

NCSWCLB CERTIFICATION / LICENSURE RENEWAL INFORMATION

Continuing education for certification/license renewal is required to maintain professional knowledge and technical competency. **Please keep the Board advised at all times of a current mailing address for renewal notification.**

The renewal affidavit and the appropriate fee (listed below) shall be submitted PRIOR TO THE EXPIRATION DATE. Certification/Licensure is issued for a two-year period and shall expire on June 30th of the second year after it has been issued. (LCSW Associate's will expire two years after the initial month of issuance.)

LCSW: \$150 LCSWA: \$140 CSW: \$70.00 CMSW: \$90 CSWM: \$150

Payment for renewal may be made by personal check, money order or certified bank check payable to NCSWCLB and submitted to the Board office at P O Box 1043, Asheboro, NC 27204.

Renewal affidavits received by the Board after the expiration date of their certificate or license, but within 60 days after expiration will be assessed a late fee of \$50.00 in addition to any other applicable fees. **Persons failing to renew within 60 days after expiration will have their credential suspended for failure to renew** and will be assessed a reinstatement fee of \$125.00 in addition to any other applicable fees and required forms. **If you are retired or not practicing you may submit a request for non-practicing status. Please refer to NCGS 90B-9 (d).**

Renewal of certification/licensure requires 40 clock hours of continuing education (CE) within the two year credential cycle. However, if the *initial* renewal term is less than 2 years, a minimum of 30 hours of CE is required for your first renewal only. During each renewal period all NCSWCLB Certified and Licensed social workers shall engage in a minimum of four (4) hours of CE focused on Ethics. Unused CE Hours may not be carried over from one renewal cycle to another.

Continuing Education Units (CEU): One unit of credit is equal to one contact hour, unless the certificate specifically clarifies the number of clock hours of credit/instruction received.

Duplicate credit shall not be granted for identical programs completed within the same renewal period.

Credit will not be allowed for job orientation, on the job training or hours being supervised.

THE BOARD DOES NOT APPROVE TRAINING ACTIVITIES IN ADVANCE. All training activities must satisfy the Administrative Code guidelines for Continuing Education [21 NCAC 63.0401].

CONTINUING EDUCATION ACTIVITIES MAY INCLUDE:

1. Academic **Social Work** courses taken for credit or audit. One semester hour is equal to 15 contact hours. Credit for auditing an academic course shall be for actual clock hours attended during which instruction was given and shall not exceed the academic credit allowed.
2. Formal agency-based staff development, seminars, institutes, workshops, mini courses or conferences **oriented to social work practice, values, skills and knowledge.**
3. Cross-disciplinary offerings from medicine, law, and the behavioral social sciences or other disciplines, if such offerings are **clearly related to social work practice, values, skills and knowledge.**
4. Study groups focusing on social work practice if the following can be documented: Study topic; study materials; facilitator; and date and hours of attendance. Participants (not the facilitator) may receive credit.
5. Distance learning courses: Home study, webinars or online courses offered by ASWB or NASW-NC approved providers are the **only** distance education activities considered. The total allowed for such courses is one-half of the required CE hours, or a maximum of twenty (20) contact hours per renewal cycle. Visit the Board's website at www.ncswboard.org for more information regarding distance learning.

DO NOT send course descriptions, attendance certificates, or other documentation with your renewal forms. It is the social workers responsibility to maintain these in their records should the documents be requested for audit or verification. Please maintain documentation for a period no less than three years.



NORTH CAROLINA
SOCIAL WORK CERTIFICATION AND LICENSURE BOARD

Post Office Box 1043
Asheboro, North Carolina 27204
Phone (336) 625-1679

Fax (336) 625-4246

E-mail: swboard@asheboro.com
Website: www.ncswboard.org

NC Toll Free (800) 550-7009

PART I: RENEWAL AFFIDAVIT FOR ALL LEVELS
Please affirm by initialing each statement then sign and date below.

_____ I affirm/certify that I have engaged in at least 40 hours of continuing education activities in the preceding 24 months in compliance with the NCSWCLB renewal standard for continuing education. (30 hours if renewal term began 01/01/YYYY).

_____ I affirm that I have engaged in at least 4 hours of continuing education focused on ethics related to social work practice and ethical decision making in the preceding certificate/license cycle.

_____ I affirm that my ability to perform my professional responsibilities is not impaired in any way or by the use of alcohol, prescription or non-prescription drugs, or other controlled substances.

_____ I affirm that I have not been convicted of a crime since my last renewal except as explained in the attached page (if necessary). (Please include a certified copy of any court records or statement of any current charges that may be pending against you before any court, Board, agency, or professional organization).

_____ I affirm that I have reviewed North Carolina General Statute GS90B, the "Social Work Certification and Licensure Act"; **and** Title 21, Chapter 63 of the North Carolina Administrative Code, including the Administrative Rules, Ethical Guidelines, and Disciplinary Procedures, and hereby agree to comply fully with them. Available at www.ncswboard.org

_____ **I affirm that I have not violated any of the North Carolina Social Work Certification and Licensure Board Ethical Guidelines.**

_____ I understand that renewal of my certification/license is subject to a Continuing Education audit which will require me to verify the trainings I attended and submitted for renewal; and I hereby agree to comply fully with the Board's audit request.

_____ I affirm that all information submitted by me or at my request is accurate, and I give permission to the North Carolina Social Work Certification and Licensure Board to verify and /or further investigate any such information, as it may deem appropriate. I understand that any material omission or misrepresentation in my submission shall be grounds for the *immediate action by the Board against my certification/license*.

Printed Name **Signature** **Date**

Home Address (Street, City, State, Zip) **NC County of residence**
Check here if new address

Employer **Work Phone#**

License # **SS #** **Home Phone #**

Preferred Email Address **Cell Phone #**

(Please complete Part II)

