Revised 10/07

STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS
P O BOX 2649
HARRISBURG PA 17105
717-783-1389

st-socialwork@state.pa.us **Fax 717-787-7769** www.dos.state.pa.us/social

Application for Approval of Continuing Education Courses and Programs

Standards for courses and programs

1. Continuing education programs must be directed toward the enhancement of social workers', clinical social workers', marriage & family therapists' and professional counselors' knowledge and practice skills related to helping people achieve adequate and productive personal, interpersonal, and social adjustments in their individual lives, families, and community. The board will not approve continuing education programs in office management or in marketing the practice.
2. There must be an established mechanism measuring the quality of the course or program.
3. There must be established criteria for selecting and evaluating faculty or source material.
4. One (1) credit hour equals 50-60 minutes of actual instruction, exclusive of coffee breaks, lunch, etc. The minimum duration must be two (2) hours; however, the hours need not be contiguous. Continuing Education Courses must be taken within the two-year renewal period for which they are approved (i.e. March 1, 2007—February 28, 2009).
5. An instructor of a new course/program may apply for approval for credit hours towards his/her own continuing education requirements. Instructor-applicant should attach a letter stating this is the first time instructing this course/program.
6. All Sponsor/Provider approvals expire February 28th of each odd numbered year. A separate application is required for each two-year renewal period.

Instructions:

1. The **original and one copy of the completed application** must be submitted by the sponsor/provider to the above address at least **90 days** [per Pa. Code § 47.34(b), § 48.34(a) and § 49.34(a)] before the date the course or program commences. If an individual Social Worker, Clinical Social Worker, Marriage & Family Therapist or Professional Counselor is applying for approval, the application is required to be submitted **at least one day** before the date the course or program commences. In the case of individual application, the program is only approved for the individual licensee. Board evaluation takes 45 to 90 days depending on volume.
2. The application must be printed or typed only. All questions must be fully answered. The designated field of licensure should be listed after the instructor's name.
3. The following documents must accompany each application submitted:
    a. Course outline indicating starting time, breaks, lunch, and ending times; course objectives; and a sample course evaluation form.
    b. Sample of the Certificate of Attendance that is to be issued to each person in attendance. The sample certificate must contain the name of the sponsor, title of the course, and spaces marked for each of the following: name of licensee, date of course, number of clock hours, PA SW Board approval number, and signature of the person authenticating attendance. If individual licensee is applying, licensee may insert "PA SW Board approval #_____" on the Certificate of Attendance. Home study courses must be marked home study.
    c. $45.00 check or money order payable to "Commonwealth of PA". Fees are not refundable and will not be waived. Failure to submit the fee will delay the application(s). A processing fee of $20.00 will be charged for a returned check or money order, regardless of the reason for non-payment.

IMPORTANT INFORMATION:

PLEASE NOTE: The continuing education regulations for social workers and clinical social workers were amended and will become effective March 1, 2007. Please refer to Section 47.36 to determine if you are required to submit an application for PA Board approval. The continuing education regulations for marriage & family therapists and professional counselors have been finalized and will become effective March 1, 2007. Please refer to Section 48.36 for marriage & family therapists and Section 49.36 for professional counselors to determine if you are required to submit an application for PA Board approval. The rules and regulations may be located on the Board's website at www.dos.state.pa.us/social.

If a course is going to be provided for other dates and locations than what has been requested on the application, you are required to submit a letter to the Board requesting approval. Failure to obtain approval for additional dates and locations could result in revocation of approval by the Board for further program offerings of that program.

It is mandatory that you issue all participants who hold a Pennsylvania license an attendance certificate. The certificate must contain the name of the sponsor, the name of the licensee, title of the course, date of the course, number of credit hours, Board approval number and signature of the person verifying attendance.

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STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS, AND PROFESSIONAL COUNSELORS

Regular Mailing Address
P O Box 2649
Harrisburg, PA 17105-2649
Phone: 717-783-1389

Courier Delivery Address
2601 North Third Street
Harrisburg, PA 17110
Fax: 717-787-7769

APPLICATION FOR APPROVAL OF CONTINUING EDUCATION FOR SOCIAL WORKERS, CLINICAL SOCIAL WORKERS, MARRIAGE & FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS

Applicant is (please check one) ( ) Provider/Sponsor
( ) Individual- License number _____

Application fee- **$45.00** Make check or money order payable to Commonwealth of PA. Fee is non-refundable. A processing fee of $20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

The Provider/Sponsor must submit this application in duplicate at least 90 days prior to the program. Please print or type. All lines must be completed- "see attached" is not acceptable. Applications are reviewed on a first come, first served basis.

1. Name and telephone number of person completing this application

_____
Last First Telephone number

2. Name of Sponsor_____

   Address of Sponsor_____
   Street City State Zip Code
3. Name of Instructor_____Title_____

   Degree_____License # (if any) _____
4. Title of Course_____

   Location _____
5. Date of course_____ Specific Hours_____
   Month Day Year
6. Number of credit hours requested (actual instruction hours)_____
7. Is this part of Grand Rounds? ( )Yes ( )No Home Study? ( )Yes ( )No
8. Target audience(s)- Indicate groups you target as potential participants in the activities you intend to offer or to sponsor for credit.

   ( ) Social Workers
   ( ) Marriage & Family Therapist
   ( ) Professional Counselor
   ( ) Psychologists
   ( ) Psychiatrists
   ( ) Physicians
   ( ) Nurses
   ( ) Special Educators
   ( ) Educators
   ( ) Graduate Students
   ( ) Other _____

9. Describe the role of Licensed Social Workers, Licensed Clinical Social Workers, Licensed Marriage & Family Therapists and Professional Counselors in the development of your CE program offerings:

_____

_____

10. Describe your policy for evaluating participant satisfaction, how you deal with participant complaints, and the refund policy. Attach sample form used.

_____

_____

11. Has this program been approved in any other state? ( ) Yes ( ) No
If yes, list states of approval and telephone number. _____

_____

Agreement

I understand the information in this application will be used by members of the State Board of Social Workers, Marriage and Family Therapists, and Professional Counselors. I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa C.S. § 4911. I certify that the information provided herein is accurate, and if approved, agree to abide by the criteria and procedures set by the State Board for continuing education for Social Workers, Marriage and Family Therapists and Professional Counselors and upon request will submit evaluation forms.

_____

Signature of Applicant Date

**********BOARD USE ONLY**********

REFERENCE NUMBER _____ BOARD APPROVAL NUMBER_____

APPROVED [ ] DISAPPROVED [ ] PROVISIONAL DENIAL [ ]

BY BOARD MEMBER _____

SIGNATURE DATE

REASON(S) FOR DISAPPROVAL

( ) Not 90 days prior to program (sponsor)
( ) Not related to Social Work, Marriage and Family Therapy or Professional counseling
( ) Not 2 hours in duration
( ) Need broken into related topics
( ) No Sample Certificate of Attendance
( ) Not prior to program (licensee)

( ) No detail in courses
( ) No outline of courses
( ) No learning objectives
( ) No specific course hours
( ) No goals listed
( ) Does not enhance the social worker's, marriage and family therapist's or professional counselor's knowledge and practice skills

( ) Other _____

_____

_____