

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: _____

Sponsoring Organization: _____

Complaint Procedure

Do you have a procedure to handle complaints such as, refunds, complaints about course, etc.?
Yes _____ No _____

ADA Accommodation

My organization agrees to comply with the reasonable accommodation provisions of the Americans with Disabilities Act.

Promotional

Please attach a copy of the brochure, if available.

Instructor(s)

Please attach vita/ bio of presenter(s).

Attendance

Who is the expected audience?

Certificate of attendance shall only include the actual hours the participant was in the room.

Learning Objectives for Course:

Please provide agenda/outline of the program (including time table).

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

Person responsible for record keeping:
Name: _____
Address: _____
Phone: _____ E-mail: _____
* Attendance records must be kept for 3 years.

Evaluation

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

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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 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.**

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Application Fees and Payment: \$50 Please mail payment to Parker Sternbergh, Tulane School of Social Work, 127 Elk Place#8906, NO, LA 70112-2617

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