CEH APPLICATION FEE ADJUSTMENT & VIRTUAL EVENTS

As of January 1, 2022, please note that fees for repeating events, events that have multiple sessions or events that occur on multiple days have been adjusted. The increase in these fees reflects the additional resources required to review these types of applications, as well as storing the information for audit purposes.

In light of the public health emergency related to COVID-19, if you are now planning a virtual CEH event, please see the distance learning providers requirements on the first page of the application.*

If you have any questions, please contact the NASW Indiana Chapter office at naswin.naswin@socialworkers.org or 317-923-9878.
APPLICATION FOR APPROVAL
NASW SOCIAL WORK
CONTINUING EDUCATION HOURS
(Complete separate application for each program)

For office use only

*Application Fee: ___________ Receipt Number: ___________ # CEHs Approved: ___________
* Date Fee Paid: ___________ Approval Date: ___________ Director: ___________

APPLICANT AGENCY: ________________________________________________________________

ADDRESS: __________________________________________________________

________________________________________________________
CITY/STATE/ZIP: _____________________________________________________________

Type of program: 
Seminar/Workshop
Audio/Video Presentation
University Program
Webinar
Professional Meeting/Presentation
Other: ____________________________________________________________

Requested number of Continuing Education Hours: ___________
(Continuing Education Hours include only direct hours of training. Do not count breaks, networking, meals, or social activities) A copy of the program agenda must be enclosed.

PROGRAM TITLE: ____________________________________________________________

PRESENTER: ________________________________________________________________

Presenter’s Professional Credentials/Qualifications: ______________________________

DATE OF PROGRAM: _________________________________________________________

LOCATION: ________________________________________________________________

WILL YOU BE REPEATING THIS EVENT? ☐ Yes ☐ No

Please note the repeat fee that corresponds with the number of CE hours you are requesting. (See page 3).

Please attach the following: (documents containing several of these items together are acceptable):

_____ Presenter(s) biography listing their professional expertise on training topic
_____ Detailed agenda including breaks to help calculate CEHs approved
_____ Evaluation form to be completed at the training by participants, with objectives
_____ A flyer, brochure or registration form describing the training

*In addition, distance-learning providers should also include:

- A copy of the post-test that will be used to verify attendance. Attendees must complete the post-test with a passing score of 80% or greater. The test must include a minimum requirement of ten multiple choice questions per credit hour with no more than 10% true/false questions. Five multiple choice test questions are required for each additional credit hour after the first credit hour. For programs that request additional ½ hours, such as 1.5 CEUs requested, a minimum of 5 multiple choice questions also are required. All post-tests should include no more than 10% true/false questions of the entire amount of questions.
- Polling questions to be asked every 15 minutes during the training.
- Course materials: home-study materials, CD-ROM, or direct access to the provider’s course content online
Training Objectives (if on submitted brochure, objectives must be specific, measurable, and attainable):

1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________
4. ____________________________________________________________

Registration Fee Charged for the Training:  $______ (members)  $______ (non-members)

Anticipated enrollment:  _______

How will this program be evaluated? ____________________________________________________________

______________________________________________________________________________________________

Will evaluation results be made available to the presenter(s)?  _____ Yes  _____ No

AGENCY ADMINISTRATION

Program Planner: ________________________________________________________________

Phone #: __________________________ Email Address: ________________________________

Who will maintain the records of program participants and certify their accuracy?

______________________________________________________________________________________________

Will participants be provided with a certificate of attendance that includes the program title, date, sponsoring organization, and number of continuing education hours?  _____ Yes  _____ No

Is there liability insurance in place to cover this program/presentation?  _____ Yes  _____ No

Is the facility hosting this training compliant with ADA standards?  _____ Yes  _____ No

This organization has reviewed the National Association of Social Workers Center for Professional Development Standards for Continuing Education and Professional Development Programs and affirms that the proposed workshop is in full compliance with those standards.

______________________________________________________________________________________________

Authorized Signature  Date

Organization

ALL FEES MUST ACCOMPANY THIS FORM.

• Once your application is approved, additional modifications will incur a $10 fee.
• Fees are non-refundable.
• Please use the checklist on the next page to tally your total cost for your application.
• If you’re repeating your event, note repeat fees are based on the number of CEs you are requesting. In the appropriate section on the following page, please include the details of each repeat event including date, how many CEs and the cost of the repeat.
March 23, 2020

This form must be submitted 30 days prior to workshop for processing. We encourage early submission for processing which may take up to 30 days. A letter of approval or denial will be mailed to the applicant.

Any application submitted 30 days or less from workshop date will incur a late fee of $15.

Please mail completed applications and payment to:
NASW Indiana
1100 W. 42nd Street, Suite 226
Indianapolis, IN 46208
Fax: 317-925-9364

For Questions, contact: 317-923-9878 or bcohen.naswin@socialworkers.org – Thank You