

**MS State Board of Examiners for
Social Workers and Marriage & Family Therapists
P.O. Box 4508
Jackson, MS 39296-4508
601-987-6806/Fax: 601-987-6808**

CONTINUING EDUCATION REPORT FOR SOCIAL WORKERS

Name: _____

License No. _____

You are required to list a total of forty (40) continuing education (CE) hours to meet the renewal requirements which must include four (4) ethics hours and two (2) hours of cultural diversity. No more than twenty (20) online hours may be submitted. Please list each event as general (gen.), ethics, cultural, or LCSW supervision (sup.). Do not attach brochures, or any additional materials unless you have been notified that your records are to be audited. Please complete as many forms as necessary to document hours. Please only list conferences or events that were approved by Board of Examiners SW CE Committee, National NASW, or any organization approved by ASWB. The approval must be documented on the certificate you received. Please refer to your rules and regulations for guidelines for submitting continuing education. If the CE offering was distant learning or online, please check the online box.

1. Event: _____

Date of Attendance: _____

Sponsoring Organization: _____

Sponsor or Approval # _____, when available Online?

Continuing Education Hours			
Gen.	Ethics	Cultural	Sup.

2. Event: _____

Date of Attendance: _____

Sponsoring Organization: _____

Sponsor or Approval # _____, when available Online?

Continuing Education Hours			
Gen.	Ethics	Cultural	Sup.

3. Event: _____

Date of Attendance: _____

Sponsoring Organization: _____

Sponsor or Approval # _____, when available Online?

Continuing Education Hours			
Gen.	Ethics	Cultural	Sup.

4. Event: _____

Date of Attendance: _____

Sponsoring Organization: _____

Sponsor or Approval # _____, when available Online?

Continuing Education Hours			
Gen.	Ethics	Cultural	Sup.

5. Event: _____

Date of Attendance: _____

Sponsoring Organization: _____

Sponsor or Approval # _____, when available Online?

Continuing Education Hours			
Gen.	Ethics	Cultural	Sup.

6. Event: _____

Sponsoring Organization: _____

Sponsor or Approval # _____, when available Online?

Date of Attendance: _____

Continuing Education Hours			
Gen.	Ethics	Cultural	Sup.

7. Event: _____

Sponsoring Organization: _____

Sponsor or Approval # _____, when available Online?

Date of Attendance: _____

Continuing Education Hours			
Gen.	Ethics	Cultural	Sup.

8. Event: _____

Sponsoring Organization: _____

Sponsor or Approval # _____, when available Online?

Date of Attendance: _____

Continuing Education Hours			
Gen.	Ethics	Cultural	Sup.

9. Event: _____

Sponsoring Organization: _____

Sponsor or Approval # _____, when available Online?

Date of Attendance: _____

Continuing Education Hours			
Gen.	Ethics	Cultural	Sup.

10. Event: _____

Sponsoring Organization: _____

Sponsor or Approval # _____, when available Online?

Date of Attendance: _____

Continuing Education Hours			
Gen.	Ethics	Cultural	Sup.

11. Event: _____

Sponsoring Organization: _____

Sponsor or Approval # _____, when available Online?

Date of Attendance: _____

Continuing Education Hours			
Gen.	Ethics	Cultural	Sup.

12. Event: _____

Sponsoring Organization: _____

Sponsor or Approval # _____, when available Online?

Date of Attendance: _____

Continuing Education Hours			
Gen.	Ethics	Cultural	Sup.

I certify that the information submitted is true and corrected, and that the original verification is available for inspection if I am chosen for audit.

Signature Date

TOTAL Hours			
Gen.	Ethics	Cultural	Sup.