

SWORN STATEMENT

IMPORTANT NOTICE: This form must be completed in BLUE ink in all its parts. The Puerto Rico Social Work Professionals Examining Board will reject all forms filled out with any other ink color.

I, _____, do solemnly swear that (1) I am the affiant for this document; (2) the facts that are herein stated are true and accurate; and (3) for the record, the photos herein enclosed were not taken earlier than six months prior to this date.

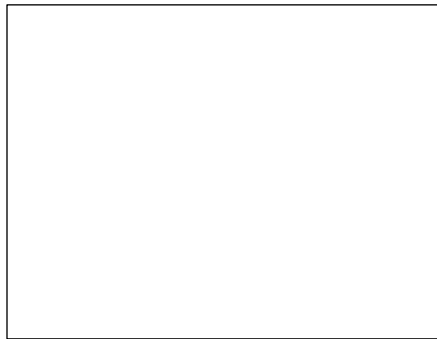
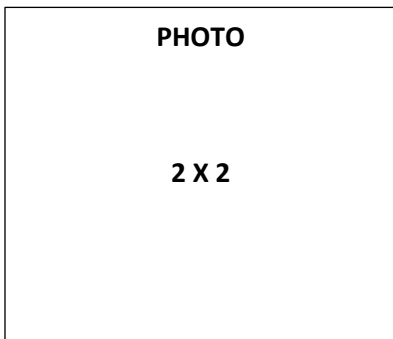
In _____, _____ on _____, _____
(City) (State or Country)

Sworn and signed before me by _____, whose aforementioned personal circumstances I attest to know personally or have duly identified using the following documentation.

_____ .

In _____, _____ on _____, _____
(City) (State or Country)

Applicant Signature



Notary Stamp

Affidavit No. _____

Signature of the Notary Public

- **Once it has been filled out, please upload to your Professional Credential Services (PCS) account.**