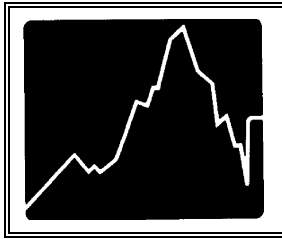


**COMMONWEALTH OF VIRGINIA
BOARD OF SOCIAL WORK**



**Department of Health Professions
9960 Mayland Drive, Suite 300
Richmond, Virginia 23233-1463
(804) 367-4441**

Website: <http://www.dhp.virginia.gov/social>

REQUEST FOR VERIFICATION OF VIRGINIA SOCIAL WORK LICENSE

To obtain a copy of your Verification of a Virginia license to another jurisdiction requires this form with a processing fee. The Virginia Board of Social Work electronically sends the Verification of Licensure with available public information to the jurisdiction selected below. This information *cannot* be mailed, faxed or emailed to the licensee.

There is a **\$25.00 fee** for out-of-state licensure verifications which can be paid by check or money order made payable to the “Treasurer of Virginia.” If you are requesting multiple documents, you will need to submit each form separately. There is a separate fee for each request.

License verifications are provided in the standard format of the Department of Health Professions. *Forms from other jurisdictions will not be completed.*

The Department of Health Professions provides a free service of primary source license verification available at <https://dhp.virginiainteractive.org/Lookup/Index>.

Examination test scores not available for distribution by the Virginia Board of Social Work. You must contact the Association of Social Work Boards (“ASWB”) for primary source verification at (800) 225-6880.

A copy of your original licensure file cannot be provided in accordance with the Code of Virginia. Therefore, licensees should refer to their own file copies or refer to the Regulations that were in effect at the time they were licensed for the minimum requirements of licensure. Regulations can be found on the Board’s website under “Regulations History.”

License Verification will provide the following information:

- License Number
- Occupation
- Name
- Any Additional Public Information
- Initial License Date
- Expire Date
- License Status

Please allow approximately 7-10 business days after receipt for processing. Please mail your request and payment to:
Department of Health Professions
Board of Social Work
9960 Mayland Drive, Suite 300
Richmond, VA 23233-1463

Licensee’s Full Name (Last, First)	
Licensee’s Virginia Social Work License Number	Last four digits of your Social Security Number XXX-XX- ____ _
Licensee’s Primary Telephone Number	Licensee’s Email Address
Jurisdiction where the Verification of Licensure should be sent:	

SIGNATURE OF LICENSEE _____ DATE _____