

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

**INSTRUCTIONS**

Please refer to the Guide above 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 18<sup>th</sup>, the application must be received no later than January 18<sup>th</sup>.) 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
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<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).**