

**District of Columbia  
Board of Social Work**

**APPLICANT WORK EXPERIENCE FORM**  
(Required for All Applicants)

**INSTRUCTIONS:**

List all current and former work experience and social work practice. Include month and year time frames, periods of unemployment and employment. If additional space is needed, you may duplicate this form. Please include these copies with your license application. You must document 3,000 work experience hours in the field of social work if applying for the LISW or LICSW.

From: \_\_\_\_\_ To: \_\_\_\_\_

Company / Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Description of Practice/Experience: \_\_\_\_\_

**OFFICE USE ONLY**

From: \_\_\_\_\_ To: \_\_\_\_\_

Company / Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Description of Practice/Experience: \_\_\_\_\_

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