

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

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**Name:** Jane Social Worker Assistant

**Professional Title:** Registered Social Worker Assistant (SWA)

**License Number:** W0512345

**Education:** AAS, Columbus State Community College

**Employment:** Local Mental Health Services  
12345 West Broad Street, Suite 12345  
Someplace, OH 12345  
(123)456-7890

**Areas of Competence And  
Services Provided:** Intake, Assessment and Referral,  
Screening, Crisis Intervention and  
Resolution, Community Support, Case  
Management and Outreach, Record  
Keeping, Social Assessment, Visual  
Observation of Person in Environment,  
Assist in Facilitation With Groups and  
Families, Advocacy, Orientation,  
Education and Prevention.

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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