

SOCIAL WORK CONTINUING EDUCATION  
APPLICATION FOR PRE-APPROVAL OF CE HOURS

**INSTRUCTIONS**

Your completed application and associated documents will be forwarded to two members of the Social Work Continuing Education Review Committee. To expedite this process, please follow these instructions.

The Application Form SWCE app

*Target audience* – Please identify, by profession or role, who, besides social workers, are targeted for attendance. E.g., nurses, psychologists, recreation specialists, clergy, consumers, caregivers, parents, etc.

*Primary sponsoring organization* – the agency or organization who holds the major role in developing, presenting, and/or keeping records.

*Sponsoring or supporting agencies* – collaborating agencies with secondary and/or funding roles

*Social worker involvement* – The program development **must include** a social worker, preferably at the master’s level. Active involvement is important and especially vital if the sponsoring organization is not social work based (e.g., medical, forensic). Continuing education hours are awarded for those programs that present social work skills, knowledge, and values beyond the baccalaureate social work level.

Social Work Objectives and Content Form SWCE

*Presentation Title* – if the title does not indicate the topic of the presentation, please add topic.

*Objectives* – Please adhere to the following format.

- a. Each presentation must have a minimum of three objectives
- b. Begin each objective with an action verb that completes this sentence: “At the end of this activity the participant will be able to \_\_\_\_\_.”

*Content* refers to the information presented to achieve the objective.

*Time Frame* refers to how much time will be spent on this objective.

*Presenter* – include presenter’s name and credential/license

*Teaching Strategies/Resources* – identify the teaching method such as lecture, group activity, PowerPoint

*CE Type* – Please indicate general, ethics, cultural, or clinical supervision

Presentation Title	“Out of the Darkness” (topic = depression)
Obj. 1	Identify three evidenced-based intervention methods
Content	CBT, Interpersonal Therapy, support groups
Time frame	Three hours
Presenter	Darla Worker, LCSW
Teaching strategies/Resources	Lecture w/ PowerPoint, handouts of scholarly articles, small group discussions
CE Type:	General

Example

Evaluation

The goal is informative feedback for the sponsoring agencies and the presenters. One of the best methods of feedback is the extent to which the participants believe they have been given the information to achieve the objectives. Using the example objective above, following is an example of objective-based evaluation.

At the end of this presentation, I am able to:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Identify three evidenced-based intervention methods					

You may choose to add an evaluation of other components such as environment, audio/visual, etc. but for social work continuing education hours, an objective based evaluation of each presentation is required.

Agenda or Program

Please provide an agenda or a copy of the program which includes an agenda.

Presenter Resume or Curriculum Vita (CV)

Please provide either a resume or CV for each presenter. Some CV's are extremely lengthy due to the presenter's long list of articles written and presentations made. PLEASE LIMIT EACH RESUME OR CV TO FOUR (4) PAGES **(no staples or paper clips)**.

If possible, when assembling your application include the resume or CV of the presenter immediately following the objectives for that person. Not required, but it is helpful for our reviewers.

Certificate

Please ensure that CE Certificates contain this statement (Including Sponsoring Organization Provider Number and Expiration Date).

"This organization (provider name and approval number) is approved as a provider for continuing education by the Mississippi Board of Examiners for Social Workers and Marriage and Family Therapists; Approval Period \_\_\_\_\_(dates). Social workers will receive continuing education clock hours in participation in this course:

\_\_\_\_\_ Ethics    \_\_\_\_\_ Cultural Competency    \_\_\_\_\_ Clinical Supervision    \_\_\_\_\_ General

**DUE DATE**

➡**The completed application must be received by the MBOE office by the 60 days PRIOR to the program date. (Example, for a program date of March 23-25, the application must be received no later than January 22.) APPLICATIONS NOT RECEIVED BY DUE DATE WILL NOT BE PROCESSED.**

If you have any questions regarding the completion of the application or any other question regarding continuing education, please contact Debbie Holt.

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Title of Program \_\_\_\_\_

Date(s) of Program \_\_\_\_\_ Location of Program \_\_\_\_\_

In addition to social workers, who is your target audience? \_\_\_\_\_  
\_\_\_\_\_

What fees are being charged for the program? \_\_\_\_\_

Primary Sponsoring Organization \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Contact Person and Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Other Sponsoring/Supporting Agencies (include address and phone)

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

**Records**

Person responsible for certificates.

Name/Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Person responsible for evaluations.

Name/Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Person responsible for recordkeeping

Name/Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Continuing Education Hours Requested  
\_\_\_\_ PROGRAM TOTAL

Breakdown: \_\_\_\_ Ethics  
\_\_\_\_ Cultural Competency  
\_\_\_\_ Clinical Supervision  
\_\_\_\_ General

Application Checklist

- Application
- Program Objectives
- Presenter resumes or curriculum vita – limited to four pages each presenter
- Program evaluation – must be objective based
- Agenda or program
- Application fee

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Application Fee: Individual application (less than or equal to 8 CE hours).....\$55.00  
Individual application (greater than 8 CE hours).....\$110.00  
Review of online CE program..... \$55.00

Payment Method: Money Order: \_\_\_\_\_ Cashier's Check: \_\_\_\_\_ AMT paid: \_\_\_\_\_  
Make cashier's check or money order payable to: MBOESWMFT, P.O. Box 4508, Jackson, MS 39296-4508

<b>Social Worker Involvement</b>	
A credentialed or licensed social worker must be a consultant or member of the planning committee for this program.	
Name _____	License/Credential _____
Agency/Employer _____	
Address _____	
_____	
Email _____	Phone _____
I served as an active consultant or member of the program's planning committee. I have read each objective for this continuing education program. I approve each objective as relevant to social work knowledge, skills, and/or values. I understand that I may be asked to clarify objectives or content regarding social work relevance.	
<b>Signature</b> _____	<b>Date</b> _____

**SOCIAL WORK CONTINUING EDUCATION  
PROGRAM OBJECTIVES AND CONTENT**

Presentation Title \_\_\_\_\_

Obj. #1
Content
Time Frame
Presenter, License/Credential
Teaching strategies/resources
CE Type
Obj. #2
Content
Time Frame
Presenter, License/Credential
Teaching strategies/resources
CE Type
Obj. #3
Content
Time Frame
Presenter, License/Credential
Teaching strategies/resources
CE Type

SWCE