



Board of Behavioral Sciences
1625 North Market Blvd., Suite S200, Sacramento, CA 95834
Telephone: (916) 574-7830 TTY: (800) 326-2297
www.bbs.ca.gov



Associate Clinical Social Worker

Sample Verification of Employment as a Volunteer Required when the ASW is a volunteer employee

Date:

ASW name:

Employer name:

SAMPLE

This letter serves as verification that associate clinical social worker, (ASW's name) was employed by (Employer's name) as a volunteer from (Start date) to (End date).

Employer's Authorized Representative Name

Employer's Authorized Representative Signature

Date

NOTE:

This is a SAMPLE letter. The actual letter must be written on the employer's letterhead. The ASW is required to submit this letter with the application for examination eligibility. See Business and Professions Code section 4996.23(i).