STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

VERIFICATION OF EMPLOYMENT

Applicant's Name _____ Email _____

Mailing Address _____

TO BE COMPLETED BY EMPLOYER

Name of Employer _____

Dates Applicant Employed *(Post MSW only)* from _____ to _____

Total number of post MSW **hours** of clinical social work completed: _____

For purposes herein, **clinical social work** means the application by persons trained in social work of established principles of psychosocial development, behavior, psychopathology, unconscious motivation, interpersonal relationships and environmental stress to the evaluation, assessment, diagnosis and treatment of biopsychosocial dysfunction, disability and impairment, including mental, emotional, behavioral, developmental and addictive disorders of individuals, couples, families or groups. Clinical social work includes, but is not limited to, counseling, psychotherapy, behavior modification and mental health consultation.

Nature of clinical work performed by applicant (attach additional sheet if necessary): _____

_____

_____

Do you have any derogatory information regarding the competency or conduct of this individual? Yes ☐ No ☐
If yes, please explain: (attach additional sheet if necessary)

_____

_____

I certify that I am authorized by this agency to provide official verification of employment and that the information contained herein is true and accurate and is based on documentation maintained by this agency. I further certify that the number of hours reported was experience in clinical social work duties as defined above.

_____ _____

Signature of Authorized Representative Date

_____

Printed Name of Authorized Representative Title of Authorized Representative

_____

Name of Agency Address City State Zip Code

_____ _____

Telephone Number Email

The employer should return this form directly to:

Department of Public Health, Clinical Social Work Licensure, 410 Capitol Ave., **MS #12APP,** P.O. Box 340308, Hartford, CT 06134-0308. Phone: (860) 509-7603, Fax: (860) 707-1980, email: dph.counselorsteam@ct.gov