



LOUISIANA

STATE BOARD *of* SOCIAL WORK EXAMINERS

Verification Request Form

This form is used to request verification of your license, certification, or registration from the Louisiana State Board of Social Work Examiners. Please note that some jurisdictions require a specific form to be completed as part of their application process. Please complete the form and send to Regina Dewitt, by email at rdewitt@labswe.org, by mail, or by fax at 225-756-3472. Processing time is between 10 – 15 business days.

REQUESTOR'S NAME	
LICENSE NUMBER	
ADDRESS	
ADDRESS 2	
CITY, STATE, ZIP	
PHONE NUMBER	
EMAIL ADDRESS	

Provide remittal instructions here

Fee is \$5.00 if made by money order or cashier's check, there is an additional \$3.00 processing fee for credit card

Payment information

Name on card	
Card Type (visa, mastercard, discover)	
Card Number	
Expiration Date	
ZIP Code associated with card	

OFFICE USE ONLY
