

Please respond to the following:

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:

- | | |
|--|--|
| <input type="checkbox"/> Services to Older Adults | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Services to Persons with Substance Misuse | <input type="checkbox"/> Persons with Developmental Disabilities |
| <input type="checkbox"/> Children | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Adolescents | <input type="checkbox"/> Hospice |
| <input type="checkbox"/> Policy / Advocacy | <input type="checkbox"/> Social Work Administration |
| <input type="checkbox"/> Supervision | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Research | <input type="checkbox"/> School Social Work |
| <input type="checkbox"/> LGBTQ | <input type="checkbox"/> Family Health |
| <input type="checkbox"/> Forensics / Criminal Justice | <input type="checkbox"/> Community Development |
| <input type="checkbox"/> Other (Specify) _____ | <input type="checkbox"/> 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 ___

Signature: _____ Date: _____