



LOUISIANA STATE BOARD OF SOCIAL WORK EXAMINERS

PROFESSIONAL EXPERIENCE VERIFICATION RECORD

This form is used to verify the number of postgraduate hours a LMSW practices social work. It shall be completed by the Agency Director, Executive Officer, CEO or Director of Personnel. It shall be completed when a LMSW terminates employment or at the time the LMSW completes 5,760 hours of postgraduate social work practice (whichever comes first).

This is a two-sided form that can be duplicated if necessary. A separate record shall be submitted by each place of employment. The original form shall be mailed to the board office.

I, _____ (Type or print name of agency representative) _____ (Title)

_____ (Agency) _____ (Telephone Number)

_____ (Agency Address)

Certify that _____, LMSW, is/was an employee of the above agency.

Beginning Date of Employment _____
Month/Day/Year

Ending Date of Employment _____
Month/Day/Year

Signature of Agency Representative*

Date

* Must be signed by Agency Director, Executive Officer, CEO or Director of Personnel.

Submit ORIGINAL to:
LOUISIANA STATE BOARD OF SOCIAL WORK EXAMINERS
18550 HIGHLAND ROAD, SUITE B, BATON ROUGE, LOUISIANA 70809
PHONE: 225-756-3470 or In LA: 800-521-1941 FAX: 225-756-3472
Email: socialwork@labswe.org Web site: www.labswe.org

Record of Hours of Professional Social Work Practice

Social work practice means the professional application of social work values, theories, and interventions to one or more of the following: enhancing the development, problem-solving, and coping capacities of people; promoting the effective and humane operations of systems that provide resources and services to people; linking people with systems that provide them with resources, services, and opportunities; developing and improving social policy; and engaging in research related to the professional activities. The practice of social work shall include but not be limited to clinical social work, planning and community organization, policy and administration, research, and social work education. Social work practice is guided by knowledge of human behavior, biopsychosocial development, social systems and resources, economic and cultural institutions, and their interactions.

PRINT Name of Social Worker & Credential # _____

PRINT Agency Name _____

YEAR:		Agency Official Signature / Printed Name of Official
	Number Hours Worked	
JAN		
FEB		
MAR		
APR		
MAY		
JUNE		
JULY		
AUG		
SEPT		
OCT		
NOV		
DEC		
TOTAL HOURS		

Mail ORIGINAL to:
 Louisiana State Board of Social Work Examiners
 18550 Highland Road, Suite B
 Baton Rouge, LA 70809