



MARYLAND Department of Health

MARYLAND BOARD OF SOCIAL WORK EXAMINERS

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CONTINUING EDUCATION SPONSOR CONTACT UPDATE FORM

As a Authorized Sponsor, you are required to inform the Board of Social Work Examiners of changes within your agency / organization. Please complete this update below and then click Submit when finished.

Name of Organization / Company _____

MAILING ADDRESS

Address _____

City _____ State _____ Zip Code _____

Office Phone Number _____ Fax Phone Number _____

Office Website _____

LEAD CONTACT PERSON

Lead Contact Name _____ Direct Phone Number _____

Title _____ Direct Fax Number _____

email _____

BACK-UP CONTACT PERSON

Back Up Contact Name _____ Direct Phone Number _____

Title _____ Direct Fax Number _____

email _____

Additional Information or Comment Section