



LOUISIANA

STATE BOARD of SOCIAL WORK EXAMINERS

Certificate Request Form

This form is used to request a replacement certificate (RSW, CSW, LMSW, LCSW) if the original was lost, damaged, or destroyed. This form should also be used to request duplicate certificates. Please email this form to socialwork@labswe.org.

REQUESTOR'S NAME	
LICENSE NUMBER	
ADDRESS	
ADDRESS 2	
CITY, STATE, ZIP	
PHONE NUMBER	
EMAIL ADDRESS	

INSTRUCTIONS FOR NAME ON CERTIFICATE

Fee for another certificate is \$25.00 if paid by money order or cashier's check, with an additional \$3.00 processing fee for cards.

Name on card	
Card Type (visa, mastercard, discover)	
Card Number	
Expiration Date	
ZIP Code associated with card	

OFFICE USE ONLY
