

**ALABAMA STATE BOARD OF SOCIAL WORK EXAMINERS
100 NORTH UNION STREET SUITE 736
PO BOX 301620
MONTGOMERY AL 36130-1620
334/242-5860**

APPLICATION FOR CONTINUING EDUCATION PROVIDERS

INSTRUCTIONS

The Alabama State Board of Social Work Examiners approves continuing education for social workers based on the following criteria:

“Continuing Education means education which fosters the enhancement of general or specialized social work practice, values, skills or knowledge”, excerpt from the Alabama Administrative Code 850-X-8.

Please answer all questions on the provider form. If the question is not relevant to you or your organization please state so. We require that you submit to our agency every six months the programs that you provided. There is a **\$50 fee** for the Provider Status (**Beginning October 21, 2016 this fee will be \$150.00**) **unless you provide CE to Social Workers for free.** (A statement to this effect must be provided.) All payments must be in the form of a cashier’s check, money order or business check; we cannot accept personal checks or credit cards.

A copy of Chapter 850-X-8 Continuing Education can be obtained from our web site www.socialwork.alabama.gov listed under “Laws & Rules”, Alabama State Board of Social Work Examiners Administrative Code.

Providers are generally approved for two (2) years. *When the agreement expires it is the responsibility of the provider to obtain another application in a timely manner.*

If you have any questions you may reach our office at the number listed above.

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SOCIAL WORK CONTINUING EDUCATION
APPLICATION FOR AGENCIES PROVIDING
CONTINUING EDUCATION ACTIVITIES

BOARD USE ONLY

DATE RECEIVED: _____

DATE REVIEWED: _____

APPROVED: _____ YEARS: _____

RENEWAL DATE: _____

DENIED: _____

\$150 FEE PAID: _____

NAME OF AGENCY OR DEPARTMENT: _____

Provider # _____ (If renewing)

ADDRESS: _____

TELEPHONE NUMBER: _____ DIRECTOR OF CE: _____

SOCIAL WORKER RESPONSIBLE FOR CE: _____

PLEASE CHECK ONE: NEW APPLICATION _____ RENEWAL APPLICATION _____

PLEASE ADDRESS THE FOLLOWING AS COMPLETELY AS POSSIBLE AND ATTACH ALL REQUIRED INFORMATION.

ORGANIZATION PLAN: Statement of Purpose

- 1) What is your continuing education program's statement of purpose with regard to:
 - A. The relationship of your program to social work practice, skills, knowledge, and /or values enhancement?

 - B. The purpose of continuing education?

 - C. A plan to identify and promote current knowledge and needs in social work practice?

ADMINISTRATION:

- 1) Does your organization structure indicate authority to a continuing education director to implement your goals and objectives of presentation planning? (If appropriate, provide an organizational chart showing the relationship of the program director to your agency/organization's structure.)

_____ yes _____ no

- 2) List the names, titles, and academic degrees of individuals responsible for establishing you CE programs' scheduling:

Name

Title

Degree

- 3) How is the overall CE program schedule determined?

- 4) Is there permanent staff available for the planning and monitoring of the presentation?

_____ yes _____ no

- 5) What methods will be used in individual program presentations (i.e., lectures, audio-visual, testing, etc.)?

- 6) What physical facilities are primarily used for CE presentations (space, equipment, etc.)?

7) Describe the record keeping systems for:

A. Verifying each individual participating in each individual presentation.

B. Documenting each individual presentation in full including agenda, instruction(s), evaluation, etc.

8) Describe the evaluation procedures for the presentations (including copy if possible).

9) How many individuals attend your presentations yearly?

10) Approximately how many presentations do you offer yearly?

ATTESTATION:

I affirm that the information in this application is true and accurate and that if the application is accepted, our programs will follow the requirements of Alabama statute and rule and regulations regarding the provision of continuing education for social workers in the State of Alabama. I understand that failure to do so may result in withdrawal of approved-provider status and/or invalidation of CE credits for individual participants in one or more of this provider's offerings.

Date

Signature of Director of CE Programs