

Louisiana State Board of Social Work Examiners
CONTINUING EDUCATION REPORT
Collection Period July 1, 2020 – June 30, 2021

Name _____ License Type _____ License Number _____

Address _____

Telephone(_____) _____ Email _____

INSTRUCTIONS: Make copies as needed. Complete and return with your 2021-2022 renewal application and documentation of completing your hours. Accepted documentation includes certificates of completion, sign-in sheets, transcripts and letters from the provider. Hours that were used to renew for 2020-2021 cannot be counted towards renewing for 2021-2022.

EXAMPLE:

Event is the title of the workshop.

Presenter (include credentials)

Content – indicate whether clinical, ethics, general, supervision

Event: Diagnosis & Treatment of Mental Health Disorders

Presenter: James Taylor, LCSW

Sponsoring Organization: NASW-LA Chapter

Content: Clinical

Date(s) (mm/dd/yy)	Hours	Indicate whether in-person or distance learning
05/15/21	6	In-person

Event:

Presenter:

Sponsoring Organization:

Content:

Date(s) (mm/dd/yy)	Hours	Indicate whether in-person or distance learning

Event:

Presenter:

Sponsoring Organization:

Content:

Date(s) (mm/dd/yy)	Hours	Indicate whether in-person or distance learning

Event:

Presenter:

Sponsoring Organization:

Content:

Date(s) (mm/dd/yy)	Hours	Indicate whether in-person or distance learning

	Date(s) (mm/dd/yy)	Hours	Indicate whether in- person or distance learning
Event:			

Presenter: _____

Sponsoring Organization: _____

Content: _____

	Date(s) (mm/dd/yy)	Hours	Indicate whether in- person or distance learning
Event:			

Presenter: _____

Sponsoring Organization: _____

Content: _____

	Date(s) (mm/dd/yy)	Hours	Indicate whether in- person or distance learning
Event:			

Presenter: _____

Sponsoring Organization: _____

Content: _____

	Date(s) (mm/dd/yy)	Hours	Indicate whether in- person or distance learning
Event:			

Presenter: _____

Sponsoring Organization: _____

Content: _____

	Date(s) (mm/dd/yy)	Hours	Indicate whether in- person or distance learning
Event:			

Presenter: _____

Sponsoring Organization: _____

Content: _____

	Date(s) (mm/dd/yy)	Hours	Indicate whether in- person or distance learning
Event:			

Presenter: _____

Sponsoring Organization: _____

Content: _____