

CONTINUING EDUCATION APPLICATION FOR LICENSEES

Social Worker Assumes Risk – Application Does Not Guarantee Approval

Name _____ License Number _____
Daytime Telephone _____ Agency E-Mail _____
Include Area Code _____

CATEGORY I - CATEGORY II

INFORMATION TO BE INCLUDED WITH THIS APPLICATION FOR CATEGORY I OR CATEGORY II:

A brochure of the event must be attached which includes the following:

Objectives Hour-by-Hour Schedule Content
 Form of evaluation Brief resume of presenter

Also include: Application Fee - \$40

Title of Event _____

Event Date _____ Event Location (City) _____

Presenter _____ Presenter's Address _____

Licensure: _____ Clinical Social Work Practice (LCSW)
_____ Social Work Administration (LSW-Adm)
_____ Generalist Social Work Practice (LSW, LMSW, LSWA)

_____ Check here if you wish this event to be considered for the **ETHICS REQUIREMENT**

Clock Hours: _____

Ethics Hours: _____

CATEGORY III

INFORMATION TO BE INCLUDED WITH THIS APPLICATION FOR CATEGORY III:

Documentation of the project must be attached which includes the following:

Scope Specific Outcomes How verified
 Educational objectives Relation to profession Methodology

Also include: Application Fee - \$40

Title of Project _____

Project Date _____

Licensure: _____ Clinical Social Work Practice (LCSW)
_____ Social Work Administration (LSW-Adm)
_____ Generalist Social Work Practice (LSW, LMSW, LSWA)

_____ Check here if you wish this event to be considered for the **ETHICS REQUIREMENT**

Clock Hours: _____

Ethics Hours: _____

OKLAHOMA STATE BOARD OF LICENSED SOCIAL WORKERS
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