DELAWARE BOARD OF CLINICAL SOCIAL WORK EXAMINERS

Verification of Continuing Education for Licensed Clinical Social Workers

TOTAL OF 45 HOURS REQUIRED FOR EACH TWO YEAR PERIOD

Instructions:

1) Please print or type information.
2) Attach all documentation in the same order in which it is listed on this form. It can be stapled or clipped together. No credit will be given without proper verification of attendance. You must provide the date and place of the course, the total number of instructional hours attended, the agenda, outline or brochure describing the course and a certificate of attendance signed by the presenter and attesting to the number of hours attended.
3) Clock hour credit will be for the actual number of hours during which instruction was given during the program, excluding meals and breaks.
4) Continuing education must be submitted as an entire package totaling the required amount of hours.
5) Sign and date in the space provided on page 2.

Name: _____ License Number: __Q1-_____

Last First MI

Address: _____City_____State_____Zip_____

A. CATEGORY I: AT LEAST THIRTY (30) HOURS SHALL BE IN THE ASSESSMENT, DIAGNOSIS, AND TREATMENT OF MENTAL, EMOTIONAL, AND PSYCHO-SOCIAL DISORDERS, DEVELOPMENTAL DISABILITIES AND/OR SUBSTANCE ABUSE, INCLUDING AT LEAST THREE (3) HOURS IN SOCIAL WORK ETHICS. INDICATE ETHICS COURSE TAKEN ON FIRST LINE BELOW.

CATEGORY I

Date	Name of Activity	Provider	Clock Hours

CATEGORY A CONTINUTED

Date	Name of Activity	Provider	Clock Hours

CATEGORY I HOURS: _____

B. CATEGORY II: UP TO FIFTEEN (15) HOURS CAN BE TAKEN IN AREAS WHICH ARE RELATED TO AND INCREASE THE LICENSEE'S KNOWLEDGE OF SOCIAL WORK PRACTICE. (SEE RULE 5.3 FOR A LISTING OF ACCEPTABLE AREAS.)

CATEGORY II

Date	Name of Activity	Provider	Clock Hours

CATEGORY II HOURS: _____

TOTAL HOURS: _____

Please fill out the following if you are claiming credit for:

1. <u>First Time</u> instruction/presentation of a clinical social work course, seminar, etc. (maximum: 5 hours)

Name of Course	Date(s) Presented	Hours of Course	Hours Claimed	Category I / II

2. Self-Directed Activity (maximum: 15 hours) (must have been pre-approved by Board)

Activity	Dates	Title of Project/ Publication	Date of Publication/ Presentation, if any	Hours Claimed	Category I / II

I certify that the information contained in this document is true and correct to the best of my knowledge.

SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY: *Reviewed by:* _____ *Approved*_____ *Disapproved*_____
*Reason:*_____

CONTINUING EDUCATION REPORTING PERIODS

Licenses are valid for 2 year periods, renewing on January 31 of odd numbered years (e.g. January 31, 2001, 2003). Continuing education reporting periods run from October 31 to October 31 of the preceding two even-numbered years (e.g. credits for the January 2001 license renewal may be obtained between October 31, 1998 and October 31, 2000). The Board will allow credits obtained between October 31 and January 31 to apply to either (but not both) of the biennial licensing periods, at the licensee's discretion.

Beginning with the January 2003 license renewal, all required continuing education should be completed within the previous two year October to October period (e.g. between October 31, 2000 and October 31, 2002 for January 2003 renewal). The Board shall continue to have the discretion, however, to grant extensions of time in which to complete the continuing education in cases of hardship, pursuant to 24 *Del. C.* §3912 and Rule 5.1.3.