



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:			
<i>Name and credentials of social worker involved in planning and evaluation of program</i>			
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"/>			
<i>If yes, list full titles of organizations:</i>			
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"/>			
<i>If yes, provide name(s) of other business(es):</i>			



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: