



CONTINUING EDUCATION APPROVAL PROGRAM



APPLICATION

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750 First Street NE • Suite 700 • Washington, DC 20002-4241*



APPLICATION FOR NASW CE APPROVAL

Please complete and return the completed application including attachments. Submit application information at least **SIX (6) WEEKS** prior to each program. We suggest that you submit a typed form, as **illegible applications will not be accepted**. Applications will not be reviewed until payment is received and **all** information is included on the application below.

A. PROVIDER INFORMATION

Name of Organization:			
Are you a new provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, Current Provider Reference #: 88 _____	
Staff contact person:		E-mail address:	
Job Title:		Web address:	
Phone number:		Fax:	
Mailing address:			
Mission Statement of Organization:			
Name and credentials of social worker involved in planning and evaluation of program			
Name/Credential(s):	Name of Employer:	Job Title:	
Phone Number:	Business Mailing Address:	Email Address:	
Description of the responsibilities of social work staff/consultant:			
1. Describe the criteria for selection of instructors for your courses:			
2. Has your organization been approved as a continuing education provider or had program approval with other professional associations? No <input type="checkbox"/> Yes <input type="checkbox"/>			
If yes, list full titles of organizations:			
3. Has your organization been denied approval as a continuing education provider or had a program denied approval? No <input type="checkbox"/> Yes <input type="checkbox"/>			
If yes, provide name(s) of other business(es):			



4. Has your organization done business under another company name within the past 3 (three) calendar years?
No ☐ Yes ☐

If yes, explain:

5. Does your organization plan to co-sponsor programs in the upcoming year? No ☐ Yes ☐

Attachment A - If your organization has a co-sponsorship program, attach a copy of your co-sponsorship policy, which outlines the financial and programmatic responsibilities of the participating organizations. Also, include a list of the names, organizational affiliation, and addresses of your co-sponsors.

6. Do you require an affidavit statement from the participants upon completion of your program?
No ☐ Yes ☐

B. PROVIDER AFFIRMATION OF COMPLIANCE WITH NASW CE STANDARDS

BY CHECKING THE BOXES BELOW, YOU AGREE AS A PROVIDER OF A CONTINUING EDUCATION PROGRAM WITH CE APPROVAL FROM NASW TO THE FOLLOWING:

- ☐ Submit a complete application and include applicable fees

Comply with the **NASW Standards for Continuing Professional Education** and affirm that my organization has:

- ☐ A means of responsibility for control over all aspects of programs to ensure that educational objectives and standards are met.
- ☐ A system for selection and supervision of qualified instructors.
- ☐ A BSW, MSW, DSW, or PhD Social Worker involved in the planning and evaluation of the program.
- ☐ A system for evaluation of programs by participants
- ☐ A system for monitoring attendance.
- ☐ A means of maintaining program and participant records for a minimum of 6 years.

Print Name:		Date:	
Job Title:		Name of Organization:	

Signature: _____ Date: _____

What led you to apply with NASW?

- | | | |
|---|---|--|
| <input type="checkbox"/> Renewing Provider: | <input type="checkbox"/> NASW Reputation: | <input type="checkbox"/> Received Marketing Letter/Packet; |
| <input type="checkbox"/> Internet Search: | <input type="checkbox"/> Colleague/Word of Mouth: | <input type="checkbox"/> Other: |