

# GWSCSW 2010 WEB REFERRAL PANEL RENEWAL

**Deadline: November 30, 2009.**

**PLEASE – Read the entire form carefully and follow all directions. PRINT LEGIBLY.**

- **Are you currently a FULL MEMBER of GWSCSW?**  Yes  No *If no, stop here; only current full members are eligible. To join or renew, call 202-537-0007.*

Name \_\_\_\_\_

Licensed in:  Virginia (LCSW)  Maryland (LCSW-C)  DC (LICSW)

Have you ever been sued for malpractice?  No  Yes *(please attach an explanation)*

Have any of your state licenses expired, been revoked, suspended or denied?  No  Yes *(please attach an explanation)*

Have you ever been charged with an ethics violation?  No  Yes *(please attach an explanation)*

**All of the above information is true to the best of my knowledge.**

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

**RENEW WITH NO CHANGES** except in SPECIALTIES listed next.

**RENEW WITH CHANGES**

If you wish to make any changes, go to your entry online, select "Printer Friendly Page," print the page, neatly mark your changes and attach the page to this form.

If you are making changes to your 50-word description, you may email it to: gwscsw@gmail.com (subject line: Referral Panel 50-Word). Note: Only the first 50 words will be included.

## SPECIALTIES

Each Referral Panel member is limited to THREE specialties to be highlighted on the personal page and available for searching. Please list the three specialties you would like to name here:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Note: You can mention any other specialties in your 50-word description.

## RENEWAL APPLICATION PACKAGE MUST INCLUDE:

- This **application form**, fully completed.
- A copy of each **state license** for 2010 where you wish to list an office
- A copy of your current **malpractice liability insurance policy** showing a minimum of \$1,000,000 coverage for 2010
- Check** payable to GWSCSW in the amount of \$20

## ► MAIL THIS FORM WITH ALL SUPPORTING DOCUMENTS TO:

GWSCSW  
PO Box 3235  
Oakton VA 22124

*All parts of your application must be included or your application cannot be processed.*

**QUESTIONS?**

**gwscsw@gmail.com**

**202-537-0007**