



SPECIALTY CREDENTIAL RENEWAL FORM

Please check which credential(s) you are renewing:

MSW

- Advanced Hospice and Palliative Social Worker
- Certified Advanced Social Work Case Manager
- Certified Advanced Children, Youth & Family Social Worker
- Clinical Social Worker – Gerontology
- Advanced Social Worker – Gerontology
- Certified School Social Work Specialist
- Certified Social Worker in Health Care
- MVF-CSW

- MVF-ASW
- Certified Clinical Alcohol, Tobacco & Other Drugs Social Worker
- Qualified Clinical Social Worker
- Diplomate in Clinical Social Work

BSW

- Certified Hospice and Palliative Social Worker
- Certified Social Work Case Manager
- Certified Children, Youth & Family Social Worker
- Social Worker – Gerontology

Complete the four (4) check boxes to renew your certification.

I. Update Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Daytime Phone: _____

Email Address: **required** _____ Fax: _____

Membership Number: _____

II. Submit a copy of your current state social work license with expiration date

Check here if your credentials were originally issued under the alternative ACSW status as part of the grandfathering process.

III. List your 20 continuing education contact hours within the past two years on page 2.

Affirm:

I certify that the continuing education information contained herein is true and accurate. I understand that I need to keep verification of this documentation in my files and that I may be subject to a random audit. I also certify that I continue to abide by the *NASW Code of Ethics* and the *NASW Standards for Continuing Professional Education*.

Signature _____ Date _____

IV. The biennial (2 years) credential renewal fee is \$95 for all NASW members in good standing.

If your membership has lapsed, [renew today!](#) If membership is past due, you will need to submit the non-member fees. Non-member renewal rates at the BSW level are \$335, and at the MSW (+) level \$350. Fees are nonrefundable. Please make your check or money order payable to "NASW." Once approved, a current seal will be mailed to you. Please note that the Diplomate in Clinical Social Work is renewed every 3 years.

- Check or money order Ck. # _____
- American Express
- NASW Visa*
- Visa
- NASW Master Card*
- Master Card

Confirm Amount to be charged to your account: \$ _____

Card Number: _____ Exp. Date: _____ CVV: _____

Signature of Cardholder _____ Date _____

PRINT A COPY FOR YOUR RECORDS

Print, sign and mail with payment to:
Please submit your renewal applications by mail or email. We strongly encourage renewals be sent via email to: credential@socialworkers.org

National Association of Social Workers
750 First Street NE, Suite 800
Washington, DC 20002-4241
Or send via secure FAX to: 202.336.8308

SPECIALTY CREDENTIAL RENEWAL CE DOCUMENTATION FORM

NAME

Membership ID Number:

Document **20** contact hours within the past two years below. The CE must be social work-related and directly applicable to your specialty area of practice.

Copy this form if additional space is needed. Total the number of hours you have received and retain a copy for your records.

Do not send course documents, but do be aware that the Credentialing Center conducts random desk audits for verification purposes.

PRINT LEGIBLY AND SPELL OUT ACRONYMS.

Program Date	Program Title	Program Sponsor	Location: City/State Use "DL" to indicate Distance Education	# Contact Hours
			Total Number of Contact Hours:	0