

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

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**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

**If hold a LISW-S:** Provides training supervision for LSWs

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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.

If you have complaints about professional services from a counselor,  
social worker and/or marriage and family therapist contact the:

Ohio Counselor, Social Worker, and Marriage and Family Therapist Board  
50 West Board Street, Suite 1075  
Columbus, OH 43215  
Phone (614) 466-0912 - Website: [www.cswmft.ohio.gov](http://www.cswmft.ohio.gov)