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

BSW
☐ Certified Hospice and Palliative Social Worker
☐ Certified Social Work Case Manager
☐ Certified Children, Youth & Family Social Worker
☐ Social Worker – Gerontology
☐ MVF-ASW
☐ Certified Clinical Alcohol, Tobacco & Other Drugs Social Worker
☐ Qualified Clinical Social Worker

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: $ ______ Expiration Date:
Card Number: ____________________________ 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
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.

<table>
<thead>
<tr>
<th>Program Date</th>
<th>Program Title</th>
<th>Program Sponsor</th>
<th>Location: City/State Use “DL” to indicate Distance Education</th>
<th># Contact Hours</th>
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Total Number of Contact Hours: 0