



Bureau of Professional Licensing  
 PO Box 30670 • Lansing, MI 48909  
 (517) 335-0918  
[www.michigan.gov/bpl](http://www.michigan.gov/bpl)  
[BPLHelp@michigan.gov](mailto:BPLHelp@michigan.gov)

**SUPERVISOR’S VERIFICATION OF SOCIAL SERVICE  
 EMPLOYMENT FOR SST AND LSST REGISTRATION**

Authority: 1978 PA 368

This form must be completed by the supervisor who is verifying your social service employment.

**To be Completed by Applicant:**

Applicant’s Name (First, Middle, Last)		10-digit MI Permanent ID/License Number
Address		Date of Birth
City	State	Zip Code
Telephone Number	E-mail Address	
Applicant Signature		Date

**To be Completed by Employer:**

<b>CERTIFICATION AND SIGNATURE</b>	
I certify the applicant named above is currently employed in human services or social services in a position that applies social work values, ethics, principles, and skills.	
I declare that the information contained in this document is true and correct.	
_____	_____
Signature and Title	Date
_____	
Name and Type of Business	
_____	
Print or Type Name	