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 01/2023)

Copies of this form can be downloaded from the website at www.arkansas.gov/swlb.