I. CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Provider/Organization Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Contact Person</td>
<td>Phone Number</td>
<td>Email</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

II. QUALIFICATIONS OF INSTRUCTOR(S)

Describe the criteria for selection of instructors for your programs.

III. PROGRAM CONTENT

List the various areas of content your programs provide. 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 in social work ethics per 2-year licensure period. No more than 10 contact hours may be earned via self-study or distance learning methods.
IV. EVALUATION
Identify the methods of evaluation that will be used to determine behavioral objectives have been met by the participants.

V. ATTENDANCE
Explain procedures for documenting participation; e.g. an attendance roster, sign-in log, etc.

VI. 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.

VII. ATTACHMENTS
Include the following:
1. Instructor resumes or curriculum vitae.
2. List of programs to be offered along with brief outlines and learning objectives for each program.
3. $100 Approved Provider fee.

VIII. SIGNATURES
I/We hereby apply for Approved Provider status for continuing education. I/We hereby attest that I/We have reviewed the guidelines and criteria regarding continuing education and agree to present programs that meet the North Dakota Board of Social Work Examiner’s criteria governing continuing education for social workers.

_______________________________________                  _____________________________________________
Administrator                                                                         Continuing Ed

_________________________________
Date

Send to:
NDBSWE
PO Box 914
Bismarck, ND 58502-0914
ndbswe@aptnd.com
701-222-0255