



# NASW-Idaho Chapter Application for Continuing Education

**Application Date:** \_\_\_\_\_ **Date of Event:** \_\_\_\_\_

**Applying Agency:** \_\_\_\_\_

**Name of Event:** \_\_\_\_\_

<u>Application fee enclosed for:</u>	
Small, single offering (1 presenter):	\$50.00 * _____
Medium, one-time offering (4 or less presenters):	\$135.00 * _____
Large, Conference (4 or more presenters or multiple, medium offerings with 4 or less presenters sponsored by the same entity at various times throughout the year):	\$600.00 * _____
<p>*A \$25.00 penalty fee will be assessed if the NASW-Idaho Chapter office is required to have more than four phone calls or e-mails with organizers to obtain a complete application.</p>	

\*For large conferences that are co-sponsored by NASW-Idaho, allowing NASW members at least a 25% reduced registration fee, the fee can be reduced to \$260.

Agency members of NASW-Idaho can offer CEU events at no charge up to one large conference or three medium offerings per year. Agency members of NASW-Idaho can have an unlimited number of small, single offerings at no additional charge.

<p>The Board of Social Work Examiner's of the Bureau of Occupational Licenses requires CEU hours to be provided by presenters with credentials specific to each level of professional practice. In order for CEUs to be approved for all levels of professional practice, the presenter(s) must have at least a master's degree or higher and have experience as a clinical practitioner (in social work or a related field). However, a presenter with a bachelor's degree is adequate for a presentation requesting approval at the BSW level only.</p>			
<b>Non-ethics CEU hours requested:</b>	BSW _____	MSW _____	MSW-Clinical _____
<b>Specific ethics CEU hours requested:</b>	BSW _____	MSW _____	MSW-Clinical _____
<b>Total CEU hours requested:</b>	BSW _____	MSW _____	MSW-Clinical _____

- 1) Please be sure to submit your application to the CEC at least six weeks prior to your scheduled presentation.
- 2) **Agencies must submit their application at least four (4) weeks prior to the event in order to be considered for the CEU approval process. This allows adequate time for CEU application packets to be assembled, the application to be initially reviewed and requests made for missing information. Applications submitted after a presentation has been completed will not be considered for review.**
- 3) Please submit completed Conference Attendance Roster via scan/e-mail within one week after the conference event. A written notice will be sent to the applying agency in the formal approval letter/e-mail. This written notice will be the only reminder that the applying agency will receive, and a copy of the approval letter/e-mail will become part of the applicant's file at the NASW-Idaho Chapter office.

Please return this application and a check payable to:  
**NASW-Idaho Chapter**  
 2929 SW Multnomah Blvd., Suite 305  
 Phone: (503) 452-8420  
 E-mail: [maggie.bolon@gmail.com](mailto:maggie.bolon@gmail.com)

## **Required application information checklist**

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|--|---|
| <input type="checkbox"/> Application form          | <input type="checkbox"/> Program evaluation instrument      |
| <input type="checkbox"/> Application Spreadsheet   | <input type="checkbox"/> Vitas / resumes for all presenters |
| <input type="checkbox"/> Sample certificate        | <input type="checkbox"/> Advertising copy, including agenda |
| <input type="checkbox"/> Check for application fee |   |

**NASW-Idaho Chapter  
Application for Continuing Education Units**

1. **Title of workshop:** \_\_\_\_\_

2. **Date(s) scheduled:** \_\_\_\_\_

3. **Sponsoring organization:** \_\_\_\_\_

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

\_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

4. **Co-Sponsoring organization:** \_\_\_\_\_

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

\_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

5. **Briefly describe your organizational structure for offering social work continuing education:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. **Contact person (s):** \_\_\_\_\_

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

\_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

7. **Location of workshop:** \_\_\_\_\_

**8. Name of presenter (s) (a resume or vita, with educational level credentials and field of study, must be included for each presenter):**

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**9. Is this presentation open to professionals outside the sponsoring agency?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**10. Is this presentation open to the general public?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**11. Intended audience (i.e., social workers, psychologists, nurses, etc.):**

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**12. Number of participants expected: \_\_\_\_\_**

**13. Do you want this presentation advertised on the NASW calendar on the home page of our Chapter website? Yes / No**

(A calendar listing of your CE event consisting of 24 words or less is a free service for approved CEU applications through NASW. We will make an advertisement detailing the key elements of your offering for you, unless otherwise advised. We can send postcards out to social workers in the area of your offering for a fee and/or do an e-mail blast. Please contact the Chapter Office for advertising rates. Phone: 503.452.8420 or e-mail [dstone.naswid@socialworkers.org](mailto:dstone.naswid@socialworkers.org))

**14. Educational objective(s) of program which must demonstrate relevance to social workers: (if you are offering more than one topic, you must attach learning objectives for each individual topic)**

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15. Teaching methods that will be used: \_\_\_\_\_

\_\_\_\_\_

16. Course outline and / or summary of educational content as it is relevant to social work (must be included in space below, or attached to application for CEC approval): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. Proposed applications must have input from a licensed social worker in order to be considered. Please provide individual's name and credentials:

\_\_\_\_\_

- ◆ Sponsoring organization verifies that it meets the *Criteria for Authorization* as described in the NASW-Idaho Chapter Guidelines for Approving Continuing Education Programs.

\_\_\_\_\_  
Person Completing Continuing Education Application

\_\_\_\_\_  
Date