This form is only for use when a continuing education provider does not provide a certificate of attendance.

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 6.15.2020)

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