****APPLICATION FOR NASW-NM
 CONTINUING EDUCATION (CEU) APPROVAL**

 **Approval Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION A: CE PROVIDER INFORMATION**

***Name of organization:
Name of person filling out application: Job Title:
Are you a NASW member? \_\_ Yes \_\_No Member #:
Phone number: Email:
Mailing Address:***

**SECTION B: PROGRAM INFORMATION**

**Event Title:
Date: Time: City:**

***Check here if this is on online program: \_\_\_***

***Name and credentials of presenters*** *(If the instructor does not hold a degree as a mental health trained professional, please describe how this person is qualified to teach this subject to mental health professionals)*

***# CEU’s requesting \_\_\_\_\_\_\_ # Cultural CEU’s requesting \_\_\_\_\_\_\_\_***

***If requesting Cultural CEU’s, please provide a short justification cultural relevance to NM populations:***

**ATTACHMENTS**

## Advertisement materials; if final copy is not yet available, submit draft copy.

## Agenda/Program schedule outlining time breakdown including breaks.

* Copy of CE certificate you will distribute.

**CERTIFICATION OF AGREEMENT**As a provider of a continuing education program with CE Approval from NASW-NM, I agree to:

* *Submit a complete application with all attachments and applicable fees prior to training date.*
* *I understand that approval is not granted until payment is received.*
* *Present CE certificates to those who attend the program. Certificates must be approved by NASW-NM prior to the event.*
* *Must clearly state on CE certificate the NASW-NM has approved the event for Social Work CEU’s.*
* *Retain attendance list for 3 years.*
* *Understand that NASW-NM is not responsible for CE advertisement, communicating with attendees, etc.*
* *Comply with the* ***NASW Standards for Continuing Professional Education*** *and affirm that my organization has:*
1. *A means of responsibility for control over all aspects of programs to ensure that educational objectives and standards are met.*
2. *A system for selection and supervision of qualified instructors.*
3. *A BSW, MSW, DSW, or Ph.D. Social Worker involved in the planning and evaluation of the program.*
4. *A system for evaluation of programs by participants.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ …..By checking this box, the person submitting the form agrees to the above.**

xxxxxxxxx

***Printed Name: ­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**APPLICATION FEE:**

**PAYMENT MUST BE RECEIVED WITH THE APPLICATION; UNPAID APPLICATIONS WILL NOT BE REVIEWED UNTIL PAYMENT IS RECEIVED.
$10 PER CEU FEE #CEU’S REQUESTED \_\_\_\_\_ x $10 = \_\_\_\_\_\_
Late Fee (If application is mailed less than 4 weeks prior to event date) $40\_\_\_\_
Purchase Order Fee (add this amount if paying with PO) $35 \_\_\_\_**

***TOTAL APPLICATION FEE DUE $\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Add $35 PO fee if paying with a purchase order.***

**Mail completed form with payment to:
NASW-NM, Attn: CE Approval
 4223 Montgomery Blvd NE
Albuquerque, NM 87109**

**Emailed applications are not accepted**

**Amount Due: $\_\_\_\_\_\_\_\_\_ Check Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trans #\_\_\_\_\_\_\_\_\_\_\_\_
PO # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Invoice # \_\_\_\_\_\_\_\_\_\_ Date received: \_\_\_\_\_\_\_\_\_\_\_\_Credit Card Number: Exp. Date: Billing Zip code:
Name on Card: Email address for receipt:Approved for \_\_\_\_\_\_\_ CEU’s Cultural: \_\_\_\_\_\_ Date paid \_\_\_\_\_\_\_\_\_\_\_\_Approval Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**