

**MS State Board of Examiners for
Social Workers and Marriage & Family Therapists
P.O. Box 4508
Jackson, MS 39296-4508
601-987-6806/Fax: 601-987-6808**

CONTINUING EDUCATION REPORT FOR SOCIAL WORKERS

Name: _____ License No. _____

You are required to list a total of forty (40) continuing education (CE) hours that were approved by MBOE SW CE Committee, National NASW, or any organization approved by ASWB to meet the renewal requirements. Four (4) ethics hours, two (2) hours of cultural diversity, and one (1) hour of mandated reporting are required. LCSW Supervisors should include two (2) hours of supervision. **Please review Renewal and CE Requirements of the Rules and Regulations, Part 1902, Chapter 4, pages 58-69.** Do not attach brochures, or any additional materials unless you have been notified that your records are to be audited.

1. **Event:** _____ Online? **Date(s) of Attendance:** _____

Sponsoring Organization: _____ **Sponsor or Approval #** _____

General	Ethics	Cultural Diversity	Mandated Reporting	Supervision

2. **Event:** _____ Online? **Date(s) of Attendance:** _____

Sponsoring Organization: _____ **Sponsor or Approval #** _____

General	Ethics	Cultural Diversity	Mandated Reporting	Supervision

3. **Event:** _____ Online? **Date(s) of Attendance:** _____

Sponsoring Organization: _____ **Sponsor or Approval #** _____

General	Ethics	Cultural Diversity	Mandated Reporting	Supervision

4. **Event:** _____ Online? **Date(s) of Attendance:** _____

Sponsoring Organization: _____ **Sponsor or Approval #** _____

General	Ethics	Cultural Diversity	Mandated Reporting	Supervision

5. **Event:** _____ Online? **Date(s) of Attendance:** _____

Sponsoring Organization: _____ **Sponsor or Approval #** _____

General	Ethics	Cultural Diversity	Mandated Reporting	Supervision

6. **Event:** _____ Online? **Date(s) of Attendance:** _____

Sponsoring Organization: _____ **Sponsor or Approval #** _____

General	Ethics	Cultural Diversity	Mandated Reporting	Supervision

7. **Event:** _____ Online? **Date(s) of Attendance:** _____

Sponsoring Organization: _____ **Sponsor or Approval #** _____

General	Ethics	Cultural Diversity	Mandated Reporting	Supervision

8. **Event:** _____ Online? **Date(s) of Attendance:** _____

Sponsoring Organization: _____ **Sponsor or Approval #** _____

General	Ethics	Cultural Diversity	Mandated Reporting	Supervision

9. **Event:** _____ Online? **Date(s) of Attendance:** _____

Sponsoring Organization: _____ **Sponsor or Approval #** _____

General	Ethics	Cultural Diversity	Mandated Reporting	Supervision

10. **Event:** _____ Online? **Date(s) of Attendance:** _____

Sponsoring Organization: _____ **Sponsor or Approval #** _____

General	Ethics	Cultural Diversity	Mandated Reporting	Supervision

I certify that the information submitted is true and correct, and that the original documents are available for inspection if I am chosen for audit.

Signature

Date

TOTAL Continuing Education Hours

General	Ethics	Cultural Diversity	Mandated Reporting	Supervision