

RE-LICENSURE APPLICATION: CEU DOCUMENTATION FORM

Required for applicants with a license lapsed over 1 but less than 2 years



The Commonwealth of Massachusetts
 Division of Professional Licensure
 Board of Registration of Social Workers
 c/o, ASWB
 17126 Mountain Run Vista Ct., Culpeper, VA 22701
 866.527.2384

Applicant's Name: _____ Prior License Number: _____

The Continuing Education period runs biennially from the licensee's birthday. Re-licensure candidates must have accumulated the required contact hours (30/20/15/10) unless exempt. **Documentation for each entry below must be included.** Make additional copies as needed. Exempt licensees must sign and return the statement of exemption below. For further information, please review the requirements at www.mass.gov/dpl/boards/sw

Course Date	Title	Sponsor	Approving Recognized Entity	Hours

I attest under the pains and penalties of perjury that I have completed the above-listed activities. TOTAL HOURS =
 Signature: _____ Date: _____

EXEMPT INDIVIDUALS ONLY: State, county and municipal employees are exempt. To receive the exemption, complete the following: I hereby certify under the pains and penalties of perjury, that during the biennial period ending on my birthday, I practiced Social Work exclusively as an employee of _____, which is a unit of state, county or municipal government within the Commonwealth. I further certify that I did not practice Social Work as an independent private practitioner, an employee of any other private agency or institution, or as a volunteer.

Signature: _____ Date: _____