

**Sponsoring Organization:** \_\_\_\_\_

### **Application for Pre-Approval of Social Work Continuing Education Program Credit**

For Pre-Approval of Social Work Continuing Education Program Credits, application to be considered for approval must be completed in its entirety and all requested supporting documentation attached. Please provide a checklist acknowledging your attached supporting documentation.

If the application is not complete, an email will be sent to you acknowledging your application was not complete (incomplete applications will not be returned).

#### **Program Information**

Title and Date of Program: \_\_\_\_\_

Location/ City of program: \_\_\_\_\_

Sponsoring Organization/ Individual: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Please list any co-sponsors: \_\_\_\_\_  
\_\_\_\_\_

Contact Person/ Title: \_\_\_\_\_  
Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_  
Phone (if different from above): \_\_\_\_\_ E-mail: \_\_\_\_\_

Are fees being charged for the program? If yes, please explain fee and collection process.  
\_\_\_\_\_

#### **Grievance**

Describe the organization's policies and procedures for responding to all complaints and grievance, e.g. refund request, complaints about course, etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ADA Accommodation**

Instructions for requesting special accommodation for disability (ADA in U.S.)

**Promotional**

Describe how your organization ensures that the promotion and advertising of your course(s) is in keeping with social work ethical conduct and core values as defined by the State of Louisiana.  
  
Please attach brochure.

**Instructor(s)**

How did the organization choose an instructor for this course? Give details about research into educational background, credentials, experience, expertise, etc.?  
  
How does the organization determine if staff/contract instructor(s) is in good standing with their professional regulatory board/association?  
  
How does the organization determine the technology expertise of instructor(s) (workshop, seminar, and conference session)?  
  
Please attach vita/ bio of presenter(s).

**Attendance**

Who is the expected audience?  
  
Describe organization's procedure for documenting participation?  
  
Attached a copy of attendance roster or sign-in/sign-out log.  
  
How will you ensure that the attendee is present for the duration of the entire workshop?  
  
At what point during the course is the certificate of completion awarded?

**Learning Objectives for Course:**

To ensure core social work competency, ethics and values, every course for continuing education program credits approval must identify at least four (4) learning objectives. Please list the learning objectives of the program (include relevance to social work practice):  
  
Please provide agenda/outline of the program (including time table):

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**Continuing Education Credit**

Please indicate the total number of credit hours being requested in each category (exclude coffee breaks, meals, announcements, welcoming speeches, etc; one credit hour equals 60 minutes):

\_\_\_\_\_ Clinical      \_\_\_\_\_ Ethics      \_\_\_\_\_ Supervision      \_\_\_\_\_ General

**Recordkeeping**

Personnel records must be kept for continuing education director and social worker consultant (paid or volunteer). Describe how personnel records for continuing education director and social worker consultant and instructor are:

Maintained:

Who has access to the records?

Where records are stored?

Will certificates be issued? \_\_\_\_\_

If yes, please list the person responsible, their phone number and address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Person responsible for record keeping:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

\* Attendance records must be kept for 3 years.

**Evaluation**

Please describe evaluation tool (Please provide a blank copy of the evaluation tool to be used).

Person responsible for evaluations:

Name/ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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**Social Worker Involvement**

A credentialed or licensed social worker must be a consultant or member of the planning committee for this program, please provide the following information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

List all social work credentials, licenses or certificates of this social worker:

\_\_\_\_\_

What is the social worker's involvement in the program? (planning, presenting, reviewing, etc.)

\_\_\_\_\_

Signature of social worker: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that the information in this document will remain confidential, subject to disclosure within LABSWE, upon request, necessary to comply with assessment criteria. Disclosure outside LABSWE will be subject to legal mandates as advised by LABSWE counsel or a court of competent jurisdiction.

I certify that the information provided herein is accurate.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

### Guide for Assessment of Continuing Education

Program Content:

(Clearly Acceptable)

- \_\_\_\_\_ 6) Mainstream social work knowledge, skills and values
- \_\_\_\_\_ 6) Specialized social work knowledge, skills and values
- \_\_\_\_\_ 4) Information from related fields that is useful for social work practices
- \_\_\_\_\_ 2) Developing areas that may lack strong research, support or clear application
- \_\_\_\_\_ 0) Content that is specifically not acceptable or not related to social work practice

(Clearly Not Acceptable)

Program Presenter:

(Clearly Acceptable)

- \_\_\_\_\_ 5) Social worker with appropriate expertise in content area
- \_\_\_\_\_ 4) Related profession with ability to connect content to social work practice
- \_\_\_\_\_ 2) Lay-person (e.g., client) on the impact of needing/ receiving services
- \_\_\_\_\_ 0) Presenter with no apparent professional qualifications nor link to social work practice

(Clearly Not Acceptable)

Program Audience:

(Clearly Acceptable)

- \_\_\_\_\_ 4) Social work practitioners/ students
- \_\_\_\_\_ 4) Interdisciplinary professional audience that may include social workers
- \_\_\_\_\_ 3) Audience presumed to be primarily from another profession (e.g. nursing)
- \_\_\_\_\_ 1) Audience open to the general public
- \_\_\_\_\_ 0) Audience presumed to be primarily the general public

(Clearly Not Acceptable)

Total Score \_\_\_\_\_ (add score from each section to get Total Score)

An event must receive a total score (combination of all three sections) of 10 to be clearly acceptable for continuing education credit. **If a category (Program Content, Program Presenter or Program Audience) rates a zero, regardless of the total score, the education offering is not acceptable for social work continuing education.**

**Sponsoring Organization:** \_\_\_\_\_

**Application Fees and Payment:**

Payment Method:

Check \_\_\_\_\_ Credit Card (see below) \_\_\_\_\_

Master Card/ Visa number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

P.O. #: \_\_\_\_\_ Bill to: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Attn: \_\_\_\_\_

\_\_\_\_\_  
Sponsoring Organization/ Individual

\_\_\_\_\_  
Authorized Agent

\_\_\_\_\_  
Date