

<b>MAILING ADDRESS:</b> PO BOX 2649 Harrisburg, PA 17105-2649	<b>STATE BOARD OF SOCIAL WORKERS,          MARRIAGE AND FAMILY THERAPISTS AND          PROFESSIONAL COUNSELORS</b> st-socialwork@pa.gov (717) 783-1389	<b>COURIER ADDRESS:</b> 2601 North Third Street Harrisburg, PA 17110
---	--	--

## REQUEST FOR CERTIFICATION OF SUPERVISED CLINICAL EXPERIENCE

To obtain certification of your supervised clinical experience, you must complete this form and return it to the mailing address above with a \$25.00 fee, check or money order, payable to the "Commonwealth of PA." There is a \$20.00 charge for all checks returned "NOT PAID" regardless of the reason for non-payment.

If the state where you are applying for a license will accept a verification of your Pennsylvania license via our website, you may request that the licensure board download the verification at [www.licensepa.state.pa.us](http://www.licensepa.state.pa.us)

## LICENSEE INFORMATION

<b>LICENSEE'S NAME:</b>				
	Last:	First:	Middle Initial:	Maiden:
<b>LICENSE #:</b>				
<b>SOCIAL SECURITY #:</b>			<b>TELEPHONE NUMBER:</b>	
			<b>EMAIL ADDRESS:</b>	
<b>LICENSEE'S ADDRESS:</b>				
	City:		State:	Zip Code:

## MAILING INFORMATION

PLEASE PROVIDE THE NAME AND ADDRESS WHERE THE COMPLETED CERTIFICATION SHOULD BE MAILED.

<b>NAME:</b>			
<b>STREET:</b>			
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>	