

Arkansas Department of Health

Social Work Licensing Board

5800 West 10th, Suite 100, Little Rock, AR 72204 * (501) 372-5071 * Fax (501) 372-6301 Mailing Address: P. O. Box 251965, Little Rock, AR 72225 swlb@arkansas.gov * www.arkansas.gov/swlb

Governor Sarah Huckabee Sanders Renee Mallory, RN, BSN, Secretary of Health Kristen Allen, Director

RENEWAL INSTRUCTIONS

- 1. Complete the renewal application and summary sheet. The renewal request will be returned if the application and summary sheet are not completed in full and signed. Renewals should not be submitted more than two-months prior to the expiration date.
- 2. Attach an \$4 Money Order or check (non-refundable) made payable to the Social Work Licensing Board.
- 3. Complete the summary sheet in full. A minimum of 30 hours of social work continuing education completed during the two-year licensure period must be listed. Your renewal period is the two (2) years prior to your expiration date. {Example: If your expiration date is July 31, 2023, then your renewal period is August 1, 2021, through July 31, 2023) Of the 30 hours, no more than 15 hours will be approved for independent or Internet courses. Please list the three (3) hours in professional ethics first on the summary sheet. Since the summary sheet is the only documentation the Board will see, it is important that you print legibly or type the information. Please do not abbreviate. Providing clear and complete information will prevent us from having to contact you for additional information. Do not send your continuing education Certificates of Attendance with the renewal application. You will need it later if you are selected for audit.
- 4. Mail the renewal application, \$4 renewal fee and summary sheet to the Board <u>postmarked no later than</u> <u>your expiration date.</u> Your social work license will expire, and you will no longer be eligible to practice social work if the renewal application and other required materials are not postmarked by your expiration date. An expired license may be renewed within three months of the expiration date by submitting a signed attestation stating you have not practiced social work, the \$4 renewal fee, and the \$80 late penalty, (\$84 total).

<u>Please note</u>: This three-month period is <u>not</u> additional time for completing the continuing education requirement and <u>does not allow for practice after the expiration date</u>. Continuing education completed outside the two-year licensure period will not be approved. <u>A license that has expired longer than three</u> months is non-renewable.

You may renew your license online or download additional forms at www.arkansas.gov/swlb.

If you do not wish to renew your license, please notify the Board in writing.



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LICENSE RENEWAL APPLICATION

Name as it appears on license:			License No		
Current Address:			Home Phone:		
				Cell Phor	ne:
Email:		Work	Email:		
Place of Employment:			Work	Phone:	
Place o	of Birth (city & state	e) Required by Arka	Gender nsas Act 1489	Race	Ethnicity
explana	ation. Are you current	ring questions. If you answer y tly or have you ever been ur No	•		
b.	Have you been o	denied a professional license ir	n Arkansas or ar	y other state	e or jurisdiction?
c.	Have you been r	efused renewal of a profession	nal license?	Yes	No
d.	Have you had a	professional license suspende	d or revoked?	Yes N	o
e.	Have you volunt	arily surrendered a profession	al license? Yes	s No	
f.	Have you had ar Yes No	ny disciplinary action taken aga	ainst your social	work license	e in any state?
g.	Please indicate ifYES	you or your spouse are a unifo NO	ormed service n	nember or ur	niformed service veteran
h.	following: (1) Any offenses (2) Any felony. (3) Any criminal breach of client t	een pleaded guilty or nolo cont s specifically enumerated in A. offense, misdemeanor or felo rust, or abuse of the vulnerabl d at www.arkansas.gov/swlb,	C.A. § 17-3-102. ny, involving vid leYES _	olence, disho NO(a	nesty, fraud, deceit, a copy of A.C.A. § 17-103
knowle	edge and belief, a	nation that I have provided on I understand that any false quent revocation or suspension	or misleading	information	
Revise	d 1.2023	SIGNATURE			DATE

SUMMARY SHEET FOR REPORTING SWCE Expiration Date:

Date	Title of Works	hop	Independent Study Yes or No	Presenter or Sponsor	Нои
	Ethics:				
otal Hou	irs If additional space	is needed, this form may	be duplicated.		
ubmit Cert or denial o	d that in signing this document that I am atte ification of my Attendance at all the worksho f license renewal or subsequent revocation My renewal fee is enclosed. (Money Order o	ps listed. I further understand t or suspension of my social wo r Check)	that any false or mislea ork license. I also ackno	ding information is gro	unds
		Signature of Licensee	D	ate	====
			Fee \$4 (\$84	late fee)	
		Receipt No	1 00 94 (904	face ree;	
	RD USE ONLY: Date Rec'd Denied	Receipt No		rate ree;	

Board Member's Signature

Date



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ATTESTATION FOR RENEWAL OF SOCIAL WORK LICENSE <u>AFTER</u> EXPIRATION DATE Effective July 22, 2015, Act 1170 of 2015

The Social Work Licensing Act has been amended. The section regarding the expiration and renewal of social work licenses, codified at Arkansas Code § 17-103-304, will read as follows effective July 22, 2015:

- (c) (3) Before the expiration date of the license, the licensee shall:
 - (A) Submit a renewal application and fee online; or
 - (B) Mail the renewal application and fee to the office of the board.
- (d) (1) If a licensee fails to renew his or her license before the expiration date, the license shall lapse the last day of the month of the calendar year that is exactly two (2) years from the calendar year and month in which the license was issued.
 - (2) A license that has lapsed for a period of less than three (3) months may be renewed by submission of:
 - (A) A completed renewal application.
 - (B) A fee that is two (2) times the amount of the renewal fee specified; and
 - (C) An attestation that the licensee has not practiced social work since the day that his or her license lapsed and the licensee will not practice social work until his or her license is approved for renewal by the board.
 - (3) If a license has lapsed for three (3) months or longer, the applicant for the license shall be considered a new applicant subject to appropriate provision of this chapter.
 - (4) A license that has expired over three (3) months is not renewable.
- (e) At the time of license renewal, an applicant shall present satisfactory evidence that in the period since the license was issued, he or she has completed the continuing education requirement as required by the board.

<u>Please note</u>: This three-months is <u>not</u> additional time for completing the continuing education requirement and <u>does not allow for practice after the expiration date</u>. Continuing education completed outside the two-year licensure period will not be approved.

If you do not mail (postmark must be no later than expiration date) or renew your social work license online by the expiration date of your license, then your license is considered lapsed as of the expiration date and you are not eligible to practice social work, work in a social work position or call yourself a social worker until the Social Work Licensing Board (the "Board") has received and approved your application for renewal.

I, the below named licensee, attest and affirm that I have not practiced social work since the day that my license lapsed. I will not practice social work until my license is approved for renewal by the Board.

Printed Name:	License Number:	
Expiration Date of License:	Date Submitted: _	
Signature:		
This form only needs to be signed if	12/2023	