OFFICE USE ONLY

Total CE's Approved:_____
Initials:_____ Date:_____

Ethics CE's:_____
Cultural CE's: _____
Initials:_____ Date:_____

Check #_____ Amt.$_____
Authorization No.:_____

CONTINUING EDUCATION APPLICATION FORM (updated 12/25)
ONLY TYPED OR NEATLY PRINTED APPLICATIONS ARE ACCEPTED
Allow up to three (3) weeks to process the application once it has arrived. Please plan accordingly.

Date Completed:_____

1. ☐ Sponsoring Organization/Agency   ☐ Presenter   ☐ Individual*

   Name of Sponsoring Org or Presenter (if presenter is applying for approval):
   _____

2. Title of Program: _____

3. Dates of Session(s): _____

   a. ☐ In-Person   ☐ Virtual   ☐ On-Demand

4. Course Description: (paragraph)

5. Learning Objectives: (list)

6. Attach copies of Program Schedule, Bibliography, and References (if available).

7. Attach Instructor's Qualifications (C.V., Resume, or Bio for each instructor).

8. Person administratively responsible for the program. If applying for individual approval add your information here.

   Name: _____ Telephone: _____
   Mailing Address: _____
   City: _____ State: _____ Zip: _____
   Email Address: _____

9. Did you apply to any other authorizing body for social work continuing education credits? ☐ Yes ☐ No
   11a. If yes, What Group?_____

* If you are applying for individual CEs you must include a copy of the "Certificate of Attendance" received by the sponsoring organization/agency at the time of the program/workshop. The certificate must include your name and total number of hours awarded.

10. Fill in the <u>exact</u> schedule and total of <u>only instructional hours</u> (notice registration, lunch, coffee breaks, etc. are excluded) If schedule is repeated exactly more than one day, indicate the number of days in the second column. If the total of instructional hours include a fraction under ½ hour, omit that fraction. **USE THE SAMPLE TABLE BELOW.**

TIME OF EACH SESSION	NUMBER OF DAYS	INSTRUCTIONAL HOURS
E Begins (9:00 am)	(1)	(1 1/2)
X Ends (10:30 am)		
A		
M Begins (10:45 am)	(1)	(1 1/4)
P Ends (12:00 pm)		
L		
E TOTAL INSTRUCTIONAL HOURS WHOLE OR HALF ONLY.		5 (FIVE)

==**THIS SECTION MUST BE COMPLETED.**==

TIME OF EACH SESSION	NUMBER OF DAYS	INSTRUCTIONAL HOURS
Begins ( )	( )	( )
Ends ( )		
Begins ( )	( )	( )
Ends ( )		
Begins ( )	( )	( )
Ends ( )		
Begins ( )	( )	( )
Ends ( )		

TOTAL INSTRUCTIONAL HOURS APPROVED IN WHOLE OR HALVES ONLY.

Please enclose a program agenda or brochure indicating time of training in the area of Professional Ethics.
11.   Is there a specific learning objective regarding **Professional Ethics**?   ☐ Yes   ☐ No
11a. If yes, how much time will be focused on this topic? _____

Please enclose a program agenda or brochure indicating time of training in the area of Cross-Cultural Practice to include the alleviation of oppression.
12.   Is there a specific learning objective regarding **Cross-Cultural Practice**?   ☐ Yes   ☐ No
12a. If yes, how much time will be focused on this topic? _____

13.   Fees: Please enclosed a check. **Application will not be accepted without a check or purchase order.**
CE Programs - $50.00 each
Repeat Programs - $10.00 each (Must be the identical program and offered in the same cycle).

Send **One (1)** copies of the application form, description, objective, program schedule, bibliography, references (if available), and instructor(s) CV, resume or bio along with a check to the address below. If you need additional assistance please email: assoc.naswri@socialworkers.org or call 401-274-4940.

CE APPLICATIONS WILL NOT BE ACCEPT IF RECEIVED VIA EMAIL.

Mail To: **NASW/RI Chapter CEU's**   **Please Note:**   *Thorough and accurate*
          260 West Exchange Street, Suite 005   *application completion will*
          Providence, RI 02903   *ensure a timely approval!*