

**NOTE: THIS IS A SAMPLE OF A  
PROFESSIONAL DISCLOSURE STATEMENT**

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<b>Name:</b>	Jane Social Worker
<b>Professional Title:</b>	Licensed Social Worker (LSW)
<b>License Number:</b>	S0512345
<b>Education:</b>	BSSW, Ohio State University, 2003 MSW, Ohio State University, 2005
<b>Employment:</b>	Local Mental Health Services 12345 West Broad Street, Suite 12345 Someplace, OH 12345 (123)456-7890
<b>Areas of Competence And Services Provided:</b>	Counseling Psychosocial Interventions Social Psychotherapy While Under Supervision

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This information is required by the  
State of Ohio Counselor, Social Worker & Marriage and Family Therapist Board,  
which regulates all licensed and registered Counselors, Social Workers  
and Marriage And Family Therapists.

State of Ohio Counselor, Social Worker & Marriage and Family Therapist Board  
LeVeque Tower  
50 West Broad Street, Suite 1425  
Columbus, OH 43215-5919