

VERIFICATION OF ATTENDANCE*
For Continuing Education Hours

Name _____

Home Address
Include City, State, Zip _____

Employing Agency _____

Agency Address
(Include City, State, Zip) _____

Home Telephone
Include Area Code _____

Agency Telephone
Include Area Code _____

Home E-Mail _____

Agency E-Mail _____

Name of Event _____

Date of Event _____

CEP Number _____

Sponsor _____

Sponsor Address
Include City, State, Zip _____

Sponsor Telephone
Include Area Code _____

Sponsor E-Mail _____

SIGNATURE OF **SPONSOR** _____

Title of Sponsor _____

Specialty:

_____ Clinical Social Work Practice

_____ Social Work Administration

Number of Clock Hours Attended:
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_____ Number of Clock Hours approved for **ETHICS REQUIREMENT** (If applicable)

* THIS FORM MAY BE REPRODUCED.

If this form is submitted for an event that **HAS NOT** been previously approved by the Board at the request of the sponsoring organization, event information and a Continuing Education Approval Category I and II or Continuing Education Approval Category III form must accompany this form. ***This request may be submitted at any time during the calendar year the event occurred.***

If this form is submitted for an event that **HAS** been previously approved by the board at the request of the sponsoring organization, no other documentation is necessary. ***In this case, please hold this form and submit if audited.***

Please provide CEP Number: _____

OKLAHOMA STATE BOARD OF LICENSED SOCIAL WORKERS

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