



Asa Hutchinson  
Governor

STATE OF ARKANSAS  
**SOCIAL WORK LICENSING BOARD**

Ruthie Bain  
Executive Director

Phone 501-372-5071

Fax 501-372-6301

Email: [swlb@arkansas.gov](mailto:swlb@arkansas.gov)

Website: [arkansas.gov/swlb](http://arkansas.gov/swlb)

**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.**
2. Attach an \$80 Cashier's Check or Money Order (non-refundable) made payable to the Social Work Licensing Board. **NO PERSONAL CHECKS ACCEPTED**
3. Complete the summary sheet in full. A minimum of 48 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, 2019, then your renewal period is August 1, 2017 through July 31, 2019} Of the 48 hours, no more than 20 hours will be approved for independent or Internet courses. Please list the three 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 documentation with the renewal application. You will need it later if you are selected for audit.**
4. Mail the renewal application, \$80 renewal fee and summary sheet to the Board **postmarked no later than your expiration date.** 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 \$80 renewal fee, and the \$80 late penalty, (\$160 total).  
**Please note:** This three months is **not** additional time for completing the continuing education requirement and **does not allow for practice after the expiration date.** Continuing education completed outside the two-year licensure period will not be approved. **A license that has expired longer than three months is non-renewable.**

Renewal applications will be reviewed at the next board meeting after they are received. If approved, you will be mailed an acknowledgement of license renewal and a new license card within 7-10 days after the board meeting. (The Board meets on the second Monday of each month. Deadline for each meeting is at noon on the Friday before the meeting)

You may renew your license online or download additional forms at [www.arkansas.gov/swlb](http://www.arkansas.gov/swlb).

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



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# STATE OF ARKANSAS SOCIAL WORK LICENSING BOARD

Ruthie Bain  
Executive Director

Mailing Address:  
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## LICENSE RENEWAL APPLICATION

Name as it appears on license: \_\_\_\_\_ License No. \_\_\_\_\_

Current Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Birth (city & state) \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_ Ethnicity \_\_\_\_\_  
Required by Arkansas Act 1489

**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 \_\_\_\_\_
- b. Have you been denied a professional license in Arkansas or any other state or jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_
- c. Have you been refused renewal of a professional license? 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 ever been pleaded guilty or nolo contendere to, or been found guilty of, any of the following:
  - (1) Any offenses specifically enumerated in A.C.A. § 17-103-307(e)(1) – (33);
  - (2) Any felony;
  - (3) Any crime, misdemeanor or felony, involving moral turpitude; or
  - (4) Any criminal offense, misdemeanor or felony, involving violence, dishonesty, fraud, deceit, breach of client trust, or abuse of the vulnerable. \_\_\_\_\_ YES \_\_\_\_\_ NO (a copy of A.C.A. § 17-103-307 may be found at [www.arkansas.gov/swlb](http://www.arkansas.gov/swlb), under Laws and Regulation, Arkansas Code)

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.

\_\_\_\_\_

SUMMARY SHEET FOR REPORTING SWCE

Expiration Date: \_\_\_\_\_

Name of Licensee \_\_\_\_\_ License No. \_\_\_\_\_

Please list all social work continuing education (SWCE) completed during the two-year licensure period. Only SWCE completed during the licensure period will be approved. Of the required 48 hours, three hours must be in professional ethics. Please list the ethics workshop first on the summary sheet. PLEASE TYPE OR PRINT LEGIBLY. If you attend a conference, you must list the courses individually.

Table with 5 columns: Date, Title of Workshop, Independent Study Yes or No, Presenter or Sponsor, Hours. Includes a row for Ethics.

Total Hours \_\_\_\_\_ If additional space is needed, this form may be duplicated.

I understand that in signing this document that I am attesting that the information is correct and true, and if audited, I will be required to submit documentation of my attendance at all the workshops listed. I further understand that any false or misleading information is grounds for denial of license renewal or subsequent revocation or suspension of my social work license. I also acknowledge that fees are non-refundable. My renewal fee is enclosed. (Cashier's Check or Money Order only - NO PERSONAL OR BUSINESS CHECKS)

Signature of Licensee

Date

FOR BOARD USE ONLY: Date Rec'd \_\_\_\_\_ Receipt No. \_\_\_\_\_ Fee \$80 ( \$160 late fee)

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Renewal Approved: \_\_\_\_\_ Board Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Audit Approved: \_\_\_\_\_



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**ATTESTATION FOR RENEWAL OF SOCIAL WORK LICENSE**  
**AFTER 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.
  - (4) A license that has expired over three (3) months is not renewable.

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 the renewal is late.