

American Board of Examiners in Clinical Social Work
VA Verification Request Form

- 1) Fill out and return the form below.
- 2) The fee is \$20 per practitioner due at the time of verification. We accept checks or credit card payments.
- 3) Vendor Information: The Center for Clinical Social Work, DUNS: 053543675, TIN: 521577874

Name of Company Requesting Verification:

_____ Date: _____

Address: _____

Name of Company Employee Requesting Verification:

Phone: _____

Fax: _____

E-mail: _____

Name of Practitioner*:

_____ BCD# _____

Address _____ DOB _____

_____ SS# _____

*The more information provided, the better we can provide verification (e.g. 2 practitioners with the same name in our database require differentiating data).

Payment Method:

Check Name _____

Credit Card: Card No. _____

Mastercard Expiration Date _____

Visa Signature _____

AMEX Total _____