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

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

**\*All sections must be completed**

**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 CEU certificate you will distribute.
* Post-test (for all distance-learning; 70% pass rate required for CEU to be issued).
* DO NOT SUBMIT RESUMES OR BIOS FOR PRESENTERS

**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.  
#CEU’S REQUESTED \_\_\_\_\_ x $10 Members $20 Non-Members = $\_\_\_\_\_   
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 $\_\_\_\_\_\_\_\_\_\_***

**ALL APPLICATION MUST BE EMAILED.  
EMAIL completed form to:** [**info.naswnm@socialworkers.org**](mailto:info.naswnm@socialworkers.org) **with “CEU application” in the subject line.  
If paying with PO, it must be included with the emailed application. If paying by check put   
“CEU application fee” in the memo and make sure the organization name is listed on the check.   
Mail check to:  
NASW-NM, Attn: CE Approval, 4223 Montgomery Blvd NE, Albuquerque, NM 87109  
If you prefer calling your credit card in call 505-247-2336 ext. 101  
\*Applications will be reviewed ONLY after payment is received.**

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**