February 24, 2014

Pamela Revels  
The Alabama Association of School Resources Officers  
PO Box 723  
Opelika AL 36803

Dear Ms. Revels:

The program titled “15th Annual 2014 ‘Safe School’ Training Conference” on June 2-6, 2014, is approved for 20.5 hours of continuing education.

Social Workers are only given credit for hours in actual program attendance. Breaks, Luncheons, and Sponsors or Exhibitors visitations are not included.

Please remember this approval is only good for this presentation, should the program be repeated approval must be requested again.

For your convenience a continuing education form is included. You may use this form for social work hours if you don’t already have one available.

Should you have any questions you may reach me at the number listed above.

Sincerely,

Brenda W. Holden  
Executive Director
CONTINUING EDUCATION CONTACT VERIFICATION

LICENSEE'S NAME: ________________________________

SOCIAL WORK LICENSE NUMBER: ________________

TO BE COMPLETED BY INSTRUCTOR, OR SPONSORING AGENCY/GROUP

On this date, _____________ (specify calendar date), I certify that the Social Work Licensee named above attended a workshop, program, or in-service training session or completed a course of study on ________________________________ (specify program title), for a total of _______ contact hour(s) of instruction – not including registration time, refreshment break time, or meal break time.

I further certify that the topic(s) covered on this date is/are relevant to social work practice and is/are not related to the specific administrative procedures of any single agency or organization.

CE PROVIDER AUTHORITY (check only one)

☐ ABSWE (Alabama Board Social Work Examiners) APPROVED CE
☐ ABSWE (Alabama Board Social Work Examiners) APPROVED PROVIDER
  o PROVIDER #
☐ RECOGNIZED THIRD PARTY APPROVAL (SPECIFY) ________________________________
  (Must be Social Work related)
  o ASWB – Association of Social Work Boards
  o NASW – National Association of Social Work
  o STATE SOCIAL WORK BOARDS - any other State Licensing Social Work Board
  o NBCC – National Board of Certified Counselors
  o ABNP – Alabama Board of Nursing
  o APA – American Psychological Association
  o CSWE – Council on Social Work Education Accredited University

NAME OF PROVIDER: _________________________________________

PROVIDER # ____________________

NAME(S) OF PRESENTERS: _______________________________________

LOCATION (CITY) OF PROGRAM: ________________________________

AUTHORIZED SIGNATURE: _______________________________________

THIS FORM SHOULD BE RETAINED BY THE SOCIAL WORK LICENSEE AND SUBMITTED WITH RENEWAL APPLICATION FORM AND FEE AT THE TIME OF THE NEXT RENEWAL APPLICATION. THIS FORM MAY BE REPRODUCED LOCALLY. EXTRA COPIES OF THE FORM MAY BE OBTAINED FROM THE BOARD OFFICE AT 100 NORTH UNION STREET, SUITE 736, MONTGOMERY, AL 36104, or by our Web page: www.socialwork.alabama.gov

5/2013