

WV BOARD OF SOCIAL WORK EXAMINERS  
**SOCIAL WORK CONTINUING EDUCATION RECORDING FORM**

PLEASE COMPLETE ALL AREAS OF THIS FORM & SIGN BELOW BEFORE SUBMITTING.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
**PLEASE INDICATED IF THIS IS A NEW ADDRESS**

WV SOCIAL WORK LICENSE NUMBER: \_\_\_\_\_

LICENSE EXPIRATION DATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

APPROVED PROVIDER NAME: \_\_\_\_\_

APPROVED PROVIDER NUMBER: \_\_\_\_\_

COURSE DESCRIPTION/TITLE: \_\_\_\_\_

\_\_\_\_\_  
COURSE DATE & LOCATION: \_\_\_\_\_

**TOTAL CONTACT HOURS EARNED:** \_\_\_\_\_

**CERTIFICATION:** “By signing this form, I certify that I have attended and completed the continuing social work education contact hours indicated above. Further, I understand that continuing social work education hours must be earned to renew my WV Social Work License and that knowingly falsifying my continuing social work education records may result in fines and/or disciplinary action, including suspension or revocation of my West Virginia Social Work License.”

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**KEEP A COPY OF THIS FORM FOR YOUR RECORDS**

MAIL COMPLETED FORM TO: WV BOARD OF SOCIAL WORK  
P O BOX 5459  
CHARLESTON, WV 25361