



**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**  
7 Eagle Square, Concord, NH 03301-2412  
Phone: 603-271-2152

**BOARD OF MENTAL HEALTH PRACTICE**

**REQUEST TO SIT FOR THE ASSOCIATION OF SOCIAL WORK BOARDS CLINICAL EXAM**

This form must be completed and filed with the Board before you will be allowed to register for the exam with ASWB.

The name as it appears on the photo ID to be used at the test site: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_

Home or Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

*The Board is required to obtain your social security number for the purpose of child support enforcement in compliance with 42 USC 666(a)(13) and RSA 161-B:11.*

I have an approved "Candidate for Licensure: Supervision Agreement on file with the NH Board of Mental Health Practice:  YES  NO

Pursuant to Mhp 304.03 (d), I have completed at least 18 months' worth of clinical supervision:  YES  NO

Signature \_\_\_\_\_ Date: \_\_\_\_\_