

Renewal Application for Oncology Social Work Certification (OSW-C)

Instruction Worksheet

The following criteria must be met and appropriate completed forms/documentation must be submitted with the completed renewal form.

Checklist:

- Renewal Application form completed
- Attestation of >50% work in oncology, palliative care or end of life care form
- Documentation of a minimum of 30 hours of continuing education units with a minimum of 15 hours in oncology, palliative and/or end of life care awarded in the last two years from the time of previous certification. * ***Please submit copies of your certificates.*** Tumor Boards, Rounds and/ Cancer Care Committee Meetings **DO NOT** count towards ceu requirements.
- Copy of your current state social work license
- Copy of your current AOSW or APOSW membership card

Please Note: There is a 45 day grace period after your certification renewal date before your certification expires. You may apply for renewal during this grace period, but a \$25 late fee will be assessed during this time. Renewal after the 45 day grace period will require a submission of a new application along with documentation of 30 hours of continuing education units.

Fees:

- \$85.00 for a 2 year recertification received by the renewal date
- If after renewal deadline, \$110 (\$85.00 plus \$25 late fee)

If you have questions regarding the renewal application process, please contact: BOSWC Office at 207-372-8800 or email, oswcert@aol.com

**Renewal Application
Oncology Social Work Certification (OSW-C)**

Name _____ Degree _____

BOSWC # _____ Date of Previous OSW-C Certification _____

Mailing Address _____

Telephone (work) _____ (home) _____

Email address _____

Affirmations:

Please initial each line and attach appropriate documents described on worksheet.

_____ I am an active member of AOSW or APOSW

_____ I have a state social work license and am presently in good standing.

_____ My social work practice is more than 50% in oncology, palliative care or end of life care. The practice is either in direct patient care or program development.

_____ I have had 30 hours of continuing education units with a minimum of 15 hours in oncology, palliative and/or end of life care awarded in the last two years from the time of my previous certification.

By signing below, I affirm that the statements contained in this renewal form are true to the best of my knowledge. I further affirm that I will continue to uphold the AOSW Standards of Practice and the NASW Code of Ethics.

Applicant's Signature: _____ Date: _____

Fee Submitted:

\$85.00 for 2 year recertification

\$110 for 2 year recertification received after renewal deadline

Payment:

Check (make out to BOSWC)

**Return this form, all documents listed on the instruction checklist and payment to:
BOSWC, PO Box 137 Tenants Harbor, Maine 04860**