## MARYLAND BOARD OF SOCIAL WORK EXAMINERS



NAME

4201 Patterson Avenue, Baltimore. Maryland 21215 Toll Free #:1-877-526-2541 Phone #: 410-764-4788

http://www.health.maryland.gov/bswe/

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

LICENSE NO

Application ID

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**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 ( <b>M</b> a	ı <b>y earn</b> half of th	ie required credit	units in Category 2)
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Application ID	
ADDIICACION ID	

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

Date (From)	Date (To)	SPONSOR NAME	COURSE TITLE	CEU	OFFICE USE
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CATEGORY 1 TOTAL	
CATEGORY 2 TOTAL	
GRAND TOTAL	

#### **COMPARISON OR CONVERSION CHART**

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

<sup>\*</sup> 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).

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