



**Mike Beebe**  
Governor

# STATE OF ARKANSAS SOCIAL WORK LICENSING BOARD

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## LICENSE RENEWAL APPLICATION

(Affix label here)

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(This label has your name and address as it appears in the records of the Board. Please make any corrections or changes to the right of the label.)

**Please answer the following questions. If you answer yes to any of the questions, please attach a detailed explanation.**

- a. Are you currently, or have you ever been, under any investigation regarding your professional practice? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please attach a detailed explanation

**During the last two years:**

- b. Have you been denied a professional license because of disciplinary proceedings in Arkansas or any other state or jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_
- c. Have you been refused renewal of a professional license pursuant to disciplinary proceedings? Yes \_\_\_\_\_ No \_\_\_\_\_
- d. Have you had a professional license suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_
- e. Have you voluntarily surrendered a professional license? Yes \_\_\_\_\_ No \_\_\_\_\_
- f. Have you had any disciplinary action taken against your social work license in any state? Yes \_\_\_\_\_ No \_\_\_\_\_
- g. Have you pleaded guilty or nolo contendere to, or been found guilty of any of the offenses listed in A.C.A. 17-103-307? (A copy of A.C.A. 17-103-307 can be found in the Social Work Licensing Law and Regulation booklet.) Yes \_\_\_\_\_ No \_\_\_\_\_

**I certify that the information that I have provided on this form is true and correct to the best of my knowledge and belief, and I understand that any false or misleading information is grounds for denial of license renewal or subsequent revocation or suspension of my social work license.**

