

Department of Health
Office of Professional Licensing
District of Columbia Board of Social Work
899 North Capitol Street NE, 2nd Floor
Washington, DC 20002



Application for Approval of Continuing Education

An application for approval of a continuing education activity must be submitted to the Social Work Licensing Board at least ninety (90) days prior to the activity.

Groups approved to provide continuing education must have procedures for issuing a certificate of completion to each participant who successfully completes the activity and pays the required fees. The certificate must contain: the title of the activity; number of continuing education credits; participant's name; and the name of the group providing the continuing education.

A certified list of attendees must be forwarded to the Licensing Board within ten (10) calendar days after completion of the final activity. The list must include the attendee's name, home address, social security number, and the number of credits earned.

You may hand deliver your application to the 2nd Floor, Monday through Friday, between the hours of 9:00 a.m. and 4:30 p.m. When mailing your application, send all material to the address listed above.

Sponsoring Organization _____

Address _____

Contact Person _____ Telephone _____

Email Address _____

Seminar/Workshop/Course Title _____

Date(s) _____

Location(s) _____

INSTRUCTORS
(Please attach a resume for each instructor)

Name _____ Degree _____

Name _____ Degree _____

Name _____ Degree _____

Continuing Education Program Objectives (Include relevance to social work)

Continuing Education Clock Hours Requested (Excluding coffee breaks, meals and registration time) _____

Teaching Methods (Approximate time percentages): Lecture _____ Audiovisual _____

Live Interview _____ Panel/Group Discussion _____ Question & Answer _____

Name of Co-Sponsor(s) If Applicable _____

Address _____

Contact Person _____ Telephone _____

Method for Verification of actual course completion _____

The following support materials must be submitted with each application:

1. Instructor's resumes
2. An outline of course content
3. A program evaluation form
4. A certificate of completion
5. A copy of proposed advertisement

CERTIFICATION

I hereby certify that continuing education instruction in _____ will be offered as prescribed by the DC Board of Social Work. I also certify that all information contained herein is true and accurate to the best of my knowledge.

Signature Title Date

For Office Use Only: _____		
Date Approved	Signature	Number of CEU's

