

CE Application # _____
Received Date: _____

Continuing Education Application	
Name of Sponsoring Organization:	
Mailing Address:	
Phone:	
Fax:	
E-mail:	Website:
Contact Person:	Title:
Contact Person Phone (if different from above):	
Contact Person E-mail (if different from above):	
Person responsible for recordkeeping: Name:	
Phone:	Email:
<i>*NASW-GA recommends that Attendance Records be kept for six (6) years.</i>	
WORKSHOP PROGRAM PUBLICATION	
Does your agency wish to have the workshop program(s) published on the NASWGA Chapter In-Person Workshop Website Form? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide Registration Link:	
ADA ACCOMMODATIONS	
ADA Accommodations: My organization agrees to comply with the reasonable accommodation provisions of the American with Disabilities Act. <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONFIDENTIALITY CERTIFICATION	
I, _____, assure that in case materials and clients are used in workshops conducted by my organization, confidentiality will be protected, and steps are taken to monitor and safeguard the emotional effects upon clients.	
Signature:	Date:

FOR OFFICE USE ONLY

Paid: Yes ___ No ___ \$ _____	Check # _____
Invoice Requested: Yes ___ No ___ C.C. Request _____	Invoice# _____
CE Reviewer Assigned: _____	

Program Information

Continuing Education Credit Requested

Please indicate the total number of hours being requested in each category:

	Core Hours - Information provided integrates social work techniques and/or is required training for employment	Must be provided by LCSW or LMSW who is qualified (See FAQ Sect F #40) and specializes in an area of social work practice and has at least three years or more of work experience in the area of practice related to the CE program for which approval is sought. A training/certificate on the workshop topic listed on resume or curriculum vitae (CV) is advantageous to application consideration * The workshop must contain social work content. <i>Programs co-presented with the LCSW are considered.</i>
	Ethics – Information on the NASW Code of Ethics.	Must be provided by LCSW or co-presented with a LCSW. Program content must cover the NASW Code of Ethics.
	Tele-Mental Health – Information integrates social work practice techniques and training	Must be provided by LCSW who completed Tele-Mental Health training, demonstrates 2 yrs. of Tele-Mental Health workshop facilitation and/ or who is certified to provide the training.
	Related – information provided by Professional Counselor, Marriage & Family Therapist, Psychologist, Ph.D., MD, JD etc.	Must be provided by a licensed person, certified or experienced in a specialized area with 2 years or more of work experience as listed on the resume, CV and/or certificate of training in workshop topic.

Program Information: Please fill out the entire section.

Synchronous In-Person Event/On-line (Live/Webinar Real Time) Asynchronous Recorded Webinar

Program Title:

Date/s of Program:

Address Location/ City of Workshop:

Virtual Platform Link (e.g., Zoom):

Learning Objective of the program: **Submit on Separate Sheet**

Program Training Schedule: *(if additional space is needed, please use the Program Training Schedule PDF to continue the application)*

Session Start	Session Ends	Instruction Time	Workshop/Breakout: Checkbox if you have attached Presenter resume for this workshop/breakout	Presenter Name/Credential
Ex: 1:00pm	2:00pm	1 hr.	101 CE Application Class <input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

Check List -The following must be included:

- | | |
|--|---|
| <input type="checkbox"/> Breakout/Workshop Description Material
<input type="checkbox"/> Workshop Agenda (Schedule with Start and Ending Times)
<input type="checkbox"/> Each Presenter’s Resume, Curriculum Vitae (CV) and Certificate or Certification (If applicable) | <input type="checkbox"/> Evaluation Sheet
<input type="checkbox"/> Certificate of Attendance
<input type="checkbox"/> Each Resume of Program Planning Social Worker |
|--|---|

Form B

Required Application Fees

Application Fee	Quantity	Non-Profit	For-Profit	Subtotal
Each program requires at least one gray box fee is required. (Includes one program start date)				
Program Approval Fee		\$85	\$110	
Re-Approval /Change Program Date – Within the same calendar year of Acceptance letter. (Program must have the same title, objectives and presenter(s))		\$20	\$20	
Conference – (See FAQ for NASWGA Definition for Conference or Symposium)		\$150	\$250	
Multiple Dates – Same Program with Multiple Start Dates – Per Date (Fee for hosting a program with same title, objectives and presenter on another date)		\$10	\$10	
Late Fee –>14 days before the first start date		\$55	\$65	
Late Fee –> 7 days before the first start date		\$115	\$130	
Late Fee –> 5 days before the first start date		\$175	\$200	
Total Fees Paid				\$

*****Continuing Education Application Refund Policy*****

If my application is denied or if the program is canceled/rescheduled, do I get a full refund?

An administrative fee is required for each educational event and is due upon application. This fee is for the review of the application and does not guarantee approval. Hence, all fees are non-refundable even if the application is denied. **Applicants are highly encouraged to read the application forms fully, including the FAQs prior to submitting the application for CE approval.**

****Submitting Application to NASW-GA Chapter****

- A. Prepare check or money order payable to NASWGA Chapter based on total figure outlined on this NASW-GA Chapter CE Application Fee page
- B. Mail & Email Completed CE Application along with required accompanying documents to: NASW-GA Chapter Attn: CE Application Approval 2300 Henderson Mill Rd., NE Suite 308, Atlanta, GA 30345 | Email: gaceapp2020@gmail.com

Payment Method

- Check with application: Check # _____ Check Amount: \$ _____ Must complete below Invoice Request Form
- Credit Card Payment Must complete Form B and submit payment on naswga.org.
- Invoice Request: Must complete below Invoice Request Form.

Invoice Request Form

Please complete in its entirety to ensure no further delay of the processing Please be advised that the Invoice Request Process will take longer, and your application will not be reviewed until after payment has been received.

Sponsoring Organization/Business:

Payment Contact Person's Name:

Payment Contact Person's Phone Number:

Payment Contact Person's Email:

Organization Mailing Address:

Total Application Invoice Request

\$

Application Fee Page Completed By: _____
Signature

Print Name _____ Date _____

