Massachusetts Board of Registration of Social Workers
Request for Approval of Individual Continuing Education Activity

Per 258 CMR § 31.04, a social worker may apply for continuing education credit for the completion of certain activities. Such activities generally include presenting, teaching, or publishing relevant acceptable social work material. For a complete description of the requirements please review the continuing education section of the Regulations on the Board’s website www.mass.gov/dpl/boards/sw. Be advised that CE credit for these activities may NOT be assumed. If approved, you will be notified in writing and the number of CEUs awarded will be indicated. Applications must be received (not post-marked) no later than 60 days prior to the expiration date of your license. To apply please complete this form and submit it along with the following:

- Copy of Power Point, a Syllabus, article, Title and copyright page of book (something to demonstrate the content of what was taught or published)
- Verifying documentation from superior (i.e. letter from a Dean/ Department Head/ Program Manager attesting to your completion of this activity)

Your Name:___________________________________________________________________
License Number:__________________________
Expiration date: ___________________________
E-mail address:___________________________________

The Regulations stipulate that in order to be approved, said activity must meet one of the program content requirements referenced below. Please check off the category that your program meets.

- Theories and concepts of human behavior in the social environment
- Social work practice, knowledge and skills
- Social work research, program evaluation, or practice evaluation
- Social work agency management or administration
- Development, evaluation and/or implementation of social policy
Social work ethics and standards of professional practice

Current issues in clinical or non-clinical social work practice (e.g., diversity, aging, multiculturalism, new approaches to diagnosis and treatment of mental or emotional disorders, etc.)

Please identify how your program meets the selected content area:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

How many hours was this activity? (if applicable)
_________________________________________________

How many hours of preparation were involved in developing this activity?
_______________

What did you do in order to prepare for this activity?
______________________________________________________________________________
______________________________________________________________________________

Is this the first time that you are requesting CEs for this activity? Yes □ No □

If no, please indicate the last time you were awarded CEUs for this activity and what has changed since that time:
______________________________________________________________________________

You may Submit additional pages if necessary. Please return completed requests and supplemental documents to:

The Board of Registration of Social Workers
Attn: Erin Murphy, LICSW
1000 Washington Street, Suite 710
Boston, MA 02118

Following review you will notified and if approved informed of the number of CEUs awarded.

Be advised that the Board does NOT approve continuing education programs. All CEUs obtained via attendance/participation must be approved by a Board recognized entity. See the continuing education section of the Regulations and the Board’s CE policy for a full list of recognized entities (www.mass.gov/dpl/boards/sw).