



Mike Beebe
Governor

STATE OF ARKANSAS SOCIAL WORK LICENSING BOARD

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LICENSE RENEWAL APPLICATION

(Affix label here)

(This label has your name and address as it appears in the records of the Board. Please make any corrections or changes to the right of the label.)

Please answer the following questions. If you answer yes to any of the questions, please attach a detailed explanation.

a. Are you currently, or have you ever been, under any investigation regarding your professional practice? Yes _____ No _____ If yes, please attach a detailed explanation

During the last two years:

b. Have you been denied a professional license because of disciplinary proceedings in Arkansas or any other state or jurisdiction? Yes _____ No _____

c. Have you been refused renewal of a professional license pursuant to disciplinary proceedings? Yes _____ No _____

d. Have you had a professional license suspended or revoked? Yes _____ No _____

e. Have you voluntarily surrendered a professional license? Yes _____ No _____

f. Have you had any disciplinary action taken against your social work license in any state? Yes _____ No _____

g. Have you pleaded guilty or nolo contendere to, or been found guilty of any of the offenses listed in A.C.A. 17-103-307? (A copy of A.C.A. 17-103-307 can be found in the Social Work Licensing Law and Regulation booklet.) Yes _____ No _____

I certify that the information that I have provided on this form is true and correct to the best of my knowledge and belief, and I understand that any false or misleading information is grounds for denial of license renewal or subsequent revocation or suspension of my social work license.