

## NASW CONTINUING EDUCATION APPROVAL PROGRAM – PAYMENT FORM

Name of Organization: \_\_\_\_\_

NASW Provider Number: \_\_\_\_\_ OR  New Provider – Check box and include one-time fee of \$125

**Program Fees** **Fee Rate (Check Box)**

**Workshop Rate\***  \$200

A single day or partial day event without concurrent sessions.  
Discount fee schedule for multiple programs listed below. Please include full fee. Discounted rate will be reflected on the receipt if applicable.

**Conference Rate**  \$325

For programs occurring over consecutive dates and/or providing a selection of concurrent workshops. Conferences are non-renewable.

**Symposium Rate**  \$1,250

INTENSIVE OR ADVANCED programs focused on a single topic or clinical intervention occurring over a period of days or weeks and awarding 30 or more CEs. Symposiums are non-renewable.

**Processing Fees** **Check Box (If Applicable)**

**Expedited Processing**  \$100

Complete and accurate applications submitted more than 30 business days before the program start date. Turnaround time within 7 – 10 business days.

**Late Fee**  \$300

Required if application is submitted incomplete or received less than 30 business days before the program start date.

**Use of CE Approval Seal** **Check Box (If Applicable)**

**Providers must sign and return the NASW “CE” Seal License Agreement**

**Single Use Seal – For use on a single program.**  \$100

**Annual Use Seal – For use on multiple programs approved throughout the year.**  \$300

**Total** \_\_\_\_\_

*Please do not include payments from multiple programs on this form. A new payment form should be included with each program application.*

**Due to COVID and U.S. Mail delays we are not accepting Check payments at this time.**

**Credit Card** (Please check one card option as we are not able to accept multiple cards as payment):

Signature below authorizes NASW to charge (total amount): \$ \_\_\_\_\_

American Express  MasterCard  Visa

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Print Name of Cardholder: \_\_\_\_\_

Authorized Signature

Date



* Number of Program Titles	Discount (by Percentage)
5 – 9	10.0%
10 – 19	12.5%
20-29	15.0%
30 – 30+	17.5%