



APPLICANT OUT-OF-STATE LICENSURE VERIFICATION

If the jurisdiction does not provide online verification of licensure, this form can be provided to an out-of-state jurisdiction to verify your licensure in that state.

INSTRUCTIONS

This form must be completed by both the applicant and the jurisdiction/State Board that issued the applicant a health or mental health license or certification. **The Applicant should complete Part I of this form only.** The State Board should complete Part II of this form. The completed form should be returned to the applicant for inclusion in their application to be sent to the Virginia Board of Social Work or the State Board can send the form electronically to the Virginia Board at socialwork@dhp.virginia.gov.

PART I: TO BE COMPLETED BY APPLICANT

Complete the top portion only and send this form to the jurisdiction(s)/State Board(s) that issued you a health or mental health license, certification, or registration. **(Fee may be required).**

Last Name:	First Name:	Middle/Maiden Name:	Suffix:
Last 4 digit of Social Security Number: XXX-XX- ____		Date of Birth: (MM/DD/YYYY) ____ / ____ / ____	
Street Address:			
City:	State:	Zip Code:	
Email Address:			

PART II: TO BE COMPLETED BY STATE BOARD

Please provide official verification of applicant's licensure information requested below and email or mail the completed form to the applicant or directly to the Virginia Board of Social Work. If emailing this form to the Virginia Board, please use the subject line: Applicant Licensure Verification (ref: Applicant's First and Last Name).

Title of License:	License Number:
Issue Date: (MM/DD/YYYY) ____ / ____ / ____	Expiration Date: (MM/DD/YYYY) ____ / ____ / ____
License Obtained by: <input type="checkbox"/> Examination <input type="checkbox"/> Endorsement <input type="checkbox"/> Reciprocity <input type="checkbox"/> Grandfathered <input type="checkbox"/> other _____	
Status of License: <input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive <input type="checkbox"/> other _____	
Has license ever been denied, suspended, revoked, placed on probation, or otherwise disciplined? If yes, please attach certified copy of order issued by State Board. YES <input type="checkbox"/> NO <input type="checkbox"/>	

I certify the above information to be true in every respect, according to the record on file with the

(Title of Board)

Name of Authorized Licensure Official: _____

Title of Authorized Licensure Official: _____

Telephone Number: _____

Email Address: _____

Date: _____

STATE SEAL