

State of Nevada
 Board of Examiners for Social Workers
 4600 Kietzke Lane, #C121, Reno, NV 89502

Applicant: Complete the top portion of this form and send it to each state in which you are, or have been certified, registered or licensed. The agency issuing the certificate, registration or license should complete the form and return it directly to this office.

The Nevada State Board of Examiners for Social Workers has received an application for license from:

Name: _____ Date of Birth: _____

License #: _____ Social Security Number: _____

1. Is the individual currently certified, registered or licensed, in your state? Yes No

Date of issue: _____ Date of expiration: _____ At what level? _____

2. Is the certificate, registration or license currently in good standing? Yes No

3. What was the basis for certification, registration or licensure in your state?

Examination Endorsement Grandfathered

4. If certified, registered or licensed by exam, please complete the following –

ASWB Exam? Yes No Examination Level _____

Passing Score: _____ Applicant's Score: _____ Examination Date: _____

5. Were postgraduate supervised hours a requirement for certification, registration or licensure? Yes No

If yes, what was the requirement? _____

If yes, what were the qualifications for the supervisor(s) _____

If yes, how often did the supervisor and applicant meet? _____

6. Has the certification, registration or license ever been suspended, revoked, restricted or otherwise encumbered?

No Yes If yes, please explain:

7. Has this individual ever been the subject of any disciplinary action? No Yes

If yes, please explain:

8. Are there any unresolved complaints pending against this individual? No Yes

If yes, please explain:

Signature State

Title Date

SEAL