FORM II

TEXAS STATE BOARD OF SOCIAL WORKER EXAMINERS

VERIFICATION OF LICENSURE IN OTHER JURISDICTION

Directions to Applicant: Complete Part I and forward to the state where you hold a license to practice Social Work.

PART I - TO BE COMPLETED BY THE APPLICANT

<table>
<thead>
<tr>
<th>Name of Applicant</th>
<th>State from which Verification is Requested</th>
<th>License No.</th>
<th>Date Issued</th>
</tr>
</thead>
</table>

I was granted a license as described above and request that verification of that license and supervised experience approved by your board, as applicable, be submitted to the Texas State Board of Social Worker Examiners.

You are hereby authorized to release any information in your files, favorable or otherwise, directly to this state's Social Work Board.

Your early attention is appreciated.

_______________________________________________________________
Signature

PART II - TO BE COMPLETED BY THE STATE BOARD VERIFYING LICENSURE (Please complete this form and return it to the address indicated. Attach copies of any verification of supervision received after applicant received their MSW.)

<table>
<thead>
<tr>
<th>Name of Licensee</th>
<th>Licensure Level</th>
<th>License No.</th>
<th>Date Issued</th>
</tr>
</thead>
</table>

Please Verify All Requirements Met in Your Jurisdiction

Education:
_____ BSW from CSWE Accredited School
_____ MSW from CSWE Accredited School

Experience:
_____ # Months Post LMSW Clinical Experience
_____ # Hours of face to face supervision
_____ # Hours clinical experience
_____ # Months Post LMSW Non-clinical Experience
_____ # Hours of face to face supervision
_____ # Hours non-clinical experience

Exam Taken
_____ ASWB or ASI (Only the ASWB or ASI will be accepted)
_____ Other

If no Exam score is on file, how was licensure obtained?
_____ Grandfathered
_____ Endorsement; If endorsement, what state?

License Current?
_____ Yes _____ No

Expiration Date

Complaints and/or Disciplinary Action
_____ Yes* _____ No

*Explain Complaints or Disciplinary Actions (please enclose a copy of any board orders):

_______________________________________________________________

Signature of person completing form

_____________________________/_______________________________
Printed name of person completing form/ phone number

Title of person completing form

Mail to: TEXAS STATE BOARD OF SOCIAL WORKER EXAMINERS
P.O. Box 149347, Mail Code 1982
Austin, Texas 78714-9347
1-512-719-3521
1-800-232-3162 (TEXAS ONLY)

Revised 10/13/07

With few exceptions, you have a right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. Most information submitted to the board is subject to disclosure under the Public Information Act. (Reference: Government Code, Sections 522.021, 522.023, 559.003 and 559.004)