

C. PROGRAM INFORMATION PLEASE DUPLICATE SECTION C IF YOUR ORGANIZATION WISHES TO HAVE MORE THAN ONE PROGRAM APPROVED.								
† Program Title:	<u>on Wishes I</u>	O HAVE MORI	<u> THAN C</u>			t Hrs. Requested:		
Provider Organization:			Provider Ref ID:		Check if you DO NOT want this program to appear on the NASW CE Search Portal			
REQUIRED - ALL COURSES								
Attachment B-1 - Attach a copy of program public relations brochure, publication, or link to detailed information on website. If final copy is not yet available, submit draft. Items marked with an Asterisk are often listed in quality promotional brochures and can be so referenced on this form.								
Attachment B-2 - Attach a copy of presenters resume. For events with more than 5 presenters, please complete all information in Table 1. You may attach an Excel spreadsheet with the same information								
Attachment B-3 – Include a sample of the certificate that will be issued to participants who complete the course of training								
Attachment B-4 – Include a copy of the evaluation form that will be used for attendees to provide feedback								
I. Presentation Format: Complete A or B								
A. Date Specific Live Event								
*Location(s) City, State):				*Date/Time				
B. Self-Directed Learning Web Address:			Date	Specific:	<u>D</u>	Distance Learning:		
			□Webinar			On-line course (available on an ongoing basis		
1. Brief Description of the method used to determine requested credit hrs:						_		
2. Attachment B-5 REQUIRED			Teleconference) L	☐Home Study Publication, DVD, or mailed media		
Attach a copy of the post-test used in your program (post-tests are require all distance- learning products). Be aware that the minimum passing require is an 80% passing score.		quirement	Live Broad		Formats (eg: podcast, AV file)			
Distance-Learning Courses (if applicable): Distance-learning providers must include one copy of their program, i.e. DVD/CD, or print publication for review by NASW. If the sponsoring organization offers Internet courses, include complete text of the course <u>and</u> course Web address. You may also contact us to provide an "NASW Test" log-in registration to view content if preferable.								



II. *Presenter Name and Credentials:						
III. *Speaker BIOGRAPHICAL SUMMARY						
IV. * † LEARNING OBJECTIVES:						
V. Who is the TARGET AUDIENCE for this program? Check as many as apply	Social Workers in settings that provide: Behavioral Health Health Care Addictions Treatment Community Services / Resource Dev. Educational Services	Who serve in the role(s) of: Case Mgmt Counseling/Therapy Supervision/Admin. Policy/Planning Research	With populations that include: Children/Youth/Families Aging End-of-Life Issues/Grief & Loss Victim or Protective Svcs Physical/Intellectual Challenges			
VI. *Course Agenda:						
VII. Teaching Methods (check as many as apply)	□ audio/video □ case study □ panel presentation □ paper presentation, □ lecture □ group discussion □ experiential □ other (describe):					
VIII. Description of atter system to be used.	es)					

^{*} It is generally recommended that this information be included as part of your promotional materials. If included in a [draft] brochure, it is not necessary to replicate on the application.

[†] When applying for a conference, please define objectives based on the over-arching goals of the conference. Workshop descriptions and presenter qualifications should be included in the registration brochure.