

WV BOARD OF SOCIAL WORK EXAMINERS
CONTINUING EDUCATION COMMITTEE
P O BOX 5459-CHARLESTON, WV 25361

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APPLICATION FOR CERTIFIED PROVIDER

We appreciate the interest of your organization in becoming a Certified Provider of Continuing Social Work Education in West Virginia. To qualify for this status, the organization must have completed specified provisions to be approved as a WVBSWE Certified Provider.

The Certified Provider of continuing social work education is a social work setting where the education programs meet criteria established within WVBSWE Legislative Rules and policies. In order to be eligible to apply to become a **Certified Provider**, the applicant must have offered **at least three individually approved social work programs** that accumulate to no less than **thirty (30) contact hours** within the **previous twenty-four month period** prior to making this application. The thirty (30) hours must have been approved for Social Work credit via the **Individually Approved Provider procedure** by the Board's Continuing Education Committee.

Agency Name: _____

Address: _____

Agency Telephone Number: _____

Agency Email Address: _____

Agency Website: _____

***Responsible WV Licensed Social Worker:** *(Must be a WV Licensed Social Worker in good standing that has earned an accredited degree in **Social Work; BSW or MSW**):*

Social Workers Name: _____

SW License Number: _____

***Provider Contact Person:** _____

*(*IF other than the responsible licensed BSW/MSW)*

PROCEDURE FOR BECOMING A CERTIFIED PROVIDER

1. Attach a description of your agency and services.
2. Attach a list of all of the continuing education events you have provided within the previous two years that were approved via the *Individually Approved Provider* procedure. The Continuing Education Committee will use this listing to confirm that which is on file.

3. Submit the following material on each of **three separate events** that you **presented under the Individually Approved procedure within the previous two years** that includes:
 - a. Submit a sample or summary of completed participant evaluation forms.
 - b. A sample sign-in sheet to show record of attendance.
 - c. Provide a brief explanation of how you advertised programs to the greater social work community; (i.e., website, mailed brochure, interaction with agencies, etc.)
4. Attach the application **non-refundable fee of \$100.00** or inform Board staff if you require a separate original invoice.

SIGNATURES: The application requires the signature of the “responsible licensed social worker” and agency authority (CEO, Director, Etc.). If the social worker serves in both positions, he/she shall sign both lines.

Agency Representative: _____
(Signature)

(Date)

Licensed BSW or MSW: _____
(Signature)

(Date)

-----WVBSWE CE COMMITTEE USE ONLY-----

Committee Review Date: _____ I. Agency Description satisfactory: _____ II. Thirty 30-hours completed under IPA process: _____ III. Three Event Review: 1) a. ___ b. ___ c. ___ 2) a. ___ b. ___ c. ___ 3) a. ___ b. ___ c. ___ IV. Signatures affixed: _____ V. Fee enclosed: _____ Needs Original Invoice: _____ Require Additional Information: _____ Application is Complete: _____ Recommend approval to WVBSWE at their next meeting: _____ Board Approval Date: _____ Provider Number Assigned: _____ Due to Recertify: _____
