



**New Mexico Regulation and Licensing Department**  
BOARDS AND COMMISSIONS DIVISION  
**New Mexico Board of Social Work Examiners**  
Toney Anaya Building ▪ P.O. Box 25101 ▪ Santa Fe, New Mexico 87504  
(505) 476-4622 ▪ Fax (505) 476-4545 ▪ [www.rld.state.nm.us](http://www.rld.state.nm.us)

**VERIFICATION OF LICENSURE**

**Applicant:** Please forward this verification of licensure request to each state, territory or province in which you have ever had a social work license, certification or registration. **NOTE: Some boards of social work charge fees for verifying licensure. Please check with the appropriate licensing board and remit the fees with this form.**

Name of Applicant: \_\_\_\_\_  
Last First MI

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

License Type: \_\_\_\_\_ License Number: \_\_\_\_\_  
Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I have applied for licensure in the State of New Mexico. I hereby authorize the state/territory/province of \_\_\_\_\_ to provide the following information to the State of New Mexico.

\_\_\_\_\_  
Applicants Signature Date

**DO NOT WRITE BELOW THIS LINE – AGENCY USE ONLY**

1. This is to certify that the above named individual was issued a license or registration to practice as a:
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Social Worker             | <input type="checkbox"/> Master Social Worker   | <input type="checkbox"/> Other, please explain |
| <input type="checkbox"/> Independent Social Worker | <input type="checkbox"/> Clinical Social Worker |  |

2. License or registration was based upon:
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Examination               | <input type="checkbox"/> Endorsement            | <input type="checkbox"/> Other, please explain |
| Exam passed: _____                                 | State/province: _____                           |  |
| Date exam taken _____                              |   |  |
| <input type="checkbox"/> Independent Social Worker | <input type="checkbox"/> Clinical Social Worker |  |

3. Did your board verify that this individual holds a social work degree?  Yes  No
- On what degree was the licensed based?  BSW  SW Doctorate
- MSW  Other, please explain:
- Degree \_\_\_\_\_ Subject \_\_\_\_\_

4. Was the degree issued by a program accredited by CSWE?  Yes  No

5. Did this license require documented post-master supervised experience?  Yes  No

If yes, how much experience was required? \_\_\_\_\_ Years \_\_\_\_\_ Hours  
Qualifications of the individual who provided supervision:

6. The license or registration is currently?  
 Active  Expired  Other, please explain  
 Lapsed  Inactive

7. Has this individual ever been subject to disciplinary action that is public information?  Yes  No

8. Is there any pending disciplinary action against this individual that is public information?  
 Yes  No

9. Are there any unresolved complaints that are public information regarding this individual?  
 Yes  No

10. If questions 7, 8, or 9 were answered "yes", please provide an explanation below:

11. Is there other information that your agency can share with us about the candidate that might effect a board licensure decision?

(BOARD SEAL)

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Social Work Licensing Board: \_\_\_\_\_

Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_