



SPECIALTY CREDENTIAL RENEWAL FORM

Please check which credential(s) you are renewing:

MSW

- MSW options: Advanced Hospice and Palliative Social Worker, Certified Advanced Social Work Case Manager, etc.

- Options: MVF-ASW, Certified Clinical Alcohol, Tobacco & Other Drugs Social Worker, etc.

BSW

- BSW options: Certified Hospice and Palliative Social Worker, Certified Social Work Case Manager, etc.

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.

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: Expiration Date:

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

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 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
			<b>Total Number of Contact Hours:</b>	0