

Louisiana Association of Clinical Social Workers

Application for Pre-Approval Credit of Continuing Education Program

PROGRAM INFORMATION

Title of program: _____

Date of program: _____

Location/City of program: _____

Sponsoring organization/individual _____

Address: _____

Phone: _____ **Fax:** _____

Please list any co-sponsors: _____

Contact person/Title: _____

Address (if different than above) _____

Phone (if different from above) _____

Are fees being charged for program? _____

Please attach brochure _____

Please attach vita/bio of presenter(s) _____

SPONSORING ORGANIZATION _____

Who is the expected audience? _____

Please list the learning objectives of the program (include relevance to social work)

Please provide agenda/outline of the program (including time table)

CONTINUING EDUCATION CREDITS

Please indicate the total number of credit hours being requested in each category. Exclude coffee breaks, meals, announcements, welcoming speeches, etc. Please note one credit hour equals 60 minutes.

_____ **Clinical** _____ **Ethics** _____ **General**

SPONSORING ORGANIZATION _____

RECORDS

Will certificates be issued on site? _____

Will certificates be mailed? _____

Will they be issued at very end of workshop _____

Person responsible for certificates:

Name/Title _____

Address _____

Phone _____ **Email** _____

Person responsible for evaluations:

Name/Title _____

Address _____

Phone _____ **Email** _____

***Please provide a blank copy of the evaluation tool to be used.**

Person responsible for record keeping:

Name _____

Address _____

Phone _____ **Email** _____

***PLEASE NOTE: Attendance records must be kept for 3 years**

SPONSORING ORGANIZATION _____

SOCIAL WORKER INVOLVEMENT

A credentialed or licensed social worker must be a consultant or member of the planning committee for this program. Please provide the following information:

Name _____ **Phone** _____

List all social work credentials, licenses or certificates of social worker _____

What is social worker involvement i.e. planning, presenting? _____

Signature of social worker _____ **Date** _____

Signature of applicant _____ **Date** _____

GUIDE FOR ASSESSMENT OF CONTINUING EDUCATION (an event must receive a total score below (combination of all three sections) 10 to be clearly acceptable for continuing education credit.)

Program Content:

(Clearly acceptable)

- _____ 6) Mainstream social work knowledge, skills, and values
- _____ 6) Specialized social work knowledge, skills, and values
- _____ 4) Information from related fields that is useful for social work practices
- _____ 2) Developing areas that may lack strong research, support, or clear application
- _____ 0) Content that is specifically not acceptable or not related to social work practice

(Clearly not acceptable)

Program Presenter:

(Clearly acceptable)

- _____ 5) Social worker with appropriate expertise in content area
- _____ 4) Related profession with ability to connect content to social work practice
- _____ 2) Lay person (i.e. client) on the impact of needing/receiving services
- _____ 0) Presenter with no apparent professional qualifications nor link to social work

(Clearly not acceptable)

Program Audience:

(Clearly acceptable)

- _____ 4) Social work practitioners/students
- _____ 4) Interdisciplinary professional audience that may include social workers
- _____ 3) Audience presumed to be primarily from another profession (i.e. nursing)
- _____ 1) Audience open to general public
- _____ 0) Audience presumed to be primarily the general public

(Clearly not acceptable)

_____ **Total Score (add score from each section to get total score)**

SPONSORING ORGANIZATION _____

Application payment and check list:

_____ **Check #** _____ **Amount** _____

_____ **Brochure attached**

_____ **Presenter's vita/bio attached**

_____ **Evaluation tool attached**

Mail application, check, and all attachments to:

**Helen Stavros, LCSW
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New Orleans, LA. 70115
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Fax: 504-842-3236**