

CONTINUING EDUCATION CONTACT VERIFICATION

LICENSEE'S NAME: _____

SOCIAL WORK LICENSE NUMBER: _____

TO BE COMPLETED BY INSTRUCTOR, OR SPONSORING AGENCY/GROUP

On this date, _____ (specify calendar date), I certify that the Social Work Licensee named above attended a workshop, program, or in-service training session or completed a course of **study on** _____ (specify program title), for a **total** of _____ contact hour(s) of education - does not including registration time, refreshment break time, or meal break time. Please notate how many if any of those hours totaled were in:

Ethics _____

Supervision _____

Clinical _____

DSM _____

Classroom/In-Person _____

I further certify that the topic(s) covered on this date is/are relevant to social work practice and is/are not related to the specific administrative procedures of any single agency or organization.

CE PROVIDER AUTHORITY (check only one)

- ABSWE (Alabama Board Social Work Examiners) APPROVED CE
- ABSWE (Alabama Board Social Work Examiners) APPROVED
- RECOGNIZED THIRD PARTY APPROVAL (SPECIFY) _____
(Must be Social Work related)
 - ASWB - Association of Social Work Boards
 - NASW - National Association of Social Work
 - STATE SOCIAL WORK BOARDS - any other State Licensing Social Work Board
 - NBCC - National Board of Certified Counselors
 - ABNP - Alabama Board of Nursing
 - APA - American Psychological Association
 - CSWE - Council on Social Work Education Accredited University

NAME OF PROVIDER: _____

PROVIDER# _____

NAME(S) OF PRESENTERS: _____

LOCATION (CITY) OF PROGRAM: _____

AUTHORIZED SIGNATURE: _____

THIS FORM SHOULD BE RETAINED BY THE SOCIAL WORK LICENSEE AND SUBMITTED WITH RENEWAL APPLICATION FORM AND FEE AT THE TIME OF THE NEXT RENEWAL APPL/CATION. THIS FORM MAY BE REPRODUCED LOCALLY.