



# Arkansas Department of Health

José R. Romero, MD, Secretary of Health

## Social Work Licensing Board

Ruthie Bain, Director

Mailing Address: P. O. Box 251965, Little Rock, AR 72225

Street Address: Freeway Medical Tower, 5800 West 10<sup>th</sup>, Suite 100, Little Rock, AR 72204

Telephone (501)-372-5071 Fax (501)372-6301

Email: [swlb@arkansas.gov](mailto:swlb@arkansas.gov) Website: [www.arkansas.gov/swlb](http://www.arkansas.gov/swlb)

**This form is *only* for use when a continuing education provider does not provide a Certificate of Attendance.**

### 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).