

National Association of Social Workers

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NOTIFICATION OF REPEAT USE OF AUTHORIZATION NUMBER

This notification is valid only for repetitions which:

- are held by or before April 30, 2013 and are based on an original program given on or after May 1, 2011.
- have the same content, objective and instructional hours as those of the original program.
- have the same presenter(s) or presenters(s) comparable relevant experience and degree(s).
- distribute a comparable reading list. Changes and/or additional references are acceptable if for the purpose of improving and/or updating.

IF THIS IS NOT THE CASE, DO NOT USE THIS NOTIFICATION, BUT APPLY FOR A NEW AUTHORIZATION NUMBER.

Sponsoring Organization or Individual: _____

Title of original program: _____

NASW Authorization Number: _____ Number of Credits _____

Specify the date(s) of repeat of program: _____

Contact Person: _____ Daytime Phone: _____

Mailing address: _____

If any presenters are changed, please check here and provide CV or resume. Yes _____ No _____

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- Enclose a \$10.00 processing fee per date and a copy of your original authorization form, along with this form.
 - You must use the same title and the original authorization number.
 - Make sure you send a list of all attendees to NASW – Rhode Island Chapter.
 - Mail to: NASW/Rhode Island Chapter
 220 W. Exchange Street, Suite 007
 Providence, RI 02903