a government agency you may also need an ORI number.
3. You must bring a valid form of government identification. (Examples: driver's license, Certificate of Naturalization, passport, Alien Registration Card, or Military Identification)
4. Take the [Livescan Pre-registration Application](#) to any fingerprinting center.
5. Bring payment: major credit cards, checks, and money orders are accepted. Cash is not accepted at the State Operated Fingerprinting Centers.

**Government Operated Services: The fee is \$32.75 for a full background check State and FBI.**

**Commercial Fingerprinting Services (Private Providers): The fee is \$32.75 plus an additional amount set by the private provider.**

**For a listing of providers, both State and Private please go to**  
<http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml>

**II FOR APPLICANTS WHO DO NOT RESIDE IN MARYLAND:**

- 1) Send an Email message, Barbara Smothers, Licensing Coordinator  
[barbara.smothers@maryland.gov](mailto:barbara.smothers@maryland.gov)
- 2) Provide your legal name and mailing address.
- 3) A fingerprint card will be mailed to you with an envelope addressed to CJIS.
- 4) **DO NOT MAIL THE COMPLETED FINGERPRINT CARD TO THE BOARD**



**DO NOT MAIL**

**THE FORM ON THE NEXT PAGE**

**TO THE BOARD**

**PRINT OUT THE FORM**

**COMPLETE IT**

**TAKE IT WITH YOU**

**TO A FINGER PRINTING PROVIDER**

**For a listing of providers, both State and Private please go to**  
<http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml>



**STATE OF MARYLAND**  
**DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES**  
**CRIMINAL JUSTICE INFORMATION SYSTEMS - CENTRAL REPOSITORY**

**LIVESCAN PRE-REGISTRATION APPLICATION**

**APPLICANT INFORMATION (PLEASE TYPE OR PRINT CLEARLY)**

Name

Date of Birth  SSN  Gender:  Male  Female (Please Check)

Height:  ft.  inches Weight  lbs. Eye Color  Hair Color

Race  American Indian/ Alaska Native  Asian  Black/African American  Native Hawaiian/Pacific Islander  
 White  Other (Please Check)

Place of Birth  Citizenship

Current Address

City  State  Zip Code

Daytime Phone  Evening Phone  Driver's License

**AGENCY INFORMATION**

Agency Authorization #: 1300005486 Reason fingerprinted? Social Work License

ORI # (if required): MD920513Z

Position Applied for: N/A

Request Type: ( Choose only one)

<input type="checkbox"/> Adult Dependent Care	<input type="checkbox"/> Government Licensing or Certification
<input type="checkbox"/> Attorney /Client	<input type="checkbox"/> Immigration / Visa
<input type="checkbox"/> Child Care	<input type="checkbox"/> Individual Challenge
<input type="checkbox"/> Criminal Justice	<input type="checkbox"/> Individual Review
<input type="checkbox"/> Gold Seal / Adoption	<input type="checkbox"/> MSP Licensing
<input type="checkbox"/> Gold Seal / Letter / Visa	<input type="checkbox"/> Private Party Petition
	<input type="checkbox"/> Public Housing

**Mail Response to:**

(Mailing option only available for Visa Gold Seal and /or Individual Review)

Name

Address

City  State  Zip Code



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**FOR OFFICE USE ONLY**

**APPLICATION FOR LICENSURE BY ENDORSEMENT**

**Application For Licensure As:**

**Fee**

- Licensed Bachelor Social Worker (LBSW) Bachelors Exam.....\$100.00
- Licensed Graduate Social Worker (LGSW) Masters Exam.....\$100.00

**PERSONAL INFORMATION**

Your **NAME** must be your **LEGAL NAME** and it will appear on all documents as listed below.

Last Name And Generational Indicator (JR., III etc.)

[Grid for Last Name and Generational Indicator]

First Name And Middle Name / Initial

[Grid for First Name and Middle Name / Initial]

Maiden Name

[Grid for Maiden Name]

Address Line One

[Grid for Address Line One]

Address Line Two ( Apt # )

[Grid for Address Line Two]

City

[Grid for City]

State

[Grid for State]

Zip Code

[Grid for Zip Code]

[Grid for Zip Code]

Home Phone

[Grid for Home Phone]

[Grid for Home Phone]

[Grid for Home Phone]

Work Phone

[Grid for Work Phone]

[Grid for Work Phone]

[Grid for Work Phone]

Extension

[Grid for Extension]

Cell Phone

[Grid for Cell Phone]

[Grid for Cell Phone]

[Grid for Cell Phone]

Email Address (NOTIFICATIONS RE: STATUS OF APPLICATION WILL BE SENT BY EMAIL)

[Grid for Email Address]

[Grid for Email Address]

Date of Birth  
mm / dd / yyyy

[Grid for Date of Birth]

[Grid for Date of Birth]

[Grid for Date of Birth]

Gender  Male  Female

Social Security #

[Grid for Social Security #]

[Grid for Social Security #]

[Grid for Social Security #]

**Military Status**

- Veteran (Within 1 year of honorable discharge)
- Active Service
- Military Spouse

**Race / Ethnic Identification – Please check all that apply**

Are you of Hispanic or Latin origin?  Yes  No

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian / Pacific Islander
- White
- Other

Date Received: \_\_\_\_\_

Amount \_\_\_\_\_

Check / Mo # \_\_\_\_\_

**Licensure By Endorsement**

Testing Service \_\_\_\_\_

Date of Exam \_\_\_\_\_

Exam Level \_\_\_\_\_

Applicant's Score \_\_\_\_\_

**CHRC**  **POS**  **NEG**

Date Received \_\_\_\_\_

Initials \_\_\_\_\_

**INITIAL LICENSE FEE**

Date Received: \_\_\_\_\_

Amount: \_\_\_\_\_

Check / Mo # \_\_\_\_\_

License Number \_\_\_\_\_

Board Code  24  25

Date OTL \_\_\_\_\_

Date Ent. Lic. DB \_\_\_\_\_

Date WC Mailed \_\_\_\_\_

BJS B JL LCB GJH

This side MUST be completed for license to be issued.

**EDUCATION**

Name on Official Transcript \_\_\_\_\_

Year BSW / MSW Obtained \_\_\_\_\_

College / University \_\_\_\_\_ State \_\_\_\_\_

**LICENSES / REGISTRATIONS/ / CERTIFICATIONS HELD**

List ALL ( Active, Inactive or Non-Renewed) HELD in ANY state including Maryland.

State	License Number	License Type	Issuance Date	Expiration Date	History of Discipline		FOR BOARD USE ONLY
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**ANSWER ALL QUESTIONS**

\*If question #4 is Yes- Please initiate the criminal history records checks as soon as possible.

FOR EACH QUESTION ANSWERED WITH A YES PLEASE ATTACH A DETAILED EXPLANATION.

FOR QUESTIONS # 4 ALSO PROVIDE A CERTIFIED COPY OF THE POLICE/COURT RECORD AND FINAL DISPOSITION.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1) Have you provided social work services while under the influence of alcohol, a narcotic, a controlled dangerous substance, or other drug that is in excess of prescribed amounts or without valid medical indication?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2) Has any State Licensing or Disciplinary Board, or a comparable body in the Armed Services denied your application for licensure, reinstatement, renewal, or taken any action against your license, including but not limited to reprimand, suspension, or revocation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3) Have you ever voluntarily surrendered your license due to a violation of state licensing law(s)?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4) Have you pled guilty to, nolo contendere to, been convicted of, or received probation before judgement for any criminal act excluding misdemeanor traffic violations? (Misdemeanor traffic violations include driving while under the influence of alcohol, while impaired by alcohol, or while impaired by a drug, or a combination drugs and therefore, do not need to be reported to the Board.)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5) Has a claim for damages been awarded or settled against you resulting from a malpractice suit?

If any question is marked YES:

Did you submit the required documentation in a previous application

If yes, in what year \_\_\_\_\_ and please include, with this application, a copy of the documentation you previously submitted.

**APPLICANT'S AFFIDAVIT**

**ALL FORMS / DOCUMENTATION MUST BE ORIGINALS**

I do hereby affirm that all statements made herewith are true and correct to the best of my knowledge and belief. In addition, I have read section §19-302.2 Criminal History Records Check - CHRC (included in the instructions) and understand my rights and responsibilities regarding a CHRC. Furthermore, I voluntarily consent to a thorough review of my present and past employment and other activities for the purpose of verifying qualifications for licensure.

Date \_\_\_\_\_

Signature \_\_\_\_\_



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**PROFESSIONAL REFERENCE FORM  
LBSW & LGSW BY ENDORSEMENT**

**THE FOLLOWING SECTION IS COMPLETED BY THE APPLICANT**

I am applying for Maryland social work license as a:

- Licensed Bachelor Social Worker "LBSW"
- Licensed Graduate Social Worker "LGSW"

Applicant's Name  Home Number

Current Mailing Address  Office Number

City  State  Zip Code  Cell Number

To:

Name of Reference

Address

City  State  Zip Code

I am applying for social work licensure in Maryland at the above indicated level.

**Please complete the following affidavit AND RETURN THE ORIGINAL SIGNED FORM TO ME by:**

**SIGNATURE** \_\_\_\_\_ **DATE**

**AFFIDAVIT**

I have known the applicant since (year)  Less Than 1 year in the capacity of \_\_\_\_\_  
 1 - 3 Years (supervisee, colleague, administrator)  
 4 - 6 Years (A social worker can be, but does not have to be a reference)  
 7 - 10 Years (A reference cannot be a relative or a friend)

I do solemnly declare and affirm, under the penalties of perjury, that the above statement(s) are true and correct, and I hereby recommend this applicant for licensure.

Name of Reference  Position/Title

Address  Phone Number

City  State  Zip Code

**SIGNATURE** \_\_\_\_\_ **DATE**



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Applicant's Name  Home Number

Current Mailing Address  Office Number

City  State  Zip Code  Cell Number

To:

Name of Reference

Address

City  State  Zip Code

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 1 - 3 Years (supervisee, colleague, administrator)  
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Name of Reference  Position/Title

Address  Phone Number

City  State  Zip Code

**SIGNATURE** \_\_\_\_\_

**DATE**



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### PROFESSIONAL REFERENCE FORM LBSW & LGSW BY ENDORSEMENT

#### THE FOLLOWING SECTION IS COMPLETED BY THE APPLICANT

I am applying for Maryland social work license as a:

Licensed Bachelor Social Worker "LBSW"       Licensed Graduate Social Worker "LGSW"

Applicant's Name  Home Number   
Current Mailing Address  Office Number   
City  State  Zip Code  Cell Number

To:

Name of Reference   
Address   
City  State  Zip Code

I am applying for social work licensure in Maryland at the above indicated level.

**Please complete the following affidavit AND RETURN THE ORIGINAL SIGNED FORM TO ME by:**

**SIGNATURE** \_\_\_\_\_

**DATE**

#### AFFIDAVIT

I have known the applicant since (year)  Less Than 1 year in the capacity of \_\_\_\_\_

1 - 3 Years

4 - 6 Years

7 - 10 Years

(supervisee, colleague, administrator)

(A social worker can be, but does not have to be a reference)

(A reference cannot be a relative or a friend)

I do solemnly declare and affirm, under the penalties of perjury, that the above statement(s) are true and correct, and I hereby recommend this applicant for licensure.

Name of Reference  Position/Title   
Address  Phone Number   
City  State  Zip Code

**SIGNATURE** \_\_\_\_\_

**DATE**