

**NORTH DAKOTA**  
**BOARD OF SOCIAL WORK EXAMINERS**  
**PO BOX 914**  
**BISMARCK, ND 58502-0914**  
**www.ndbswe.com**  
**ndbswe@aptnd.com**

**Individual License Holder's App. For**  
**Program Approval**  
**(\$10.00 FORM)**

LICENSE NO. \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

PRACTICE SPECIALIZATION \_\_\_\_\_

\*PROCESSING FEE ATTACHED (\$10.00)

\*SIGNED VERIFICATION OF ATTENDANCE  
OR CERTIFICATE OF COMPLETION

*\*NO MORE THAN 30 HOURS WILL BE  
RECORDED ON LICENSE HOLDER'S FILE!*

*\*SUBMIT ONLY ONE FORM PER RENEWAL  
PERIOD UPON ACCRUAL OF 30 HOURS*

	DATE OF PROGRAM	NAME OF PROGRAM	# OF CONTACT HOURS
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____

SUPERVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**(Supervisor's signature required only if a certificate of completion is not available)**

THE ABOVE APPLICATION \_\_\_ DOES \_\_\_ DOES NOT  
 MEET THE CONTACT HOURS REQUIREMENT FOR LICENSURE RENEWAL.

CEU MONITOR \_\_\_\_\_ DATE \_\_\_\_\_