

# Licensed Master Social Worker Form 20

## Certification of Graduation from a MSW Program Registered by the State Education Department as Licensure-Qualifying

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### Instructions

The school **Registrar** of each New York State licensure-qualifying registered program in **social work** is responsible for using this form to certify program graduates to the New York State Education Department, Office of the Professions, Division of Professional Licensing Services.

Please list on the following page(s) only those individuals who have graduated from the master social work program registered as licensure-qualifying by the New York State Education Department.

Make sure you complete the identifying information regarding the school at the top of each page. Sign and date each page you submit. Return this page and the completed lists to the address at the end of this form. Please make a copy for your records in case we need to verify information.

**Note: The date you indicate below must be on or after the awarding of the degree, or diploma.**

This certifies that each candidate listed on this form graduated from a master social work program registered by the New York State Education Department as licensure-qualifying.

In witness whereof, I hereunto set my hand and the seal of the granting institution or school:

This \_\_\_\_\_ day of \_\_\_\_\_  
(Day) (Month) (Year)

Signature of Registrar \_\_\_\_\_

Print Name \_\_\_\_\_

Title or official position \_\_\_\_\_

Official School Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Institution Seal

