



STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL
 AND FINANCIAL REGULATION
STATE BOARD OF SOCIAL WORKER LICENSURE
 35 STATE HOUSE STATION
 AUGUSTA, MAINE 04333-0035
 FAX: (207)624-8637

Bachelor Level Educational Worksheet

Applicant's Name: _____ **Applicant's Degree:** _____

Please complete this worksheet by placing a **minimum of twelve (12) courses** from your transcript(s) that are directly related to social work or social welfare into the table below.

Please note that experience in the field and/or continuing education activities, such as workshops or in-service training sessions, cannot be substituted for an educational requirement.

This worksheet is to be completed only by applicants whose degrees do not appear on the following list:

- | | | |
|------------------------|---------------------------------|----------------------------------|
| Behavioral Science | Social and Behavioral Sciences | Childhood Development |
| Psychology | Education and Human Development | Mental health and human services |
| Educational Psychology | Rehabilitation Services | Sociology |

Course Title	Course Number	Credit Hours	Description or Syllabus attached?
			[] YES [] NO
			[] YES [] NO
			[] YES [] NO
			[] YES [] NO
			[] YES [] NO
			[] YES [] NO
			[] YES [] NO
			[] YES [] NO
			[] YES [] NO
			[] YES [] NO
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