



Counselor, Social Worker & Marriage and Family Therapist Board

50 West Broad Street, Suite 1075
Columbus, Ohio 43215-5919
614-466-0912 & Fax 614-728-7790

www.cswmft.ohio.gov & email: cswmft.info@cswb.state.oh.us

Request for Out of State License Verification

* *required field*

Beginning September 30, 2009, there will be a \$25 dollar fee for out of state license verifications. The Request for License Verification form will need to accompany any verification request or form from another state. Please include a \$25 money order, cashier or business check made out to the "Treasurer State of Ohio". You may pay the fee over the phone with a credit card. Do not list your credit card # on this form we will call you.

Some State Boards will request your complete file. You will be charged five cents per copy along with postage. Files can be as large as 75 to 150 pages. You may want to ask what documents to send.

Verification of your license will be on Board letter head with a designated signature and mailed with a signature across the seal. If mailed to you instead of the licensing Board, the envelope will be marked LICENSE VERIFICATION (do not open the envelope; include it with your application unopened)

License verification will verify the following:

- | | | |
|---------------------------|-------------------------------------|---------------------------|
| ▪ <i>Type of license</i> | ▪ <i>License status</i> | ▪ <i>Licensure method</i> |
| ▪ <i>License number</i> | ▪ <i>Disciplinary history</i> | ▪ <i>Expiration date</i> |
| ▪ <i>City & State</i> | ▪ <i>Supervision hours required</i> | ▪ <i>Issue date</i> |

All verifications are completed in the order received. Please allow 15 days for processing. Verifications that will be paid by credit card can be faxed. Contact Paula Broome by e-mail with any questions or concerns.

E-mail: cswmft.info@cswb.state.oh.us (*'verification'* in the subject line) FAX: 614-728-7790

First name:	Middle	Last	Maiden or other:
Street Address:		City:	State: 2 Letter
		Zip:	
* Daytime phone #:		E-mail:	
License Number:		*Last four of your Social Security #	
*Amount of money order or cashier check \$ _____ payable to the Treasurer State of Ohio (<i>No personal checks</i>)			
*Paying by Visa or MasterCard (<i>check card or debit card with Visa or MasterCard logo</i>) The Board will call you for your card number. Do not list your card number on this form.			Yes: <input type="checkbox"/>
			No: <input type="checkbox"/>
* Address for verification to be mailed:			
*Copy of test score (<i>if available</i>)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	*Copy of supervision (<i>if applicable</i>)
			Yes <input type="checkbox"/>
			No <input type="checkbox"/>



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Credit Card Payment Authorization Form

Please check one: Master Card Visa

Cardholder Name: _____

Address: _____

City, State, Zip: _____

Telephone #: _____

Email Address (for receipt): _____

Credit Card Number: _____

Expiration Date: _____

CVV2/CID Code # (Three digit number on back of card): _____

Payment Amount: _____

Payment for (exam, application, etc): _____

Signature: _____ Date: _____

Credit Card Payments may be mailed, faxed, or phoned in to the Board office. Do not email; email is not secure.

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This document will be shredded after your payment is processed.