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OFFICE USE ONLY

Total CEU's Approved: _____
Initials: _____ Date: _____
Ethics CEU's: _____
Initials: _____ Date: _____
Cultural CEU's: _____
Initials: _____ Date: _____

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

CONTINUING EDUCATION APPLICATION FORM

ONLY TYPED OR NEATLY PRINTED APPLICATIONS ARE ACCEPTED

Date Completed: _____

1. Sponsoring Organization/Agency Presenter Individual*

Name: _____

2. Title of Program: _____

3. Dates of Each Session: _____

4. Location of Training: _____

5. Course Description: (paragraph)

6. Learning Objectives: (list)

7. Attach copies of all handouts to be distributed, program schedule, and include the bibliography.

8. Instructor's Qualifications (attach C.V. or resume for each instructor).

9. Person administratively responsible for program.

Name: _____ Telephone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

10. Person we can contact to clarify or give us more information.

Name: _____ Telephone: _____

11. 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 CE's you must include a copy of the "Certificate of Attendance" received by the sponsoring organization/agency at the time of the program/workshop.

12. Fill in the exact schedule and total of only instructional hours (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 Begins (1:00 pm)	(1)	(2 1/2)
Ends (3:30 pm)		
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.

13. Is there a specific learning objective regarding **Professional Ethics**? Yes No

13a. 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.

14. Is there a specific learning objective regarding **Cross-Cultural Practice**? Yes No

14a. If yes, how much time will be focused on this topic? _____

15. Fees: Please enclosed a check. **Application will not be accepted without a check or purchase order.**

1 - 3 Programs - \$50.00 each (Call the office for pricing if you have more than 3 programs)

Repeat Programs - \$10.00 (Must be the identical program)

Send **One (1)** copies of the application form, description, objective, handouts, program schedule, bibliography and resume of instructor(s) along with a check to the address below. If you need additional assistance please call 401-274-4940.

CE APPLICATIONS WILL NOT BE ACCEPT IF RECEIVED VIA EMAIL.

<p>Mail To: NASW/RI Chapter CEU's 220 West Exchange Street, Suite 007 Providence, RI 02903</p>	<p>Please Note: <i>Thorough and accurate application completion will ensure a timely approval!</i></p>
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