

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	
Complete the four (4) check be	oxes to renew your certification.
I. Update Contact Information Name:	
Address: City: State: Zip Cod	e: Daytime Phone:
Email Address: required	Sayamo : Hono.
Membership Number:	
☐ III. List your 20 continuing education contact how Affirm: I certify that the continuing education information containe	the alternative ACSW status as part of the grandfathering process. LITS within the past two years on page 2. I d herein is true and accurate. I understand that I need to keep to be subject to a random audit. I also certify that I continue to abide
Signature Da	te
	due, you will need to submit the non-member fees. MSW (+) level \$350. Fees are nonrefundable approved, a current seal will be mailed to you. Please note
Confirm Amount to be charged to your account: \$ Card Number:	Exp. Date: CVV:
Signature of Cardholder	Date
DDINT A CODY CO	D VOUD DECORDS

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

SPECIALTY CREDENTIAL RENEWAL CE DOCUMENTATION FORM

NAME	Membership ID Number:
NAME	wembership 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
	. rogram rido	. rogiam oponios:		110010
			Total Number of Contact	_
			Hours:	0