

**SOCIAL WORK PROFESSIONAL FIRM**  
**FIRST REPORT**

**INFORMATION & INSTRUCTIONS**

- **REVIEW PROFESSIONAL FIRMS STATUTE CHAPTER 319B:** Minnesota Statutes section 319B.11, subd. 3 states that no professional firm may furnish professional services within Minnesota until the firm files the following information with each Board having jurisdiction over the pertinent professional services. This form serves as your first annual report. Please note that an annual report must be filed on or before January 1<sup>st</sup> of each year, with a filing fee of \$25.00.
- **COMPLETE & NOTARIZE:** Complete the application form. *Incomplete applications or applications not accompanied by the correct fee are considered void and will be returned.*
- **ATTACH REQUIRED DOCUMENTATION:** Please attach a copy of the firm’s organizational document, Certificate of Authority, or Statement of Foreign Qualification.
- **FEES: Professional Firm First Report filing fee is \$100.00.** 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 <i>(optional):</i>	WEBSITE <i>(optional):</i>	

**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 \_\_\_\_\_

NOTARY SIGNATURE: \_\_\_\_\_

**NOTARY SEAL**

**FEES**

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<b>Social Work Professional Firm – First Report Filing Fee</b>	<b>\$100.00</b>
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