

**Sponsoring Organization:** \_\_\_\_\_

**Application for Pre-Approval of Social Work Continuing Education Program Credit**

For Pre-Approval of Social Work Continuing Education Program Credits, application to be considered for approval must be completed in its entirety and all requested supporting documentation attached.

Please provide a checklist acknowledging your attached supporting documentation.

If the application is not complete, an email will be sent to you acknowledging your application was not complete (incomplete applications will not be returned).

**Program Information**

Title and Date of Program: \_\_\_\_\_

Location/ City of program: \_\_\_\_\_

Sponsoring Organization/ Individual: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Please list any co-sponsors: \_\_\_\_\_  
\_\_\_\_\_

Contact Person/ Title: \_\_\_\_\_  
Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_  
Phone (if different from above): \_\_\_\_\_ E-mail: \_\_\_\_\_

**Sponsoring Organization:** \_\_\_\_\_

**Complaint Procedure**

Do you have a procedure to handle complaints such as, refunds, complaints about course, etc.?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**ADA Accommodation**

My organization agrees to comply with the reasonable accommodation provisions of the Americans with Disabilities Act.

**Promotional**

Please attach a copy of the brochure, if available.

**Instructor(s)**

Please attach vita/ bio of presenter(s).

**Attendance**

Who is the expected audience?  
  
Certificate of attendance shall only include the actual hours the participant was in the room.

**Learning Objectives for Course:**

Please provide agenda/outline of the program (including time table).

**Continuing Education Credit**

Please indicate the total number of credit hours being requested in each category (exclude coffee breaks, meals, announcements, welcoming speeches, etc; one credit hour equals 60 minutes):  
\_\_\_\_\_ Clinical      \_\_\_\_\_ Ethics      \_\_\_\_\_ Supervision      \_\_\_\_\_ General

**Recordkeeping**

Person responsible for record keeping:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
\* Attendance records must be kept for 3 years.

**Evaluation**

Please describe evaluation tool and provide a blank copy of the evaluation tool to be used.

**Sponsoring Organization:** \_\_\_\_\_

**Social Worker Involvement**

A credentialed or licensed social worker must be a consultant or member of the planning committee for this program, please provide the following information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

List all social work credentials, licenses or certificates of this social worker:

\_\_\_\_\_

What is the social worker's involvement in the program? (planning, presenting, reviewing, etc.)

\_\_\_\_\_

Signature of social worker: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the information provided herein is accurate.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

### Guide for Assessment of Continuing Education

Program Content:

(Clearly Acceptable)

- \_\_\_\_\_ 6) Mainstream social work knowledge, skills and values
- \_\_\_\_\_ 6) Specialized social work knowledge, skills and values
- \_\_\_\_\_ 4) Information from related fields that is useful for social work practices
- \_\_\_\_\_ 2) Developing areas that may lack strong research, support or clear application
- \_\_\_\_\_ 0) Content that is specifically not acceptable or not related to social work practice

(Clearly Not Acceptable)

Program Presenter:

(Clearly Acceptable)

- \_\_\_\_\_ 5) Social worker with appropriate expertise in content area
- \_\_\_\_\_ 4) Related profession with ability to connect content to social work practice
- \_\_\_\_\_ 2) Lay-person (e.g., client) on the impact of needing/ receiving services
- \_\_\_\_\_ 0) Presenter with no apparent professional qualifications nor link to social work practice

(Clearly Not Acceptable)

Program Audience:

(Clearly Acceptable)

- \_\_\_\_\_ 4) Social work practitioners/ students
- \_\_\_\_\_ 4) Interdisciplinary professional audience that may include social workers
- \_\_\_\_\_ 3) Audience presumed to be primarily from another profession (e.g. nursing)
- \_\_\_\_\_ 1) Audience open to the general public
- \_\_\_\_\_ 0) Audience presumed to be primarily the general public

(Clearly Not Acceptable)

Total Score \_\_\_\_\_ (add score from each section to get Total Score)

An event must receive a total score (combination of all three sections) of 10 to be clearly acceptable for continuing education credit. **If a category (Program Content, Program Presenter or Program Audience) rates a zero, regardless of the total score, the education offering is not acceptable for social work continuing education.**

**Sponsoring Organization:** \_\_\_\_\_

**Application Fees and Payment:**

Payment Method:

Check \_\_\_\_\_ Credit Card (see below) \_\_\_\_\_

Master Card/ Visa number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

P.O. #: \_\_\_\_\_ Bill to: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Telephone: \_\_\_\_\_ Attn: \_\_\_\_\_

\_\_\_\_\_  
Sponsoring Organization/ Individual

\_\_\_\_\_  
Authorized Agent

\_\_\_\_\_  
Date