



UTAH DEPARTMENT OF COMMERCE

Division of Professional Licensing

Verification of Active Practice as a LCSW in another State

For endorsement applicants applying by via Option 2. See checklist for additional information

Applicants using Option 1 do not need to complete this form.

Each employer must complete a separate form.

APPLICANT INFORMATION (TO BE COMPLETED BY THE APPLICANT)

Full Legal Name: First Middle Last

Address: City: State: Zip:

License Number: State of Issue:

EMPLOYMENT INFORMATION: (TO BE COMPLETED BY THE EMPLOYER, A PROFESSIONAL COLLEAGUE, OR HUMAN RESOURCES.)

Name of Establishment:

Address: City: State: Zip:

Phone: () - Email:

Dates of Employment: to

How many hours did the applicant work per week?

Number of hours practicing mental health therapy:

Total number of hours practiced as a LCSW:

Describe the applicant's duties: (attach additional form if needed)

Is the applicant still employed? Yes No

The applicant is/was a W-2 Employee Contracted Labor.

If no, is the applicant re-hirable? Yes No

If Not re-hirable, Please explain:

ATTESTATION:

I do hereby certify that the applicant for licensure as a clinical social worker was actively engaged in the lawful practice at the above named establishment for the number of hours listed.

I further certify that the applicant is qualified and competent to practice as a licensed clinical social worker.

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature of certifying individual: Date:

Relationship to Applicant: