Provider's Application For Program Approval

Continuing Education Contact Hours

Revised 10/00

North Dakota Board Of Social Work Examiners
PO Box 914 – Bismarck, ND 58502-0914
701-222-0255 Fax 701-224-9824
www.ndbswe.com
ndbswe@aptnd.com

PLEASE TYPE OR PRINT CLEARLY. COMPLETE ALL INFORMATION.

Program Name

Location of Program

Sponsoring Organization

Program Contact Person | Phone Number

Address | City | State | Zip

Email

Date of Program

Time of Presentation (Program Schedule must be attached) Begin: End:

Target Group (Example: Social Workers; Psychologists; etc.)

Number of social workers expected to attend

Social Work Objectives (In one concise statement, outline the objectives of the training as they relate to social work.)

Instructional Methods (List all methods; example: film strip and lecture.)

Evaluation If yes, how evaluated (Indicate how the program objective will be measured, example: written test.)

How will attendance be monitored? (Note: standards require monitors to validate attendance at the complete training seminar.)

$25 process fee must be attached **Check Number**

Signature **Title** **Date**

NOTE: IF THIS PROGRAM IS ACCREDITED BY A STATE OR NATIONAL PROFESSIONAL ASSOCIATION. A LETTER OF VERIFICATION SHOULD BE ATTACHED. COPIES OF THE EVALUATION INSTRUMENTS ARE ALSO REQUIRED. CONTACT THE BOARD OFFICE IF THIS PROGRAM IS OFFERED MORE THAN ONE TIME.

RETURN COMPLETED FORM TO NDBSWE. DO NOT DETACH CARBON.

DO NOT WRITE IN THIS BOX

THE ABOVE PROGRAM IS IS NOT APPROVED FOR CONTACT HOURS PROGRAM #

CONTINUING EDUCATION MONITOR DATE