CONTINUING EDUCATION SUMMARY FORM

Please list your continuing education classes completed and attach the verification forms and/or certificates of completion. These forms will be randomly audited. Be sure to maintain a copy for your own records all certificates will be destroyed. The Board of Social Work Examiners will not be able to provide you with copies of these documents any longer.

Title of Program	Sponsor/provider	Date	Hours

Total hours _____

I certify that the above statement is a true and accurate record of the continuing education programs I completed.

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Signature Date