

Continuing Education Report

Current License Expiration Date: _____

Name of Regular Licensee: _____

Regular License Number: _____

Home Address: _____ City: _____ State: _____ Zip: _____ (Note if NEW address)

Course Date(s)	WVBSWE Provider Number	Program Title or Description (if IPA)	Total Hours Earned
	IPA 490000	Description:	Max: 20 Hrs.
TOTAL HOURS EARNED			

Certification Statement: “In signing this record, I hereby certify that I have attended the education programs listed herein. I understand that knowingly falsifying my continuing education records may result in disciplinary action. I further understand that this record is subject to an audit by the WV Board of Social Work Examiners.”

Signature of Licensee: _____ **Date Signed:** _____