INDIVIDUAL REQUEST FOR ACCREDITATION OF

CONTINUING EDUCATION FOR LICENSED CLINICAL SOCIAL WORKERS

SEND WITH $15.00 CHECK TO:	***DO NOT WRITE IN THIS SPACE***
Utah Chapter, NASW Continuing Education Committee U of U, College of Social Work #229 395 South 1500 East Salt Lake City, UT 84112-0260	**CK#_____ RECEIVED $_____ DATE APPROVED** **NUMBER OF APPROVED CE CLOCK HOURS** **CATEGORY: ___1) Courses, seminars, lectures, conferences, or training sessions** **___2) Continuing Education Teaching (clinical or mental health therapy)** **NOTIFICATION SENT _____**

Deadlines for application are as follows: The Third Wednesday of the Month. Applications received after the deadline will not be reviewed until the next month. Please use this form. No other forms will be accepted. All information must be attached and all questions must be answered.

Name of individual requesting approval

Address _____ City _____, State _____ Zip

Telephone No. ( ) _____ Fax No. ( )

Date submitted _____ License number

CONTINUING EDUCATION ACTIVITY

(A brochure describing the program and verification of attendance form must be attached)

1. Sponsoring Organization
2. Organization's Address _____ City/State _____ Zip
   Telephone No. ( ) _____ Fax No. ( )

3. Title of Continuing Education Activity

4. Date of activity _____ Location

5. Number of Clock hours requested _____ Fees charged for workshop $

6. Overall Purpose, Goal, or Objective of Course or Activity

7. Briefly describe content, teaching and evaluation methods

8. Relevance of Course or Activity to the Social Work profession

9. Names, Titles, and Qualifications of individuals responsible for presenting activities

If you have any questions, please call:

NASW OFFICE
(801) 583-8855