**** APPLICATION FOR APPROVAL OF NASW-NM CONTINUING EDUCATION UNITS (CEUs)**

* ALL APPLICATIONS MUST BE EMAILED.
* EMAIL complete form to: info.naswnm@socialworkers.org. In the subject line “CEU application, and EVEN TITLE”.
* All sections of this form must be complete.
* Paying with PO or Invoice number must be included with the emailed application.
* Paying with check:
	+ - Please list the check #below in Application Fees. On the check, please put the event title in the Memo section.
		- Mail check to:

NASW-NM, Attn: CE Approval

PO Box 35955

Albuquerque, NM 87176

* Final approval letter will be emailed and receipt will be emailed to the designated person after payment is received.
* Applications sent in less than 10 business days before the event date, will NOT be approved. Unless express written consent has been granted by the chapter executive director.

**CEU PROVIDER & EVENT INFORMATION**

|  |  |
| --- | --- |
| **Name of Organization:** [Company] | **Applicant name:** Author |
| **Applicant Email:** [Applicant E-mail] | **Applicant Phone number:**[Applicant Phone] |
| **Applicant Job Title:**Click or tap here to enter text. | **Event Title:**Click or tap here to enter text. |
| **Application Date: 4/5/2022** | **Event Start Date:** enter date | **Event End Date:** enter date |
| **Are you a NASW member?** member | **Member #:** member number |
| **Is this an online self-paced or on demand event? Choose****Link/URL to presentation website:** Click or tap here to enter text. |

Total Number of CEUs requested cannot include break time, lunchtime, or anytime that actual training or learning is not occurring.

|  |
| --- |
| **Opening and Welcome portions of a conference will be reviewed and decided on a case by case basis. Please indicate if the Opening or Welcome is included in the number of CEUs requested ☐.** |
| **Number of NON-Cultural CEUs requested:** Choose an item. | **Number of Cultural CEUs requested:** Choose an item. |
| **Cultural CEU’s requests must include a brief description of the cultural relevance to NM populations:**  |

The Lead instructor must be a licensed mental behavioral health professional, specifically trained or certified to teach the content included of the event. If the Lead instructor does not hold a degree as a trained mental health professional, please describe how this person is qualified to present the materials to mental health professionals. This can include other education, years of experience in the field using the content, years of experience presenting the content or other certification to present the content. Panelist should have identifiable content experience or expertise.

[ ]  A demonstratable system to select qualified instructors.

[ ]  Event content preparation must include a degreed or licensed Social Worker in the internal organization approval or the planning and evaluation of the content for the event. DO NOT SUBMIT RESUMES OR BIOS FOR PRESENTERS

**EVENT PRESENTERS(s)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Social Worker**  | **Credentials:** | **Yrs of Experience** | **Cert/Trained in Content** |
|  | **Choose an item.** |  | **Choose** |
| **Name of Lead Instructor** | **Credentials:** |  |  |
|  | **Choose an item.** |  | **Choose** |
| **Name of Presenter(s)/Panelists** | **Credentials:**  |  |  |
|  | **Choose an item.** |  |  |
|  | **Choose an item.** |  |  |
|  | **Choose an item.** |  |  |
|  | **Choose an item.** |  |  |

**ATTACHMENTS**

## [ ]  Advertisement materials: if final copy is not yet available, submit draft copy.

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

[ ]  Copy of CEU 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.

[ ]  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.

[ ]  I understand that approval is not granted until payment is received.

[ ]  I understand that NASW-NM is not responsible for CE advertisement, communicating with attendees, maintaining attendance records, etc.

[ ]  Comply with the **NASW Standards for Continuing Professional Education** and affirm that my organization has:

[ ]  Documented control over all aspects of programs to ensure that educational objectives and standards are met.

[ ]  A system for evaluation of programs by participants.

**APPLICATION FEES**

|  |  |
| --- | --- |
| **Item cost** | **Total $** |
| **Members x $10/CEU** | **$** |
| **Non-Members x $20/CEU** | **$** |
| **If application is emailed less than 30 calendar days prior to event start date Late Fee + $40** | **$** |
| **Purchase Order Fee + $35** | **$** |
| **NASW-NM will post your event on our social media once + $10** | **$** |
| **NASW-NM will post your event on our social media, post reminders from Application Approval date to the event start date and add event to our website events page. Will add our newsletter to if dates are congruent with circulation (newsletters emailed to members bi-monthly)****+ $40** |  |
|  |
| **$** |
| **TOTAL APPLICATION FEE DUE** | **$** |
| **Check Number****Address: NASW-NM, Attn: CE Approval, PO Box 35955, Albuquerque, NM 87176** |  |
| **Credit Card Number** |  |
| **Name as it Appears on the Card** |  |
| **Expiration Date** |  |
| **Billing Zip Code** |  |
| **Total Amount to be Billed** | **$** |
| **Email Receipt To** |  |

**By signing below, I attest to: (1). I have the authority to sign on behalf of my employer and (2). that regardless of my role within the organization or involvement in planning and delivering the event content, I agree the above agreements will be met.**

|  |  |
| --- | --- |
|  | **July 13, 2022** |
| **Printed Name:**  | **Date:**  |

|  |
| --- |
| **Signature: (electronic signature accepted)**  |