

**WV BOARD OF SOCIAL WORK EXAMINERS
CONTINUING EDUCATION COMMITTEE
POST OFFICE BOX 5459
CHARLESTON, WV 25361
Office: 304-558-8816 Fax: 558-4189**

In order to receive approval for a social work program that is attended or received within the State of WV, the presenting organization must file an application with the WVBSWE Continuing Education Committee for pre-approval. The Committee meets on the second Friday of every month to review applications and attend to various continuing education issues. The application **MUST** be received and reviewed by the Committee in advance of the program presentation.

The same program topic and title may be repeated (three presentations under a single application) under one application. A program with a separate title, content, or topic requires an additional application. Review the WV Continuing Education Policies & Procedures for information on becoming a “Certified Provider.

“INDIVIDUALLY APPROVED PROVIDER APPLICATION”

IN ORDER TO RECEIVE CONSIDERATION FOR APPROVAL OF AN INDIVIDUALLY APPROVED CONTINUING EDUCATION EVENT, ***SUBMIT THIS APPLICATION WITH INFORMATION REQUESTED AND THE NON-REFUNDABLE APPLICATION FEE OF \$60.00 AT LEAST SIXTY (60) TO NINETY (90) DAYS PRIOR*** to the date of event. Make the check payable to: WVBSWE and mail to the Board address above.

EVENT TITLE: _____

DATE(S) OF EVENT: _____

LOCATION: _____

REGISTRATION: PHONE-_____ FAX:_____ EMAIL:_____

WEB SITE ADDRESS (REGISTRATION):_____

NUMBER OF HOURS REQUESTING:_____ (use whole & quarter hrs only)

PRIMARY SPONSOR: _____

ADDRESS: _____

PHONE NUMBER: _____ FAX: _____

WEST VIRGINIA LICENSED BSW OR MSW RESPONSIBLE FOR PROGRAMS ADHERANCE TO SOCIAL WORK PRACTICE CONSIDERATIONS & ETHICAL VALUES: (MUST HOLD WV SOCIAL WORK LICENSE-Contact the Board Office if you wish to request a roster of eligible licensees in any particular area)

NAME: _____

LICENSE NUMBER: _____

PHONE NUMBER: _____

STATE THE NEED/GOAL TO WHICH THIS ACTIVITY IS DIRECTED: _____

DESCRIBE HOW NEED WAS DETERMINED: _____

SPECIFY LEVEL OF LICENSEE TO WHOM THE ACTIVITY IS DIRECTED & ANY PREREQUISITES: _____

FORMAT TO BE USED: ___ LECTURE ___ AV PRESENTATION ___ CASE STUDIES
___ DEMONSTRATIONS ___ PANEL DISCUSSION ___ OTHER (Specify): _____

ATTACH A COPY OF THE FOLLOWING:

- a) AGENDA OR SCHEDULE WHICH CLEARLY SHOWS INSTRUCTION PERIODS AS WELL AS BREAKS OF 15 MINUTES OR MORE; MEAL PERIODS, ETC. FOR PHYSICAL PRESENTATIONS.
- b) VITA, RESUME OR BACKGROUND STATEMENT FOR EACH PRESENTER OR EQUIVALENT FOR TECHNICAL PRESENTATIONS.
- c) BROCHURE, FLYER, NEWSLETTER **OR** OTHER MEANS USED TO ADVERTISE THE AVAILABILITY OF THE PROGRAM AND PROFESSIONAL LEARNING OBJECTIVES.
- d) PLANNING COMMITTEE MEMBERSHIP & MINUTES (IF APPLICABLE) TO DOCUMENT PROCESS FOR SETTING OBJECTIVES, CHOOSING PRESENTERS, THE MEANS BY WHICH THE SOCIAL WORK COMMUNITY WILL BE INFORMED OF PROGRAM.
- e) A SAMPLE OF THE PARTICIPANT EVALUATION FORM TO BE USED OR METHOD TO BE USED TO RECORD REGISTRATION (TECHNICAL OR PHYSICAL PRESENTATION).

- f) SAMPLE OF FORM TO BE USED AS ATTENDANCE ROSTER OR OTHER EQUIVALENT METHOD FOR TECHNICALLY AVAILABLE PROGRAMS THAT WILL ALLOW THE BOARD THE REQUIRED INFORMATION NEEDED TO AUDIT INDIVIDUAL LICENSEE ATTENDANCE.
- g) IF THE PROGRAM IS OFFERED ON-LINE, PROVIDE INFORMATION REGARDING PRE AND POST TEST REQUIREMENTS AND ANY OTHER SPECIFICS THAT APPLY TO THIS PARTICULAR PROGRAM.

The application must be signed by the Licensed BSW or MSW responsible for program's adherence to profession and the organization representative.

SIGNATURE OF WV LICENSED BSW/MSW SOCIAL WORKER

DATE

SIGNATURE: SPONSORING AGENCY CONTACT

DATE