



ALABAMA STATE BOARD OF SOCIAL WORK EXAMINERS
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Brenda W. Holden
Executive Director

Dear Licensee:

The processing fee for licensure verification is **\$15.00 per verification**.

We accept payment in the form of a money order, cashier check, or business check please submit your payment and check one:

money order cashier check business check

Payable to: The Alabama Board of Social Work Examiners

Name as it appears on your License: _____

License. # _____ Issued Date: _____ Expiration Date: _____

Your mailing address: _____

Telephone number: (_____) _____

State in which you want verification sent to: _____

Contact information for that state: _____

Mailing address:

Email: _____

Fax Number: (_____) _____

Verification to be sent via: U.S. Mail Email Fax

Signature: _____ **Date:** _____