



Counselor, Social Worker & Marriage and Family Therapist Board

77 S High St., 24th Flr, Rm 2468
Columbus, Ohio 43215-6171
614-466-0912 & Fax 614-728-7790

www.cswmft.ohio.gov & email: cswmft.info@cswb.ohio.gov

Request for Out of State License Verification

* required field

The fee for out of state license verification is \$25.00 which may be paid by money order, cashier or business check made out to the "Treasurer State of Ohio". **NO PERSONAL CHECKS.** The fee may also be paid by credit card. Complete the Credit Card Authorization form on Page 2 OR check the box "Please call me for a credit card."

If the other state has a verification form they want this Board to complete, include that form with this request. If the other state does not have a specific form, we will use our own.

Be sure to provide accurate information regarding where the verification is to be mailed. (We will also mail you a copy of the verification) If the verification is to be sent to you to include in your application to the other state, you will receive 2 envelopes: the original with a signature stamp across the seal, and a copy for your records.

License verification will verify the following:

- | | | |
|---------------------------|-------------------------------------|---------------------------|
| ▪ <i>Type of license</i> | ▪ <i>License status</i> | ▪ <i>Licensure method</i> |
| ▪ <i>License number</i> | ▪ <i>Disciplinary history</i> | ▪ <i>Expiration date</i> |
| ▪ <i>City & State</i> | ▪ <i>Supervision hours required</i> | ▪ <i>Issue date</i> |

All verifications are completed in the order received. Please allow up to 10 working days for processing. Verifications that will be paid by credit card can be faxed. Contact Ray Lund by e-mail with any questions or concerns. E-mail: cswmft.info@cswb.ohio.gov ('verification' in the subject line) FAX: 614-728-7790

Should we update your contact information with address/contact information provided on this form? Yes No

First name:	Middle	Last	Maiden or other:
Street Address:		City:	State: 2 Letter
			Zip:
* Daytime phone #:		E-mail:	
License Number:		*Last four of your Social Security #	
*Amount of money order or cashier check \$ _____ payable to the Treasurer State of Ohio (No personal checks)		Please call me for a credit card: Yes: <input type="checkbox"/> No: <input type="checkbox"/> Only needed, if next page is incomplete	
*Paying by Visa or Master Card (check card or debit card with visa or master card logo) Do not list your card number on this page.			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
* Address for verification to be mailed:			
*Copy of test score (if available)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	*Copy of supervision (if applicable)
			Yes <input type="checkbox"/> No <input type="checkbox"/>



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Credit Card Payment Authorization Form

Please check one: Master Card Visa Discover

Cardholder Name: _____

Address: _____

City, State, Zip: _____

Telephone #: _____

Email Address (for receipt): _____

Credit Card Number: _____

Expiration Date: _____

CVV2/CID Code # (Three digit number on back of card): _____

Payment Amount: _____

Payment for (exam, application, etc): _____

Signature: _____ Date: _____

Credit Card Payments may be mailed or phoned in to the Board office.

Telephone # for Credit card payment accepted, if application is already in our hands 614-466-0912

Email is not a secure medium for your credit card information.