



# NORTH CAROLINA SOCIAL WORK CERTIFICATION AND LICENSURE BOARD

Post Office Box 1043  
Asheboro, North Carolina 27204  
Phone (336) 625-1679

E-mail: [swboard@asheboro.com](mailto:swboard@asheboro.com)  
Website: [www.ncswboard.org](http://www.ncswboard.org)

Fax (336) 625-4246

NC Toll Free (800) 550-7009

## Employer Verification Form (Top portion to be completed by applicant)

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Name & Location (Print): \_\_\_\_\_

Check one:

\_\_\_\_\_ Certified Social Worker (**Level A**): For academic exemption, verify practice as a social work practice prior to 1/1/84.

\_\_\_\_\_ Licensed Clinical Social Worker or Licensed Clinical Social Worker Associate (**Level C**): Verify total number of hours and dates of paid supervised post-MSW practice in a clinical setting. (Requires accompanying Clinical Social Work Supervision form reflecting the same time frame.)

\_\_\_\_\_ Certified Social Work Manager (**Level H**): Verify total number of hours and dates of paid supervised employment in an administrative social work position. (Requires accompanying CMSW Supervision form reflecting the same time frame.)

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### TO BE COMPLETED BY THE EMPLOYER

The above named individual is applying for social work certification/licensure. Your input and candor in completing this form is appreciated. Please print legibly or type all responses. Carefully answer each question. Return this form to the applicant in an envelope with your signature over the sealed closure. He or she will in turn forward your sealed envelope to the Board office with the completed application packet. You may also feel free to write or call the Board office directly if you have any special concerns.

1. What was the title of the applicant's position? \_\_\_\_\_

2. Place of Employment: \_\_\_\_\_

3. Applicant's supervisor: \_\_\_\_\_  
(Name) (Title)

4. What were the applicant's specific duties? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. When was applicant employed? From (MM/DD/YYYY) \_\_\_\_\_ to (MM/DD/YYYY) \_\_\_\_\_

Fulltime: \_\_\_\_\_ or Part-time: \_\_\_\_\_ Total hours employed during period \_\_\_\_\_

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My knowledge in this matter is based on: \_\_\_\_\_ Personnel Records and/or \_\_\_\_\_ Personal experience with applicant

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone(s) \_\_\_\_\_

**Please return this form to the applicant in an envelope with your signature over the seal.**

*Thank you for your assistance with this application.*