CONTINUING EDUCATION SUMMARY FORM

Please list your continuing education classes completed and attach a copy of your verification forms and/or certificates of completion. These forms will be audited and destroyed. Be sure to maintain a copy for your own records. 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