

<b>MAILING ADDRESS:</b>  <b>PO BOX 2649</b> <b>Harrisburg, PA 17105-2649</b>	<b>STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS</b> st-socialwork@pa.gov 1-833-DOS-BPOA (1-833-367-2762)	<b>COURIER ADDRESS:</b> PA Department of State Bureau of Professional and Occupational Affairs Attn: State Board of Social Workers, Marriage & Family Therapists, and Professional Counselors 2 Technology Park Harrisburg, PA 17110-2919
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## REQUEST FOR VERIFICATION OF SUPERVISED CLINICAL EXPERIENCE

To obtain verification 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 "Commonwealth of PA."

There is a \$20.00 charge for all checks returned "NOT PAID" regardless of the reason for non-payment.

### LICENSEE INFORMATION

<b>LICENSEE'S NAME:</b>	<div style="display: flex; justify-content: space-between; padding: 5px;"> <span>Last:</span> <span>First:</span> <span>Middle Initial:</span> <span>Maiden:</span> </div>			
<b>LICENSE #:</b>				
<b>SOCIAL SECURITY #:</b>		<b>TELEPHONE NUMBER:</b>		
		<b>EMAIL ADDRESS:</b>		
<b>LICENSEE'S ADDRESS:</b>				
	City:	State:	Zip Code:	

### RECIPIENT INFORMATION

PLEASE PROVIDE THE EMAIL ADDRESS WHERE THE COMPLETED DOCUMENTATION SHOULD BE SENT. IF AN EMAIL ADDRESS IS NOT AVAILBLE, PLEASE PROVIDE THE MAILING ADDRESS AND THEY WILL BE MAILED.		
<b>NAME:</b>		
<b>EMAIL:</b>		
<b>MAILING ADDRESS:</b>		
CITY:	STATE:	ZIP CODE: