Mississippi Board of Examiners for Social Workers and Marriage and Family Therapists Social Work Continuing Education Committee

Designated Provider Status Application Process & Eligibility For RENEWAL Applicants

DESIGNATED PROVIDERS (DPs) are organizations or institutions determined by the Social Work Continuing Education (SW CE) Committee of the MS Board of Examiners to meet the standards for continuing education. These organizations hold standing by application, review, and approval for a two (2) year period of time during which they must consistently comply with all requirements. Complaints and audits by SW CE Committee, MBOE members or their designees may result in removal from the status at any time and may prohibit renewal. Organizations which are approved for this status shall have their DP number and dates of approval on all documentation and will be listed with this information for public review and continuing education resources on the MS Board of Examiners website (www.swmft.ms.gov) and any publications therein. Organizations applying for RENEWAL DP status must complete the attached application and be audited by submitted the required documentation to the CE Committee of the MS Board of Examiners. Please see "required documentation" for what is to be submitted.

Designated Providers must continue to be actively engaged in the planning, development, and presentation of the continuing education programs they provide. Co-Sponsorships will not be accepted.

MS Board of Examiners for Social Workers and Marriage and Family Therapists

Social Work Continuing Education Committee

Continuing Education Designated Provider Status Application Renewal Applicants

Section I:		
Agency/Organization Name:		
Address (City, State, Zip):		
Director of Agency/Organiza	ation:	
Phone:	Fax:	Email:
Name of agency/organization approval of CE applications:	n representative in charge of the proce	ess of application, review and
If different from agency info	rmation, please complete address, ph	one, fax, and email below:
Phone:	Fax:	Email:
Section II:		
Which of the following best profession?	describes the agency/organization's a	ffiliation with the social work
Social Work Agency		
Council on Social W	ork Education Accredited School of S	Social Work
Social Work Organiz	ation	
Other – please descri		

Section III:

Continuing Education Procedures Description for Your Agency.

- 1) Describe the agency/organization protocol for receiving and reviewing applications for Continuing Education Approval.
- 2) Describe the process in which approval/disapproval determinations will be made.
- 3) Describe the process for evaluation of any CE offerings your agency will sponsor.
- 4) How will social workers be included in the planning and review of CE offerings?

Section IV:

Required Documentation:

Please attach the following information for all events provided during the two year application period.

- promotional materials and advertising practices
- course evaluation
- course certificate
- course content (goals, learning objectives, speaker bio/resume/credentials)
- sign-in sheet

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Agency/Organization Attestation:

I certify that the agency/organization will abide by the Mississippi Board of Examiners for Social Workers and Marriage and Family Therapists Standards for Continuing Professional Education and the NASW Code of Ethics. I understand that if the agency/organization fails to comply with these standards, the agency/organization's designation as a provider for Social Work Continuing Education Credits may be revoked.

Agency/Organization Director:	Date:
Agency/Organization CE Representative:	Date:

Instructions for Submittal:

Applications may be submitted online at mboe@swmft.ms.gov .	The application fee for
RENEWAL DESIGNATED PROVIDER status is:	

____ Renewal Application \$275.00

You may mail cashier's check or money order to:

Mississippi Board of Examiners for Social Workers and Marriage and Family Therapists P.O. Box 4508

Jackson, MS 39296-4508

If approved, the Renewal Designated Provider status will be valid for two years.