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**STATE OF OHIO  
COUNSELOR, SOCIAL WORKER, AND MARRIAGE & FAMILY THERAPIST BOARD  
50 WEST BROAD STREET, SUITE 1075  
COLUMBUS, OH 43215-5919  
(614) 466-0912**

**Verification of License**

**Applicant:** Complete section A of this form. Provide each state in which you are currently or have been certified or licensed this form. Please duplicate the form if needed. Some states require a fee for this service.

**State Board:** Provide information requested and attach any explanations as needed. Make sure you sign and date the bottom.

Dear Sir or Madam:

The State of Ohio Counselor, Social Worker, and Marriage and Family Therapist Board has received and application for licensure from:

**Section A:**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Other Names Which Certified or Licensed Under?** \_\_\_\_\_  
**License Number:** \_\_\_\_\_ **License Type:** \_\_\_\_\_

**Section B:**

1. **Is this individual Currently licensed or certified in your state?**  
 Yes  No  
**Issue Date:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_
2. What was the basis for licensure in your state?  
 Endorsement  
 Examination (exam taken) \_\_\_\_\_ **Date of Exam:** \_\_\_\_\_  
 Passing Score \_\_\_\_\_ **Applicants Score** \_\_\_\_\_  
 Other \_\_\_\_\_
3. Has this license/certification ever been suspended, revoked, restricted or Encumbered?  
 Yes  No If yes please explain:
4. Has this individual ever been the subject of any disciplinary action?  
 Yes  No If yes please explain:
5. Are there any unresolved complaints pending against this individual?  
 Yes  No If yes please explain:

**Signed:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Board Seal)