I. CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Program Title</th>
<th>Location of Program</th>
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<tbody>
<tr>
<td>Date of Program</td>
<td>Provider of Program</td>
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<tr>
<td>Provider Contact Person</td>
<td>Phone Number</td>
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<tr>
<td>Email</td>
<td>Address</td>
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<tr>
<td>City</td>
<td>State</td>
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II. COURSE REQUIREMENTS

OBJECTIVES – Outline the objectives of the training as they relate to social work practice and/or theory.

SUBJECT MATTER – The outline of the subject matter must correspond to each objective and must reflect appropriateness for continuing education for social workers. As per N.D. Admin. Code, Board-approved continuing education course content must relate to: theories and concepts of human behavior and the social environment; social work knowledge and skills; social work research or practice evaluation; social work ethics; or cross disciplinary courses directly relevant to social work practice or specialty. Licensees are required to earn 2 contact hours of social work ethics per 2-year licensure period.
III. Instructional Methods

List all methods which will be used; example: lecture, role play, PowerPoint, etc. Licensees are limited to 10 contact hours earned via self-study or distance learning methods.

IV. Presenter(s) Qualifications

V. EVALUATION METHODS

Identify the methods of evaluation that will be used to determine behavioral objectives have been met by the participant. Attach a copy of the evaluation form.

VI. ATTACHMENTS

Include a copy of the following:
1. Agenda/schedule/brochure with times listed to verify length.
2. Certificate of completion (if one will be given out to attendees)

VII. ATTENDANCE REPORTING

You will be responsible for issuing certificates of completion to all attendees stating the name and license number; also include on the certificate the title of the training, date of training, NDBSWE issued program approval number, and how many hours the attendee earned. The NDBSWE recommends you keep copies of the certificates or an attendance roster on file for 4 years. Failure to do so may result in the loss of approved provider status.

Attach $25 fee and send to:
NDBSWE
PO Box 914
Bismarck, ND 58502-0914
ndbswe@aptnrd.com
701-222-0255