



Bureau of Professional Licensing
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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:

CERTIFICATION AND SIGNATURE	
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	