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 10/15/2021)

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