FORM FOR REPORTING SOCIAL WORK CONTINUING EDUCATION

Name of Licensee ____________________________________ License No.__________________
Licensee's Address ______________________________________________________________
Title of Session _________________________________________________________________
Sponsor _______________________________________________________________________
Date(s) & Time of Attendance _____________________________________________________
Amount of Credit Received _______________________________________________________________________
                                               Actual time spent in session
The instructor, sponsor, leader, training coordinator, or agency director must sign below attesting to attendance.
                                                                                       
Name & Credentials (typed or printed)                                                   Signature

NOTE TO LICENSEE: Licensees must maintain verification of attendance at all continuing education workshops. In the event a licensee is selected for audit, he/she must submit Certification of attendance at all social work continuing education workshops.

This form may be duplicated for use. **Do not send documentation to the Board unless audited.**

(Revised 03/2022)

Copies of this form can be downloaded from the website at [www.arkansas.gov/swlb](http://www.arkansas.gov/swlb).