



LOUISIANA

STATE BOARD OF SOCIAL WORK EXAMINERS

LMSW, CSW and RSW

CONTINUING EDUCATION AUDIT REPORT

July 1, 2010 - June 30, 2011

Name: _____

Address: _____

Credential No.: _____ Telephone: (_____) _____ Fax: _____

You must list 20 clock hours of continuing education completed between July 1, 2010 through June 30, 2011. Ethics are to be completed between July 1, 2010 through June 30, 2012. Attach documentation verifying your attendance at the events.

Continuing education requirements can be viewed on our website www.labswe.org.

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

Event: _____ Month/Day/Year _____ Hours _____

Presenter: _____

Sponsoring Organization: _____

Ethics

Event: _____ Month/Day/Year _____ Hours _____

Presenter: _____

Sponsoring Organization: _____

Ethics

Event: _____ Month/Day/Year _____ Hours _____

Presenter: _____

Sponsoring Organization: _____

Ethics

Auditor Use Only	
Hours	
Approved	Not Approved
_____	_____
_____	_____
_____	_____
_____	_____



Month/Day/Year Hours

Auditor Use Only
Hours
Approved Not Approved

Event: _____

Presenter: _____

Sponsoring Organization: _____

Ethics

Event: _____

Presenter: _____

Sponsoring Organization: _____

Ethics

Event: _____

Presenter: _____

Sponsoring Organization: _____

Ethics

Event: _____

Presenter: _____

Sponsoring Organization: _____

Ethics

Event: _____

Presenter: _____

Sponsoring Organization: _____

Ethics

Event: _____

Presenter: _____

Sponsoring Organization: _____

Ethics
