



### SPECIALTY CERTIFICATION RENEWAL FORM

Please check which certification(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

**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** \_\_\_\_\_ Fax: \_\_\_\_\_

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.

- 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: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_ Date \_\_\_\_\_

**PRINT A COPY FOR YOUR RECORDS**

**Print, sign and mail with payment to:**

National Association of Social Workers  
750 First Street NE, Suite 800  
Washington, DC 20002-4241  
**Or send via secure FAX to: 202.336.8308**

**SPECIALTY CERTIFICATION 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
			<b>Total Number of Contact Hours:</b>	0