

Verification of Out-of-State Licensure

North Dakota Board of Social Work Examiners

PO Box 914, Bismarck, ND 58502-0914

Ph. 701-222-0255 Fax 701-224-9824

www.ndbswe.com

ndbswe@aptnd.com

NDCC 32-41-07. **Reciprocity.** An applicant may be granted upon satisfactory proof to the board that the applicant is licensed under the laws of a state or territory of the United States that imposes substantially the same requirements as this chapter. Failure to provide satisfactory proof will require taking and passing the examination required by this chapter.

To Be Completed By Applicant:

Please complete this section of the Verification Form. Send this form to the licensing board(s) of the state(s) in which you currently hold or have held a social work license or certificate. You must have the state you are currently licensed in send a copy of the licensure law/rules and regulations which were in effect at the time you obtained licensure. If necessary, make *sufficient copies* of this form to accommodate all verification requests.

License Number: _____ Social Security Number: _____

Name (Last, First, Middle): _____

Maiden And/Or Any Other Names Used: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone (home): _____ (work): _____

I hereby authorize the release of information in my file held by the licensing board or body indicated below directly to the North Dakota Board of Social Work Examiners. _____

Signature

Date

To Be Completed By The State Licensing Board or Body:

The individual listed above has applied for social work licensure with the North Dakota Board of Social Work Examiners. Before further consideration can be given to this application for licensure, the Board requires the information requested below.

State of: _____

Name on Original License: _____

Current Name on License if different: _____

License Number: _____ Date of Initial License Issued: _____

Level or title of License: _____

Type of License: _____ Permanent _____ Provisional

(over)

Status of License: Current Inactive Emeritus Expired
 Other _____

Effective Date of Status: _____ Expiration Date: _____

Has this individual's license ever been revoked, suspended, conditioned, or otherwise encumbered for any reason? Yes
If yes, please attach a letter explaining the details of this case and any other applicable No
documentation related to this case.

Does your state have any pending complaints for this individual? Yes No
If yes, please attach a letter explaining the details of this case.

Thank you for your cooperation.

Signature of person completing the form.

Date of completion.

Title

Name of State Licensing Board or Body

Telephone Number

ATTENTION STATE LICENSING BOARD: Please return this completed for directly to:

Please affix your
Board/State Seal here.

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Examiners
PO Box 914
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