

OKLAHOMA STATE BOARD OF LICENSED SOCIAL WORKERS

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Do Not Write In This Space - Board Use Only

Renewal fee \$100 if postmarked by 12/31/18
Late fee of \$50 assessed after 01/01/2019

LICENSURE RENEWAL 2019

Renewal will not be processed without license number

Name: [ ] License #: [ ]
Home Address: [ ] City, State, Zip [ ]
Home E-mail: [ ] Home Phone: [ ]
Employer: [ ]
Work Address: [ ] City, State, Zip [ ]
Work E-mail [ ] Work Phone: [ ]

The Board is responsible for maintaining accurate data on all social workers licensed in Oklahoma. Please answer the following questions:

- What address do you wish to be published on our website? [ ] Home [ ] Work
What is your preferred mailing address? [ ] Home [ ] Work
Are you in good standing with the Oklahoma Tax Commission? [ ] Yes [ ] No
Do you currently hold a license in another state? [ ] Yes [ ] No
If yes, please list state(s): \_\_\_\_\_ License(s) in good standing? [ ] Yes [ ] No

- Ethnicity: [ ] Hispanic or Latino [ ] Not Hispanic or Latino
Race: [ ] American Indian/Alaskan [ ] Asian [ ] Black/African American
[ ] Native Hawaiian/Pac Islander [ ] Two or more [ ] White

- Since the date of your last renewal of your license, has your citizenship status changed? If yes, submit a new Citizenship Affidavit form at the time you submit your Renewal form. [ ] Yes [ ] No
Since the date of your last renewal of your license, have you been addicted to or abused any drug or chemical substance, including alcohol? [ ] Yes [ ] No
Since the date of your last renewal of your license, have you been treated for a drug or alcohol addiction or participated in a rehabilitation program? [ ] Yes [ ] No
Since the date of your last renewal of your license, have you been convicted of a felony? [ ] Yes [ ] No
Since the date of your last renewal of your license, have you had any disease or condition that interfered with your ability to competently and safely perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e. (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; and/or (3) physical disease or condition, that interfered with your ability to competently and safely perform the essential functions involved in your practice? [ ] Yes [ ] No
Within the last five (5) years have you had a license or certification revoked or suspended, other disciplinary action taken, or an application for licensure or certification refused, revoked or suspended by any professional licensing authority of another state, territory or country? [ ] Yes [ ] No

I attest the information on this renewal application is true and correct and I reaffirm my adherence to the Code of Professional Conduct of the Oklahoma State Board of Licensed Social Workers as defined in the OSBLSW Rules and Regulations.

Date

Signature of Licensee

# CONTINUING EDUCATION SUMMARY 2018

1. **ONLY EDUCATION OBTAINED IN THE 2018 CALENDAR YEAR WILL BE ACCEPTED FOR RENEWAL PURPOSES.** The Continuing Education Summary form must accompany the Licensure Renewal 2019 document.

2. List title of event, provider number, number of hours and category for each continuing education event documented.

3. Identify with a check mark which event(s) qualifies for the three hours ethics training requirement.

4. All events MUST have a provider number through ASWB-ACE, NASW, OSBLSW or individual approval.

**5. CATEGORY I - FORMALLY ORGANIZED LEARNING EVENTS (workshops); CATEGORY II - PROFESSIONAL MEETINGS; CATEGORY III - INDIVIDUAL PROFESSIONAL ACTIVITIES. See OSBLSW Rules & Regs for a detailed description of each category. EIGHT HOURS OF CE MUST BE ANY COMBINATION OF CATEGORY I AND/OR CATEGORY II.**

6. Retain your Verification/Certificate of Attendance form for each event listed below, you will need them if your renewal is audited.

Title of Event:	<input type="text"/>	Date of Training:	<input type="text"/>
Provider/CEP #:	<input type="text"/>	Number of hours	<input type="text"/>
		Category:	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III
<input type="checkbox"/> This event qualifies for the ethics requirement	Content:	<input type="checkbox"/> Clinical	<input type="checkbox"/> Administration <input type="checkbox"/> Generalist

  

Title of Event:	<input type="text"/>	Date of Training:	<input type="text"/>
Provider/CEP #:	<input type="text"/>	Number of hours	<input type="text"/>
		Category:	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III
<input type="checkbox"/> This event qualifies for the ethics requirement	Content:	<input type="checkbox"/> Clinical	<input type="checkbox"/> Administration <input type="checkbox"/> Generalist

  

Title of Event:	<input type="text"/>	Date of Training:	<input type="text"/>
Provider/CEP #:	<input type="text"/>	Number of hours	<input type="text"/>
		Category:	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III
<input type="checkbox"/> This event qualifies for the ethics requirement	Content:	<input type="checkbox"/> Clinical	<input type="checkbox"/> Administration <input type="checkbox"/> Generalist

  

Title of Event:	<input type="text"/>	Date of Training:	<input type="text"/>
Provider/CEP #:	<input type="text"/>	Number of hours	<input type="text"/>
		Category:	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III
<input type="checkbox"/> This event qualifies for the ethics requirement	Content:	<input type="checkbox"/> Clinical	<input type="checkbox"/> Administration <input type="checkbox"/> Generalist

  

Title of Event:	<input type="text"/>	Date of Training:	<input type="text"/>
Provider/CEP #:	<input type="text"/>	Number of hours	<input type="text"/>
		Category:	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III
<input type="checkbox"/> This event qualifies for the ethics requirement	Content:	<input type="checkbox"/> Clinical	<input type="checkbox"/> Administration <input type="checkbox"/> Generalist

  

Title of Event:	<input type="text"/>	Date of Training:	<input type="text"/>
Provider/CEP #:	<input type="text"/>	Number of hours	<input type="text"/>
		Category:	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III
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Provider/CEP #:	<input type="text"/>	Number of hours	<input type="text"/>
		Category:	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III
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