

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

INSTRUCTIONS

Please refer to the Social Work Continuing Education Guide for Individual Program Credit to ensure application is completed appropriately and meets criteria.

Remember: The program development **must include a Mississippi Licensed Social Worker**, as defined by Mississippi Code Title 73. Professions and Vocations § 73-53-7. 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.

DUE DATE

The completed application must be received by the MBOESWMFT office no later than 60 days PRIOR to the program date. (Example, for a program date of March 18th, the application must be received no later than January 18th.) APPLICATIONS NOT RECEIVED BY DUE DATE WILL NOT BE ACCEPTED.

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

*****Note: Please refer to page 16 of 42 to review steps if application is denied.**

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

<input type="checkbox"/> Single Session Program <input type="checkbox"/> Multi-Session Program

<input type="checkbox"/> Virtual <input type="checkbox"/> Face-to-Face <input type="checkbox"/> Hybrid
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Title of Full Event _____

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*

____ *Mandatory Reporting*

____ *General*

____ *Supervision for LCSW Supervisors*

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

Materials submitted in the application process may not be returned. **All application fees are nonrefundable, covering application processing and the approval period, if granted.**

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

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

SOCIAL WORKER INVOLVEMENT

A MISSISSIPPI LICENSED SOCIAL WORKER, in good standing, must be a consultant or member of the planning committee for this program.

Social Worker Name _____ License _____

Agency/Employer _____

Address _____

Phone _____ Email _____

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 and/or content regarding social work relevance.

Signature: _____ Date: _____

Official Use

Date Received: _____

Approved: _____

Amount Paid: _____

Denied: _____

Application #: _____

Date Letter of Approval/Denial Sent: _____

SOCIAL WORK CONTINUING EDUCATION PROGRAM OBJECTIVES AND CONTENT

Event Title: _____

Presentation Title: _____

Obj. #1
Content:
Time Frame (# of hours/minutes):
Presenter, License/Credential:
Teaching strategies/resources: <input type="checkbox"/> Lecture <input type="checkbox"/> PowerPoint <input type="checkbox"/> Handouts <input type="checkbox"/> Discussion/Q&A
CE Type: <input type="checkbox"/> General <input type="checkbox"/> Cultural Competency <input type="checkbox"/> Ethics <input type="checkbox"/> Mandated Reporting <input type="checkbox"/> Clinical <input type="checkbox"/> Supervision for LCSW Supervisors
Obj. #2
Content:
Time Frame (# of hours/minutes):
Presenter, License/Credential:
Teaching strategies/resources: <input type="checkbox"/> Lecture <input type="checkbox"/> PowerPoint <input type="checkbox"/> Handouts <input type="checkbox"/> Discussion/Q&A
CE Type: <input type="checkbox"/> General <input type="checkbox"/> Cultural Competency <input type="checkbox"/> Ethics <input type="checkbox"/> Mandated Reporting <input type="checkbox"/> Clinical <input type="checkbox"/> Supervision for LCSW Supervisors
Obj. #3
Content:
Time Frame (# of hours/minutes):
Presenter, License/Credential:
Teaching strategies/resources: <input type="checkbox"/> Lecture <input type="checkbox"/> PowerPoint <input type="checkbox"/> Handouts <input type="checkbox"/> Discussion/Q&A
CE Type: <input type="checkbox"/> General <input type="checkbox"/> Cultural Competency <input type="checkbox"/> Ethics <input type="checkbox"/> Mandated Reporting <input type="checkbox"/> Clinical <input type="checkbox"/> Supervision for LCSW Supervisors

****REMINDER: Each presentation must have at least three (3) SMART Objectives (measurable).**