

WV BOARD OF SOCIAL WORK
SOCIAL WORK CONTINUING ED REPORT FORM
Web Address: www.wvsocialworkboard.org

NAME: _____

ADDRESS: _____

*** *INDICATE IF THIS IS A NEW ADDRESS AND MAKE CHANGE*

WV SOCIAL WORK LICENSE NUMBER: _____

LICENSE EXPIRATION DATE: _____

WV Social Work Board CERTIFIED PROVIDER NAME: _____

WV Board APPROVED/CERTIFIED PROVIDER NUMBER: _____

Program, Conference or Workshop Title _____

• SOCIAL WORK CONTENT
DESCRIPTION: _____

• MARK THE CORRECT RESPONSE: FACE TO FACE _____ WEB _____

PRESENTATION DATE(S): _____

Physical Attendance: Venue _____

City & State: _____

TOTAL CONTACT HOURS AWARDED AND EARNED: _____

ENTER ONLY THE NUMBER OF HOURS ACTUALLY ATTENDED AND COMPLETED

CERTIFICATION: “In signing this form, I swear that I completed the continuing social work education indicated above. I am aware that falsifying any record to the Board is grounds for disciplinary action, including suspension or revocation of my social work license.”

SIGNATURE: _____ DATE: _____

BLANK FORMS MAY BE COPIED TO KEEP ON HAND

KEEP ONE FOR YOUR RECORDS-WE DO NOT KEEP PAPER WORK

**AN EQUIVALENT FORM PROVIDED BY THE APPROVED PROVIDER MAY BE USED
MAIL OR FAX WV BOARD OF SOCIAL WORK-PO BOX 5459-CHARLESTON WV 25361
OR FAX TO BOARD OFFICE: 304-558-4189**

PLEASE DO NOT SEND CERTIFICATES **UNLESS REQUESTED** BY STAFF-
LIMIT FAX PAGES TO “**5**” PAGES OR LESS