

STATEMENT OF UNDERSTANDING – COMPLIANCE STANDARDS

NASW STANDARDS

The standards for all organizations approved through the NASW CE Approval Program are contained in the *NASW Standards for Continuing Professional Education*. Applicants must **review** the standards and **comply** with the requirements. For a copy of the *Standards*, visit www.socialworkers.org/practice/standards/cont_professional_ed.asp.

Name of Organization: _____

Renewing NASW Provider Number: _____

As a representative of the above-named organization, I agree to 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 Social Worker involved in the planning and evaluation of the program [BSW, MSW, DSW, or PhD]
- A method of monitoring attendance and participation
- A system for evaluation of programs by participants
- A process for maintaining all program-related data for a period of not less than six years
- I understand that NASW may send out renewal notifications however it is the responsibility of the provider organization to maintain renewal schedules.
- I further understand that we are obliged to report any change in contact information regarding electronic or mailing addresses, staff contact information, or dissolution of the organization.
- I understand that this approval applies only under conditions where this organization maintains presentation of the titles approved. NASW CE Approval is non-transferrable.

Submit signed *Statement of Understanding*, payment page, and applicable fees.

Contact Name :

Date:

Email Address:

Title:



ANNUAL RENEWAL FOR NASW CE APPROVAL (SOCIAL WORK)

Name of Organization: _____

NASW Provider Number: _____

Proposed date(s), time(s), city(ies), and state(s) of program: _____

Renewal Program Title(s) (add additional titles on last page)		Total Number of Renewal(s): _____
Program Expiration Date: _____		Number of Requested CEs _____
Program Expiration Date: _____		Number of Requested CEs _____
Program Expiration Date: _____		Number of Requested CEs _____
Program Expiration Date: _____		Number of Requested CEs _____
Program Expiration Date: _____		Number of Requested CEs _____

Description	Full Price	Discount Rate	New Pricing	Quantity	Amount
1 Program	\$200.00	0.0%	\$200.00	_____	\$0.00
5 Program(s)	\$ 1,000.00	10.0%	\$900.00	_____	\$0.00
10 Program(s)	\$ 2,000.00	12.5%	\$1,750.00	_____	\$0.00
20 Program(s)	\$ 4,000.00	15.0%	\$3,400.00	_____	\$0.00
30 or more Program(s)	\$ 6,000.00	17.5%	\$4,950.00	_____	\$0.00
Conference/Event (1) – multiple workshops unified on a single theme			\$315	_____	\$0.00
* Expedited Processing Fee – for expedited processing if submitted within (6) six weeks of expiration			\$250	_____	\$0.00
*Late Fee – for renewals submitted within 6 weeks of expiration			\$100	_____	\$0.00
+ Organization Name Change – fee not required for change of contact information			\$ 25	_____	\$0.00
TOTAL – amount enclosed/attached					\$0.00

Check #: _____

(There is a \$35 fee for returned checks) *OR*

Cardholder Name: _____

Credit Card: Please Select _____

Card #: _____

Exp. Date: _____

Authorized Signature: _____

NASW Accounting ONLY				
Date Received	Batch ID	Order Number	Invoice Number	Amount Due



Additional Program Titles:

Name of Organization: _____

NASW Provider Number: _____

Renewal Program Title(s):		Number of Additional Renewal(s): _____	
Program Expiration Date: _____		Number of Requested CE(s) _____	
Program Expiration Date: _____		Number of Requested CE(s) _____	
Program Expiration Date: _____		Number of Requested CE(s) _____	
Program Expiration Date: _____		Number of Requested CE(s) _____	
Program Expiration Date: _____		Number of Requested CE(s) _____	
Program Expiration Date: _____		Number of Requested CE(s) _____	
Program Expiration Date: _____		Number of Requested CE(s) _____	
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