Please DO NOT submit without all copies of CEU Verifications Please PRINT or TYPE

Application for Relicensure

Board of Social Work Examiners

810 N. Main Street, Suite 298
Spearfish, SD 57783
605-642-1600
dhs.sd.gov/brd/socialworker

For Board Use Only

Date Received:_____

$._____CK#_____

Approval By_____

Relicensure period_____

Instructions for Relicensure:

1. All licenses issued by the Board of Social Work Examiners expire on the 31st day of December of the second year succeeding the issuance of the license.
2. Applicants seeking relicensure must complete this form, pay the renewal fee (payable to the SD Board of Social Work Examiners) and validate that they have completed 30 contact hours of continuing education. **Six of the 30 hours must be in social work ethics**. Ten contact hours equal one CEU. One college credit equals 15 contact hours or 1.5 CEU's.
3. Continuing education obtained out-of-state (unless approved by that State's Board of Social Work) or professional preparation must be verified on a form requested from the Board.
4. The Board recommends that each licensee keep a personal file with all accumulated continuing education data throughout the licensing period and submit completed materials with the renewal application. Please send copies only. For college courses, please submit a copy of the transcript for that course only.
5. If not renewing, please notify the Board as soon as possible by completing the renewal form lo the point of "I Will Not Be Renewing" and return the form to the Board Office.
6. Renewal fees are as follows:

Biannual Renewal Fees	
SWA	$90.00
SW	$130.00
CSW	$170.00
CSW-PIP	$210.00

Please see the enclosed letter for additional information.

Your Level of Licensure_____License Number_____

Full Name of Applicant._____
(Last) (First) (Middle) (Maiden)

Mailing Address._____
(Street) (City) (State) (Zip)

Phone No. Residence (___ _, _____.Social Security Number_____

- o The above is an address change
- o I **WILL NOT** be renewing. Please return form to board office with above Information completed.

I am currently employed as a social worker ☐Yes ☐ No

Complete the information below if you are employed as a social worker or are in private practice.

Name of Employer/or Private Practice:_____

Name of Social Worker Supervisor_____

Business Address_____
(Street) (City) (State) (Zip)

Phone No. Business(___ _, _____

Since the date of Issuance of your last renewal for a SD Social Work license,

1. Has this or any other state rejected your application or revoked your professional license or certificate?
   ☐ Yes ☐ No . If yes, which state or state(s)?_____(Please attach an explanation)

2. Has any professional association rejected your application for membership or revoked a membership you held?
   ☐Yes ☐ No. If yes, attached explanation.

3. Have you been found guilty of unprofessional conduct by a duly constituted professional organization or convicted by a state board of social work examiners of such unprofessional conduct? ☐Yes ☐ No. If yes, give full details on a separate sheet.

4. Have you been convicted by a court of law for any offense in connection with your practice as a Social Worker?
   ☐ Yes ☐ No. If yes, attach explanation.

5. Have you been convicted of a felony after being licensed in the State of South Dakota? ☐ Yes ☐ No.
   If yes, give complete details on a separate sheet, including copies of the court's judgement and any written decisions in the case.

6. SDCL 25-7A-56 prohibits the issuance or renewal of any state regulated license If an applicant owes $1000 or more in past due child support. Do you owe $1000 or more in past due child support? ☐ Yes ☐ No.

I hereby apply for licensure renewal by the State of South Dakota Social Worker Board of Examiners.
I declare and affirm under the penalties of perjury that this renewal application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

_____ _____

(Signature) (Date)

RECORD OF PARTICIPATION IN CONTINUING EDUCATION PROGRAMS

PLEASE ENCLOSE CERTIFICATE/PROOF OF ATTENDANCE FOR EACH PROGRAM

Date(s) of Program	Number of CEU's earned	**or** Number of Contact Hours	SDBSE Approval Number (if available)	Program Title

Date(s) of Program	Number of CEU's earned	Number of Contact Hours	SDBSE Approval Number (If available)	Program Title

	Total CEU's Earned	Total Contact Hours
My Total		
Total needed	3.0	30