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.