

Approved
Board Member _____
Date _____

STATE OF MAINE
BOARD OF SOCIAL WORKER LICENSURE
35 STATE HOUSE STATION
AUGUSTA, ME 04333-0035
OFFICE TELEPHONE: (207) 624-8609

CONTINUING EDUCATION SUMMARY FOR CONDITIONAL LICENSE RENEWAL

NAME: _____ LICENSE #: _____
Initials and Number
ADDRESS: _____ TEL # (W): _____
_____ TEL # (H): _____

➤ **IS THE ABOVE A CHANGE OF ADDRESS?** YES NO

Documentation of 2.5 continuing education units (25 hours) must be submitted with this form for the 2000 renewal period. 1 contact hour means a unit equaling sixty (60) minutes of participation in an organized learning experience. Please forward your completed continuing education form and documentation verifying your continuing education 60 days prior to license expiration. Please retain a copy for your file, as no documentation will be returned.

Contact hours may be earned in the following ways: seminars, workshops, academic courses, in-service training which are directly relevant to the practice of social work, teaching, writing, audio tapes, videotapes, and independent study. A maximum of ten (10) hours is permitted within the following three (3) categories: Teaching-A social worker may claim continuing education credit for preparation and presentation of a course, workshop or seminar for the first time it is presented, only. An outline or syllabus will serve as documentation. Writing-A social worker may claim continuing education credit for writing articles and books for publication, as well as for the review and editing process for articles and books. Documentation includes a copy of the article, letter from the editor or publisher, or the title page of the book. Audiotapes, Videotapes, and Independent Study-The title, subject matter, creator or author of the material used, and duration of time expended on the material shall be provided. Academic education must be demonstrated by a transcript from the university or college where the course was taken. For workshops, institutes and seminars, the certificate issued will serve as evidence of participation if it includes, at a minimum, the following information: the subject of the session; the name(s) and credentials of the presenter(s); the date(s) of the session; and the number of hours or duration of the session.

TOTAL HOURS FRONT _____
TOTAL HOURS BACK _____
GRAND TOTAL _____

I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE: _____

DATE: _____

