STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
COMMITTEE FOR SOCIAL WORKERS

SUMMARY SHEET FOR REPORTING CONTINUING EDUCATION

NAME OF LICENSEE	LICENSE NO

Please list all social work continuing education (CE) completed during the renewal period. Only CE completed during this period will be approved unless you are carrying hours over, and then the previous renewal period CE will be needed as well.

20 CSR 2263-2.082(2) As part of the thirty (30) continuing education (CE) hours required for each renewal cycle, each applicant for renewal or reinstatement of a license shall complete -
(A) Three (3) clock hours of ethics presented by a social worker who has graduated from an accredited school of social work or by a professional who has knowledge of ethics as it relates to the practice of social work;
(B) Two (2) hours of suicide assessment, referral, treatment, and management training;
and
(C) Three (3) hours devoted exclusively to explicit or implicit bias, diversity, inclusion, or cultural awareness/competency/humility.

Ethics Course(s)	**Date**	**Title of Workshop**	**Self Study**	**Presenter or Sponsor**	**Hours**
			☐ YES ☐ NO		
			☐ YES ☐ NO		
			☐ YES ☐ NO		
			☐ YES ☐ NO		
Suicide Assessment, treatment, etc.	**Date**	**Title of Workshop**	**Self Study**	**Presenter or Sponsor**	**Hours**
			☐ YES ☐ NO		
			☐ YES ☐ NO		
			☐ YES ☐ NO		
			☐ YES ☐ NO		
General Hours	**Date**	**Title of Workshop**	**Self Study**	**Presenter or Sponsor**	**Hours**
			☐ YES ☐ NO		
			☐ YES ☐ NO		
			☐ YES ☐ NO		
			☐ YES ☐ NO		
			☐ YES ☐ NO		
			☐ YES ☐ NO		
			☐ YES ☐ NO		
			☐ YES ☐ NO		
			☐ YES ☐ NO		

Total Hours _____ If additional space is needed, this form may be duplicated.

I understand that in signing this document I am attesting that the information is correct and true, and if audited, I will be required to submit documentation of my attendance or participation at all the workshops/programs listed. I further understand that any false or misleading information is grounds for discipline of my social work license.

SIGNATURE OF LICENSEE	DATE

Please retain a copy for your records