

**NORTH DAKOTA BOARD OF SOCIAL WORK EXAMINERS**  
PO Box 914  
Bismarck, ND 58502-0914  
[ndbswe@aptnd.com](mailto:ndbswe@aptnd.com)

**LICENSE HOLDER'S APPLICATION FOR PROGRAM APPROVAL**  
**(\$10 Form)<sup>(8/14)</sup>**

**This form is to be used to request pre-approval of a program. Programs offered by a NDBSWE – Approved Provider, NASW National or ASWB-approved providers are already approved and therefore this form is not needed! You will receive a letter of approval/denial in response to this application. If the program is approved, keep the approval letter on file with your completion certificate from this program. Should you be selected for the audit, submit a copy of your completion certificate and the approval letter for a quicker audit review.**

**CONTACT INFORMATION**

License No.	Today's Date	
Name		
Address		
City	State	Zip
Email	Phone	Practice Specialization

**PROGRAM INFORMATION**

Title of Program
Date of Program
Ethics Hours (2 hours required per license period) requested?
Is program self-study or distance learning? (Limit of 10 hours per license period)

**PROGRAM DESCRIPTION**

List description, and purpose or learning objectives of program.
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**ATTACHMENTS**

- You must include the following items or else your application will be returned to you:
1. Agenda/schedule/brochure with times listed to verify length.
  2. \$10 processing fee. (You may submit any number of applications in one mailing, for one \$10 fee.)

**OFFICE USE ONLY:**

The above program does \_\_\_\_ does not \_\_\_\_ meet the requirement for licensure renewal.

CE Monitor \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

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