# NORTH DAKOTA BOARD OF SOCIAL WORK EXAMINERS
# RENEWAL APPLICATION FOR APPROVED PROVIDER STATUS

## (02/12)

### I. CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider Number</th>
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<th>Address</th>
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<tr>
<th>Provider Contact Person</th>
<th>Phone Number</th>
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### II. QUALIFICATIONS OF TRAINER(S)

List the qualifications/education of trainers you use to provide training (if not known at this time, enter N/K).

### III. UPCOMING TRAININGS

List any trainings to be offered this upcoming status period (if not known at this time, enter N/K). As per N.D. Admin. Code, Board-approved continuing education course content must enhance the social worker’s professional competence and 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.

COMPLETE BOTH SIDES OF THIS APPLICATION ►
III. UPCOMING TRAININGS Cont.

IV. ATTACHMENTS
Include the following:
1. List of past year’s trainings including a brief outline and learning objectives for each training.
2. $100 renewal fee.

V. 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.

VI. 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 Education Coordinator

_________________________________
Date

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