

**NOTE: THIS IS A SAMPLE OF A
PROFESSIONAL DISCLOSURE STATEMENT**

PROFESSIONAL DISCLOSURE STATEMENT

Name:	Jane Independent Social Worker
Professional Title:	Licensed Independent Social Worker (LISW)
License Number:	I0512345
Education:	BSSW, Ohio State University, 2003 MSW, Ohio State University, 2005
Employment:	Local Mental Health Services 12345 West Broad Street, Suite 12345 Someplace, OH 12345 (123)456-7890
Areas of Competence And Services Provided:	Counseling Psychosocial Interventions Social Psychotherapy

This information is required by the
State of Ohio Counselor, Social Worker & Marriage and Family Therapist Board,
which regulates all licensed and registered Counselors, Social Workers
and Marriage And Family Therapists.

State of Ohio Counselor, Social Worker & Marriage and Family Therapist Board
LeVeque Tower
50 West Broad Street, Suite 1425
Columbus, OH 43215-5919