Mike Beebe
Governor

STATE OF ARKANSAS

SOCIAL WORK LICENSING BOARD

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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 8/1/01)

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