

SPECIALTY CERTIFICATION RENEWAL FORM

Please check which certification(s) you are renewing:

MSW

- Advanced Hospice and Palliative Social Worker
- Certified Advanced Social Work Case Manager
- Certified Advanced Children, Youth & Family Social Worker
- Clinical Social Worker – Gerontology
- Advanced Social Worker – Gerontology
- Certified School Social Work Specialist
- Certified Social Worker in Health Care

- Certified Clinical Alcohol, Tobacco & Other Drugs Social Worker
- Qualified Clinical Social Worker

BSW

- Certified Hospice and Palliative Social Worker
- Certified Social Work Case Manager
- Certified Children, Youth & Family Social Worker
- Social Worker – Gerontology

Complete the four (4) check boxes to renew your certification.

I. Update Contact Information

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____ Daytime Phone: _____
 Email Address: **required** _____ Fax: "_____"
 Membership Number: _____

II. Submit a copy of your current state social work license with expiration date

Check here if your credentials were originally issued using the alternative ACSW status

III. List your continuing education contact hours on page 2

Affirm:

I certify that the continuing education information contained herein is true and accurate. I understand that I need to keep verification of this documentation in my files and that I may be subject to a random audit. I also certify that I continue to abide by the *NASW Code of Ethics* and the *NASW Standards for Continuing Professional Education*.

Signature _____ Date aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa"

IV. The biennial (2 years) credential renewal fee is \$95 for all NASW members in good standing

If your membership has lapsed, [renew today!](#) If membership is past due, you will need to submit the non-member fees. Non-member renewal rates at the BSW level are \$335, and at the MSW (+) level \$350. Fees are nonrefundable. Please make your check or money order payable to "NASW." Once approved, a current seal will be mailed to you.

- Check or money order Ck. # _____
- American Express
- NASW Visa*
- Visa
- NASW Master Card*
- Master Card

Confirm Amount to be charged to your account: \$ _____
 Card Number: "_____" Expiration Date: _____

Signature of Cardholder _____ Date _____

PRINT A COPY FOR YOUR RECORDS

Print, sign and mail with payment to:

National Association of Social Workers
750 First Street NE, Suite 700 Washington, DC 20002-4241

Or send via secure FAX to: 202.336.8308

