



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 10th, Suite 100, Little Rock, AR 72204

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

Email: swlb@arkansas.gov Website: <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 documentation verifying his/her attendance at all continuing education workshops.

This form may be duplicated for use, or other documentation may be used in lieu of this form provided the same information is presented. **Do not send documentation to the Board unless audited.**

(Revised 6.15.2020)

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