



# LOUISIANA

## STATE BOARD OF SOCIAL WORK EXAMINERS LCSW CONTINUING EDUCATION AUDIT REPORT

July 1, 2009 - June 30, 2010

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Credential No.: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: \_\_\_\_\_

You must list 20 clock hours of continuing education including 10 hours in clinical content covering diagnosis and treatment and 3 hours in social work ethics. Ethics were to be completed between July 1, 2008 and June 30, 2010. Attach documentation verifying your attendance at the events.

**Please do not use initials when writing the names of the events or sponsoring organizations.**

	Month/Day/Year	Hours
Event: _____ _____	_____	_____
Presenter: _____		
Sponsoring Organization: _____ Clinical Content <input type="checkbox"/> Ethics <input type="checkbox"/> Supervision <input type="checkbox"/>		
Event: _____ _____	_____	_____
Presenter: _____		
Sponsoring Organization: _____ Clinical Content <input type="checkbox"/> Ethics <input type="checkbox"/> Supervision <input type="checkbox"/>		
Event: _____ _____	_____	_____
Presenter: _____		
Sponsoring Organization: _____ Clinical Content <input type="checkbox"/> Ethics <input type="checkbox"/> Supervision <input type="checkbox"/>		

<b>Auditor Use Only</b>	
Hours	
Approved	Not Approved
_____	_____
_____	_____
_____	_____
_____	_____



Month/Day/Year      Hours

**Auditor Use Only**  
Hours  
Approved   Not Approved

**Event:** \_\_\_\_\_  
\_\_\_\_\_

Presenter: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_  
Clinical Content       Ethics       Supervision

**Event:** \_\_\_\_\_  
\_\_\_\_\_

Presenter: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_  
Clinical Content       Ethics       Supervision

**Event:** \_\_\_\_\_  
\_\_\_\_\_

Presenter: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_  
Clinical Content       Ethics       Supervision

**Event:** \_\_\_\_\_  
\_\_\_\_\_

Presenter: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_  
Clinical Content       Ethics       Supervision

**Event:** \_\_\_\_\_  
\_\_\_\_\_

Presenter: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_  
Clinical Content       Ethics       Supervision

**Event:** \_\_\_\_\_  
\_\_\_\_\_

Presenter: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_  
Clinical Content       Ethics       Supervision

\_\_\_\_\_

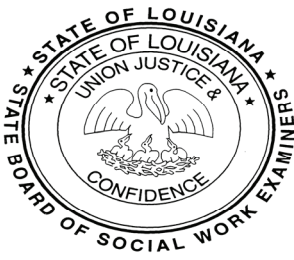
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**LICENSEE NAME** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**AUDITOR USE ONLY:**

\_\_\_\_\_ An Audit of this licensee's continuing education report has been completed and the documentation has been found to be in compliance with all sections of Rule No. 317.

\_\_\_\_\_ An audit of this licensee's continuing education report has been completed and has revealed that the documentation is not in compliance with Rule No. 317 for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Recommendation:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Questions concerning your AUDIT should be directed to:**

ASWB  
LOUISIANA-CE AUDIT  
PO Box 1508  
Culpepper, VA 22701  
Phone: 1-866-527-2384  
Fax: 1-540-829-0142

Continuing Education Requirements can be viewed on our website [www.labswe.org](http://www.labswe.org).

See Rule No. 317 of the *Rules, Standards and Procedures*.