

**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

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| <b>Number of Clock Hours<br/>Attended:</b> |
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\_\_\_\_\_ Number of Clock Hours approved for **ETHICS REQUIREMENT** (If applicable)

\* THIS FORM MAY BE REPRODUCED.

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| If this form is submitted for an event that <b>HAS NOT</b> 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. <b><i>This request may be submitted at any time during the calendar year the event occurred.</i></b> |
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| If this form is submitted for an event that <b>HAS</b> been previously approved by the board at the request of the sponsoring organization, no other documentation is necessary. <b><i>In this case, please hold this form and submit if audited.</i></b> |
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Please provide CEP Number: \_\_\_\_\_

**OKLAHOMA STATE BOARD OF LICENSED SOCIAL WORKERS**

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