

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* 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.	<input type="checkbox"/> \$200
Conference Rate For programs occurring over consecutive dates and/or providing a selection of concurrent workshops. Conferences are non-renewable.	<input type="checkbox"/> \$325
Symposium Rate 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.	<input type="checkbox"/> \$1,250
Processing Fees	Check Box (If Applicable)
Expedited Processing Complete and accurate applications submitted more than 30 business days before the program start date. Turnaround time within 7 – 10 business days.	<input type="checkbox"/> \$100
Late Fee Required if application is submitted incomplete or received less than 30 business days before the program start date.	<input type="checkbox"/> \$300
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.	<input type="checkbox"/> \$100
Annual Use Seal – For use on multiple programs approved throughout the year.	<input type="checkbox"/> \$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: _____

Expiration Date: _____

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%