

# CONTINUING EDUCATION APPLICATION FOR LICENSEES (Application MUST BE MAILED)

Social Worker Assumes Risk – Application Does Not Guarantee Approval

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

## CATEGORY I - LIVE IN-PERSON or LIVE WEBINAR

**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  
 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)

**Clock Hours:** \_\_\_\_\_

**Ethics Hours:** \_\_\_\_\_

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

## 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)

**Clock Hours:** \_\_\_\_\_

**Ethics Hours:** \_\_\_\_\_

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

**OKLAHOMA STATE BOARD OF LICENSED SOCIAL WORKERS**  
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