

## 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** \_\_\_\_\_

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](mailto: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:

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