State of Arkansas
SOCIAL WORK LICENSING BOARD

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Mike Huckabee
Governor

Troylene Jones
Executive Director

LICENSE RENEWAL APPLICATION

_____

Please complete name and address.
___ Check here if this is a change.

_____

_____

(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 rounds fordenial of license renewal or subsequent revocation or suspension of my social work license.

_____
Signature **Date**

SOCIAL WORK LICENSING BOARD
SUMMARY SHEET FOR REPORTING SWCE
LICENSE RENEWAL DATE: _____

Name of Licensee _____ **License No.** _____

Licensee's Employer _____ **Home Phone:** _____

E-mail Address: _____ **Business Phone:** _____

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.

Date	Title of Workshop	Independent Study Yes or No	Presenter	Hours
	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.

_____
Signature of Licensee **Date**

FOR BOARD USE ONLY: Date Rec'd _____ Receipt No. _____ Fee $80 $160

Approved _____ Denied _____ Renewal Approved: _____ _____
Board Member's Signature Date

Audit Approved: _____ _____
Board Member's Signature Date

Revised 11/03