

North Dakota Board of Social Work Examiners

PO Box 914 - Bismarck, ND 58502-0914

Telephone 701-391-7005

Email: info@ndboardofsocialwork.com

Website: www.ndbswe.com

Verification of Licensure

Per N.D.C.C. 43-41-07. **Reciprocity.** An applicant may be granted a license upon satisfactory proof to the board that the applicant is licensed in good standing under the laws of another jurisdiction that imposes substantially the same requirements as this chapter.

Instructions to Applicant

Please complete this section and send this form to the licensing board of the state in which you currently hold a social work license.

License Number: _____ Social Security Number: _____

Name (Last, First, Middle): _____

Maiden And/Or Any Other Names Used: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone (home/cell): _____ (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 licensure with the North Dakota Board of Social Work Examiners (NDBSWE). Before further consideration can be given to the application, the NDBSWE requires the information 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: _____

License Credential was obtained by (circle one):

Examination (ASWB) Examination (other) Reciprocity Grandfathering Other _____

Type of License (circle one): Permanent Provisional Temporary Restricted

Status of License (circle one):

Current/Active Inactive Emeritus Expired Probation Other (explain): _____

Effective Date of Status: _____

Expiration Date of Status: _____

Has the individual's license ever been revoked, suspended, conditioned, or otherwise encumbered for any reason?

_____ Yes _____ No

If Yes, please attach a letter explaining the details and provide all applicable documentation.

Are there any current complaints or pending investigations regarding this individual?

_____ Yes _____ No

If Yes, please attach a letter explaining the details.

Signature of Person Completing Form on
Behalf of State Licensing Board or Body

Title

Affix Board Seal Here

Date

Name of Licensing Board of Body

Telephone Number

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

**North Dakota Board of Social Work Examiners
PO Box 914
Bismarck, ND 58502-0914**