**MARSHALL UNIVERSITY SOCIAL WORK DEPARTMENT**

 **SOCIAL WORK CONTINUING EDUCATION**

 **RECORDING FORM**

All items listed below must be completed when submitting continuing education credits.

Please print all information requested.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**License Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approved Provider Name:** **Marshall University Social Work Department**

**Approved Provider Number:** 490048

**Course Description:**

**Course Date(s)/Location:**

**Total Licensure (CEU) Hours Earned:**

**Total Licensure (CEU) Hours Possible:**

**Note: You may only claim credit for the hours you actually attended**

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Return to: Attn: WV Board of Social Work Examiners**

 **PO Box 5459**

 **Charleston, WV 25361-5459**