

## Kentucky Board of Social Work Data Request Form

Please complete the following information regarding your KBSW licensure list. All lists are created in Microsoft Excel format. A header row will be provided in the data. The fee for the licensure list is \$50.

### Step 1: Provide Your Contact Information:

Contact Name:	
Email Address:	
Phone Number:	
Fax Number:	
Company Name:	
Mailing Address 1:	
Mailing Address 2:	
City, State, and Zip	

### Step 2: Select your payment option:

- Pay by Credit Card**
- Card holder's name:
  - Billing Address:
  - Credit Card Type (**MC/VISA only**):
  - Credit Card Number:
  - Expiration Date:

**OR**

- Pay by Invoice** (You must be a subscriber to pay by check)
- You must be a Kentucky.gov subscriber in order to receive monthly invoices. Please complete the subscription form located at <http://kentucky.gov/register/subscribe.htm> and include it with your request.

### Step 3: Return Your Form

Please **fax** or **mail\*** your completed form (along with your subscription agreement, if applicable) to the attention of:

Jessica Moore  
Kentucky.gov  
229 West Main Street, Suite 400  
Frankfort, KY 40601  
Phone: (502) 875-3733  
Fax: 502-875-3722

\*Please **do not email** the request form with credit card information. Email is not a secure environment for transmitting this information. Thanks!