



Arkansas Department of Health

Social Work Licensing Board

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Asa Hutchinson, Governor
Renee Mallory, RN, BSN, Interim Secretary of Health
Ruthe Bain, Director

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 Certification of attendance at all social work continuing education workshops.

This form may be duplicated for use. **Do not send documentation to the Board unless audited.**

(Revised 03/2022)

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