

Are you available to screen continuing education applications for workshops & training sessions?

Yes ___ No ___

Are you available to review applications for designated provider status?

Yes ___ No ___

Do you have reliable internet & telephone access?

Yes ___ No ___

I have specialized knowledge in the following areas:

Services to Older Adults

Health Care

Services to Persons with Substance Misuse

Persons with Developmental Disabilities

Children

Mental Health

Adolescents

Hospice

Policy / Advocacy

Social Work Administration

Supervision

Homelessness

Research

School Social Work

LGBTQ

Family Health

Forensics / Criminal Justice

Community Development

Other (Specify) _____

Other (Specify) _____

Do you agree to observe confidentiality standards regarding all applications?

Yes ___ No ___

Do you agree to work on the CE Sub-Committee as a volunteer?

Yes ___ No ___

I acknowledge that the information I have provided is accurate.

Yes ___ No ___