

NASWGA Continuing Education Application

CE Application ID # _____

Received Date: _____

Name Sponsoring Organization/ Individual:	
Organization Business Status: ___ Non-profit 501(c)3 or 501(c)6 ___ For Profit ___ Other:	
Type of Business: ___ Professional Association ___ Mental Health Association ___ University/College ___ Governmental Agency ___ Hospital ___ CSB ___ AHEC ___ CHEP ___ Mental Health Agency private/public ___ Other:	
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>*NASWGA recommends that Attendance records must be kept for three (6) years or in accordance with Sponsoring Organization's record keeping policy.</i>	
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:
POSTING OF APPROVED APPLICATION	
Approved applications are listed on the NASW-GA Chapter website at Sponsoring Organization at Sponsoring organization's request. Contact Chapter staff at gaceapp2020@gmail.com to submit a request.	

FOR OFFICE USE ONLY

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

Program Information

Continuing Education Credit *Indicate the type and total number of hours being requested.*

(Please review pages 10-14 of FAQs before completing this section)

Core Hours - Information provided integrates social work techniques and/or is required training for employment	Preferably provided by LCSW or LMSW who is qualified (see FAQ Sect G # 40). Other Mental Health Professionals who are qualified (see FAQ Sect G # 40) may submit applications for Core hr. consideration. To obtain SW Core hours, the program must reflect SW content and a LCSW or LMSW must be involved in the detailed planning of the program. Qualified presenters seeking Core hrs. must also demonstrate at least 2 yrs. or more of work experience in the area of practice related to the CE program topic for which approval is sought.
Ethics – Information on the NASW Code of Ethics.	Must be provided by LCSW or LMSW who is qualified (see FAQ Sect G # 40) and demonstrates 2 yrs. or more of Ethics workshop facilitation relevant to the CE program topic for which approval is sought. Program content must also cover the NASW Code of Ethics.
Tele-Mental Health – Information integrates social work practice techniques and training	Must be provided by LCSW or LMSW who is qualified (see FAQ Sect G # 40) and completed the Tele-Mental Health training as outlined in GA Composite/Licensure Board Tele-Mental Health Rule 135-11-.01. Qualified presenters must also demonstrate 2 yrs. of Tele-Mental Health workshop facilitation. <i>*Programs co-presented with other Mental Health Professionals considered.</i>
Related –Is a workshop offered in a professional area <u>other than</u> the one in which the social work license.is held.	Must be provided by either a licensed, or certified person or a person experienced in a specialized area with 2 years or more of work experience as listed/demonstrated on the resume, CV and/or certificate of training on workshop topic.

Program Information: Please fill out the entire section, include documents from the check list and Form B. *Incomplete sections and missing documents will delay the application approval process.

Please check only one box

In-Person Event

In-Person Conference

Webinar (Live Streamed)

Asynchronous /Video Recordings

Please see FAQs page 3 - question #5 for definition of Asynchronous.

Sect 2. List Platform Used (e.g., Zoom):

Name of Planning/Consulting Social Worker:

Program Title:

Date/s of Program:

Provide Address/location of Workshop - or- Webinar/Video Recording Link

**(If workshop is offered as a Webinar or Video Recording note platform to be used above in Sect. 2 & provide link)*

***Program location address must be in the state of Georgia.**

Learning Objective of the program:*(Please attach additional sheet of paper if more space is required.)*

Program Information

Verified Check List

The following must accompany application:

- Breakout/Workshop Description(s)
- Workshop Agenda (*Schedule with Start and Ending Times*)
- Each Presenters Resume, Curriculum Vitae (CV) and Certificate or Certification (*If applicable*)
- Evaluation Sheet
- Certificate for Certified Specialist
- Certificate of Attendance
- Resume of Each Program Planning Social Worker
- (*If applicable*) Description of the Program Planning Social Worker - Involvement of program (*Detailed summary of program planning tasks*)
- TeleMental Health CE Certificate (*6 TeleMental Health CEs or 9 CEs for TeleMental Health Supervision*)

I have reviewed the **Check List** and assure that the application is complete and the required documents are attached.

Signature: _____ Date: _____

Program Training Schedule

Session Start	Session Ends	# of Hrs.	Workshop/Breakout Check box if you have attached Presenter resume for this workshop/breakout	Presenter Name/Credential	Licensure #/State
Ex: 1:00pm	2:00pm	1CE	101 CE Application Class	Jane Doe LCSW, MSW	GA CSW000###

**A detailed Agenda which includes the above mentioned 6 sections may be submitted in place of training schedule.*

Form B *Yearly Program Approval Requests No Longer Granted

Application Fee	Quantity	Non- Profit	For-Profit	Subtotal
Check the appropriate shaded box for your CE program.				
Program Approval Fee-Applicable to one program (See FAQ #8, #9, & #45)		\$85	\$110	
*Additional Program Dates (fee for hosting same program on different dates)		\$10 per date	\$15 per date	
Change First Program Date – <i>Within the Approval timeframe</i>		\$30	\$30	
Conference – (See FAQ #45)		\$150	\$250	
CE Certificate Development - Administrative Fee \$10 \$15 Per Certificate <i>(For NASW-GA to Produce and Electronically Distribute CE Certificates to Program Attendees)</i>		\$10 Per Attendee	\$15 Per Attendee	
Late Fee –>14 days before the first start date <i>(No publication of program on NASWGA Web List)</i>		\$55	\$65	
Late Fee –> 7 days before the first start date <i>(No publication of program on NASWGA Web List)</i>		\$115	\$130	
Late Fee –> 5 days before the first start date <i>(No publication of program on NASWGA Web List)</i>		\$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 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.

Payment Method

Must complete below Invoice Request Form

- Check with application: Check # _____ Check Amount: \$ _____ Must complete below Invoice Request Form
- Credit Card Payment Must complete below Invoice Request Form.
- 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 _____