

**SOCIAL WORK PROFESSIONAL FIRM  
 ANNUAL REPORT**

**INFORMATION & INSTRUCTIONS**

- **REVIEW PROFESSIONAL FIRMS STATUTE CHAPTER 319B:** Minnesota Statutes section 319B.11, subd. 4 provides that every professional firm shall file an annual report on or before January 1<sup>st</sup> of each year with each Board that has jurisdiction over the professional services the firm is authorized to render.
- **COMPLETE & NOTARIZE:** Complete the application form. *Incomplete applications or applications not accompanied by the correct fee are considered void and will be returned.*
- **REPORT & ATTACH REQUIRED DOCUMENTATION:** *Report changes and attach documentation only if firm's organizational document(s) were amended since last filing date.* If reporting changes, attach a copy of the firm's organizational document, Certificate of Authority, or Statement of Foreign Qualification.
- **FEES: Professional Firm Annual Report filing fee is \$25.00.** Submit a check or money order, made payable to the Minnesota Board of Social work, with this application. *All fees submitted to the Board are nonrefundable.*

**PROFESSIONAL FIRM INFORMATION**

- All information is classified as public data.

NAME OF PROFESSIONAL FIRM:  
 (specify complete name filed with the Minnesota Secretary of State)

ADDRESS:

CITY:	COUNTY:	STATE:	ZIP CODE:
-------	---------	--------	-----------

PHONE:	EMAIL ADDRESS: (optional)
--------	------------------------------

WEBSITE:  
 (optional):

**OWNER OF AN OWNERSHIP INTEREST**

- Complete the following information for **EACH** person with an ownership interest. Attach additional sheets if necessary.

NAME:	LICENSE TYPE:	LICENSE NUMBER:
-------	---------------	-----------------

ADDRESS:

CITY:	COUNTY:	STATE:	ZIP CODE:
-------	---------	--------	-----------

**POSITION(S) OF GOVERNANCE AUTHORITY WITHIN THE FIRM**

- Complete the following information for **EACH** person with a position of governance authority. Attach additional sheets if necessary.

NAME:	LICENSE TYPE:	LICENSE NUMBER:
-------	---------------	-----------------

ADDRESS:

CITY:	COUNTY:	STATE:	ZIP CODE:
-------	---------	--------	-----------

**ACKNOWLEDGMENT & NOTARIZATION**

**Attestation:**

1. I am an owner or employee of the professional firm, licensed in at least one category of the pertinent professional services, and am duly authorized to make these statements on behalf of the professional firm.
2. All employees, agents, and independent contractors furnishing professional services within Minnesota on behalf of the professional firm are professionals authorized to furnish at least one category of the pertinent professional services.
3. All owners and persons occupying a position with governance authority are professionals authorized to furnish at least one category of the pertinent professional services.
4. If the professional firm is organized under Chapter 317A or the nonprofit corporation statute of another state, at least one person occupying a position with governance authority is a professional authorized to furnish at least one category of the pertinent professional services.

SIGNATURE:	DATE:
Subscribed to and sworn before this _____ day of _____	<b>NOTARY SEAL</b>
<b>NOTARY SIGNATURE:</b> _____	

**FEEs**

- Submit a check or money order, made payable to the Minnesota Board of Social work, with this application.
- ***All fees submitted to the Board are nonrefundable.***

<b>Social Work Professional Firm – Annual Report Filing Fee</b>	<b>\$25.00</b>
---	----------------