Program Provider Application
Complete and return completed application with required attachments to:
NASW/CT, 2139 Silas Deane Highway, Suite 205, Rocky Hill, CT 06067
or e-mail to naswct@naswct.net

***Important notes:***

* ***Please submit applications at least SIX WEEKS prior to each program. If an application is submitted closer to the program date, NASW/CT cannot guarantee the review will be completed before the program date.***
* ***This application MUST BE accompanied by appropriate fee before it will be reviewed.***
* ***To ensure a timely response to your application, please submit an electronic copy of this form. An electronic copy of this form can be downloaded from*** [***www.naswct.org***](http://www.naswct.org) ***on the Continuing Education tab-Provider Information.***

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| --- |
| ORGANIZATION APPLYING:       |
| ORGANIZATION PROVIDING PAYMENT, IF DIFFERENT:       |
| CONTACT PERSON:       |
| MAILING ADDRESS:       |
| CITY:       | STATE:       | ZIP:       |
| PHONE (   )        | FAX: (   )       | E-MAIL:       |
| PROGRAM TITLE:       |
| INSTRUCTOR NAME(S):        | PHONE:       |
| PROGRAM DATE:        | TIMES:       | LOCATION:       |
| NUMBER OF CONTINUING EDUCATION HOURS REQUESTED:        |
| **Please review this application for the Cultural Competency licensure requirement CHECK BOX if requested****Please review this application for the Veterans Services licensure requirement CHECK BOX if requested** |
| **Publicity (Check items that apply):** [ ]  Only our organization's staff will be invited[ ]  Social workers from other organizations are also invited[ ]  We request publicity from NASW/CT (Your approved program will be listed on the NASW/CT continuing education calendar on our website.) ***See page 4 for additional advertising options.*** |
| If this application is approved, I/we agree to comply with the procedures as described in the CEC Provider Guidelines and all State of Connecticut Department of Public Health regulations pertaining to Continuing Education Credit for licensed certified social workers. In particular, unless I/we specifically ask NASW/CT to maintain our registration records, I/we agree to maintain attendance records for all LCSW program participants who request Continuing Education Credits, and to provide those participants with written documentation of their attendance.NAME                                                      TITLE                                      DATE |
| **Amount enclosed** $       [ ]  Organization has already paid |

Program Details- (if space below is insufficient please attach additional information)

Audience:

Target Audience:

Approximate Number of Expected Participants:

Content:

Summary of Program Content:

Educational Objectives (please be specific):

Instruction Schedule (Please include lunch and breaks):

| Schedule Time | Topic | Method |
| --- | --- | --- |
|       |       |       |

**Appropriateness for Social Work**:

Note: Program content and objectives must apply to the LMSW and LCSW scope of practice as stated in Connecticut statute:

"... the application, by persons trained in social work, of established principles of psychosocial development, behavior, psychopathology, unconscious motivation, interpersonal relationships and environmental stress to the evaluation, assessment, diagnosis and treatment of bio-psychosocial dysfunction, disability and impairment, including mental, emotional, behavioral, developmental and addictive disorders, of individuals, couples, families or groups. Clinical social work includes, but is not limited to, counseling, psychotherapy, behavior modification and mental health consultation."

Describe how the program meets the LMSW and LCSW scope of practice:

Planning committee names and titles (or names and titles of those involved in planning, if there is no formal committee):

Describe how BSWs, MSWs, or DSWs were involved in program planning:

 **Revised 7/2016**

Attachments:

 Course, program, or conference brochure, or other marketing materials (not required for programs which are

 not open to social workers outside of your organization)

 Vitae of instructor(s)

 Course Evaluation form

 Relevant and selective reading list for participants (optional)

**NASW/CT Advertising Opportunities**

Check Box of selected option below and the Professional Development Coordinator will provide the *NASW /CT Advertising Opportunities and Pricing Chart via email or you may choose to visit us on the* web at [www.naswct.org](http://www.naswct.org) on the Continuing Education tab-Provider Information. Reasonable rates offered.

**MORE INFO Button:**

For $30 a month we will add a **MORE INFO** button next to your Program listing on the CEC Calendar. This **MORE INFO** button will link to a Conference Brochure, an Agency Website, a Registration Form—anything you wish to provide to us to facilitate advertising your Continuing Education Program.

 I am interested in this option

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**Email Blast:**

You can advertise your upcoming conference or training program to over 2700 social workers instantly. During the first week of every month NASW/CT will send an email blast to our members who have provided email addresses with information on your CE Program.  For $99 you will have up to 10 lines to inform our members of your program and, if you choose, it can include a link to your brochure or website.  This is the most cost effective way to reach your target audience.

I am interested in this option

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**Newsletter Ad:**

Advertise in our emailed newsletter, “Connections”, sent to our members 6 times per year. Choose from a Classified Ad to a Full page Display Ad.

I am interested in this option

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**Web Advertising:**

Advertise on the NASW/CT website. Choose from a Classified ad or a Display ad - varying sizes available. This is a great way to reach potential trainees or conference attendees or to advertise your agency.

I am interested in this option

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**Label Rentals:**

If you have a particular service, conference, training or resource you wish to share you can rent our NASW Membership labels to direct mail your materials. This is a great way to get your information directly in the hands of our NASW members.

I am interested in this option

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**Conference Brochure and/or Exhibitor Table:**

NASW /CT hosts a spring Annual Conference and a fall Specialty Conference. You can advertise your business/agency in our conference brochure reaching our entire membership. You may also rent an Exhibitor table and meet our members directly to share your information.

 I am interested in this option