

CONTINUING EDUCATION SUMMARY FORM

License/Certificate/Registration Type (check all that apply):

LCSW	LBSW	LMSW
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Name:		License/Certificate/Registration No(s):		
Email Address:		Cell Phone:	Home Phone:	Business Phone:

CE PROVIDER	DESCRIPTION OF CONTINUING EDUCATION <i>(see regulations for allowable types)</i>	DATE COMPLETED	HOURS COMPLETED	HOURS OF ETHICS INCLUDED

THIS FORM SHOULD NOT BE SUBMITTED UNLESS REQUESTED BY THE BOARD.
If requested, submit this form and supporting documents to the contact information listed above.