

National Association of Social Workers - Rhode Island Chapter
260 West Exchange Street, Suite 306
Providence, RI 02903
401-274-4940 Phone
401-274-4941 Fax
rinasw@aol.com

OFFICE USE ONLY
Total CEUs Approved: _____
Initials: _____ Date: _____
Ethics CEUs: _____
Initials: _____ Date: _____
Cultural CEUs
Initials: _____ Date: _____

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

CONTINUING EDUCATION APPLICATION FORM

ONLY TYPED OR NEATLY PRINTED APPLICATIONS ARE ACCEPTED

Date Completed: _____

1. Sponsoring Organization: _____
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 the 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 ___
If yes, what group? _____
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 ½)
X Ends (10:30 am)		
A		
M Begins (10:45 am)	(1)	(1 ¼)
P Ends (12:00 pm)		
L		
E Begins (1:00 pm)	(1)	(2 ½)
Ends (3:30 pm)		
TOTAL INSTRUCTIONAL HOURS WHOLE OR HALF DAY ONLY.		5 (FIVE)

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 enclose a check. Application will not be accepted without a check or purchase order.

1-3 Programs - \$50.00 each

4 and more programs - \$10.00 each

Repeat Programs - \$10.00

Send **TWO (2)** 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

Mail To: NASW/RI Chapter CEU's
260 West Exchange Street, Suite 306
Providence, RI 02903-1000

Please Note: *Thorough and accurate application completion will ensure a timely approval!*