NASW REQUEST FOR PROFESSIONAL REVIEW (RPR)

SELF-REPORTING FORM

This form is to be completed by members for self-reporting. If applicable, please attach any relevant documents that outline the findings or any other supporting documentation to this request.

Note: Self-reports may be submitted even if they occur more than one year after the violation.

NAME:			
HOME PHONE:	BUSINESS PHONE:	CELL PHONE:	
SOURCE OF INFORMATION (fo	or example, licensing board, court, emp	loyer, or self report):	
Please attach any relevant docu	ments.		
Were you a member of NASW confirm membership prior to s		please contact the Office of Ethics and Professional Review to)
		to this self-report, including the type of violation(s) and the reported in the documentation you will be submitting.	
The information and the suppo	orting documentation provided in this RPR an	re true to the best of my knowledge.	
SIGNATURE:		DATE REQUEST FILLED:	

Please forward this form, along with supporting documentation and signed Confidentiality Pledge/Statement of Understanding and a request for a Time Limits Waiver, if applicable, to:

National Ethics Committee

National Association of Social Workers $\, \bullet \,$ 750 First Street, NE, Suite 800 $\, \bullet \,$ Washington, DC 20002