MARYLAND BOARD OF SOCIAL WORK EXAMINERS
4201 Patterson Avenue, Baltimore. Maryland 21215
Phone #: 410-764-4788 Toll Free #:1-877-526-2541
http://www.health.maryland.gov/bswe/

Fill in Form & Print

Continuing Education Report Form for **REACTIVATION OR REINSTATEMENT**

NAME _____ LICENSE NO _____

EMAIL _____ **Application ID** _____

(1)Attach Certificates, (2) Group certificates by Categories I or II (3) List programs & certificates in chronological order by date (4) Staple copies of the certificates to the report form

Ethics Requirement: *3 of the 40 (30 for LBSWs) credit units in Category 1 or Category 2.*

From	To	SPONSOR NAME	COURSE TITLE	Category 1 or 2	CEU	OFFICE USE

Supervision Requirement: *For Board Approved Supervisors only 3 of the 40 (30 for LBSWs) credit units in Category 1 or Category 2.*

From	To	SPONSOR NAME	COURSE TITLE	Category 1 or 2	CEU	OFFICE USE

CATEGORY I *(**Half** of the credit units **must be** in Category 1 - **all** of the required credit units **may be** in Category 1)*

Date (From)	Date (To)	SPONSOR NAME	COURSE TITLE	CEU	OFFICE USE

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CATEGORY 2 (**May earn** half of the required credit units in Category 2)

(20 (15 for LBSWs) credit units may be obtained)
(Supervision / consultation is NOT accepted as a continuing education activity)

Application ID

Date (From)	Date (To)	SPONSOR NAME	COURSE TITLE	CEU	OFFICE USE

CATEGORY 1 TOTAL	
CATEGORY 2 TOTAL	
GRAND TOTAL	

COMPARISON OR CONVERSION CHART

	* Credit Education Unit(s)
1 Academic Credit	5 credit Units
1 Academic Audit Credit	3 credit Units
1 Clock Hour	1 credit Unit
1 Contact Hour	1 credit Unit
1 60 Minute Class Hour	1 credit Unit

* Continuing Education Units(s): to determine the number of equivalent credit units consider the number of hours in the program excluding all breaks (mid-morning, lunch time and mid-afternoon).

I certify that I have earned the continuing education units required by the Board of Social Work Examiners

Signature _____ Date