

**NORTH DAKOTA BOARD OF SOCIAL WORK EXAMINERS
RENEWAL APPLICATION FOR APPROVED PROVIDER STATUS**
(02/12)

FOR OFFICE USE ONLY
Date Received:
Fee Received:
Date Issued:
Date Expire:
Provider No.:
CE Monitor:

I. CONTACT INFORMATION

Provider Name		Provider Number	
Address	City	State	Zip
Provider Contact Person	Phone Number	Email	

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.*

Licenses 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.

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**