



NORTH CAROLINA
SOCIAL WORK CERTIFICATION AND LICENSURE BOARD

Post Office Box 1043
Asheboro, North Carolina 27204

Phone (336) 625-1679
Fax (336) 625-4246

Website: www.ncswboard.org

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 is less than 2 years).

_____ 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/licensure.***

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

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

Employer **Work Phone#**

License # **Last four of SS #** **Home Phone #**

Preferred Email Address **Cell Phone #**

(Please complete Part II & Public Notice Statement)

PUBLIC NOTICE STATEMENT

I certify that I have read and understand the “public notice statement” maintained by the N.C. Industrial Commission, Employee Classification Section on their website at www.ic.nc.gov.

Further, I certify that I have ____ / have not ____ (*check one*) been investigated for employee misclassification within the past twelve (12) months for initial applicants or since my last renewal.

Printed Name

Signature

Date (mm/dd/yyyy)

Applicants who have been investigated for employee misclassification shall attach a copy of the investigation results with their application. Failure to comply with this certification statement and disclosure requirement shall result in denial of your application for certification/licensure/renewal.