

Louisiana State Board of Social Work Examiners
CONTINUING EDUCATION REPORT
Collection Period July 1, 2015 – June 30, 2016

Name _____ License Type _____ License Number _____

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INSTRUCTIONS: Complete and return with your 2016-2017 renewal application. You are not required to submit copies of documentation unless you are selected for an audit. Audit notices will be mailed certified in July, 2016.

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
05/15/16	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: _____

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Event: _____
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Event: _____
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 Content: _____

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Event: _____
 Presenter: _____
 Sponsoring Organization: _____
 Content: _____