**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

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

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. Please note that the Diplomate in Clinical Social Work is renewed every 3 years.

☐ Check or money order  Ck. # _____  ☐ NASW Visa*  ☐ NASW Master Card*
- American Express  ☐ Visa  ☐ Master Card

Confirm Amount to be charged to your account: $ ______  Exp. Date: ______  CVV: ______

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

Please submit your renewal applications by mail or email. We strongly encourage renewals be sent via email to: credential@socialworkers.org
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.

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<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