

WV BSWE: PO BOX 5459-CHARLESTON, WV 25361-FAX: 304-558-4189
www.wvsocialworkboard.org

TEMPORARY LICENSURE COMPLIANCE VERIFICATION-REVISED 06/05

FOR USE BY ALL “TL” AND “TD” LICENSE HOLDERS

DATE OF REPORT: _____

This document must be mailed **OR** faxed to the Board of Social Work Examiners (*during the month of July*) of each year to confirm compliance with Temporary Licensure requirements. ANY INTERRUPTION OR CHANGE IN SOCIAL WORK EMPLOYER, DHHR COUNTY OFFICE OR DHHR TITLE; OR CHANGE IN “LICENSING SUPERVISOR” IS TO BE REPORTED AT THE TIME IT OCCURS.

NAME OF LICENSEE: _____

HOME MAILING ADDRESS: _____

*****IS THE HOME ADDRESS NEW?** NO YES:

TEMPORARY LICENSE NUMBER (TL OR TD): _____

I. A) “TL” TEMP LICENSEES: HAVE YOU BEEN EMPLOYED CONTINUOUSLY IN SOCIAL WORK IN WV SINCE RECEIVING YOUR LICENSE WHERE YOUR WORK IS SUPERVISED BY A DIRECT EMPLOYMENT SUPERVISOR? B) “TD” TEMP LICENSEES: HAVE YOU BEEN EMPLOYED DIRECTLY BY THE WVDHHR IN SOCIAL WORK FIELD SINCE RECEIVING YOUR LICENSE WHERE YOUR WORK IS SUPERVISED BY A SOCIAL SERVICES SUPERVISOR?

YES NO

ENTER EMPLOYER (OR DHHR) NAME, ADDRESS & OFFICE TELEPHONE NUMBER:

II. HAVE YOU CONTINUED TO MEET WITH YOUR “LICENSING SUPERVISOR” OF RECORD DURING FACE-TO-FACE INDIVIDUAL OR GROUP QUARTERLY MEETINGS AND HAVE YOU SUBMITTED A RECORD CONFIRMING ANY CHANGE IN SUPERVISOR? YES NO

Current Licensing Supervisor: _____

IF YOU ANSWERED NO TO EITHER QUESTION AND HAVE NOT PREVIOUSLY REPORTED A CHANGE OR INTERRUPTION TO THE BOARD, ATTACH A DETAILED EXPLANATION TO EXPLAIN THE “NO” RESPONSE ABOVE.

“I certify that the above information is true and correct. I understand that giving false information may result in disciplinary action or revocation of my license.”

Signature of Licensee: _____