



## **NASW MAINE CHAPTER - CONTINUING EDUCATION PROGRAM**

The NASW Maine Chapter (NASW-ME) continuing education approval program was developed to meet the needs of agencies, hospitals, individuals, and human service organizations wishing to offer quality continuing education to social workers. Continuing Education Providers must apply and meet certain criteria.

Once completed applications are submitted to the NASW-ME office they are reviewed by the Continuing Education Committee. NASW-ME will provide the applicant with an email verifying approval after the decision is made. It is the responsibility of the program provider to maintain a copy of the form along with all training materials. NASW-ME will keep all submitted application materials for a period of seven years. As a courtesy to attendees, NASW-ME would recommend that providers keep attendance records of their registrants for a period of four years after every continuing education period. Approval is for one year only from the official date of approval.

Information about NASW National's CE Approval Program can be found here:

<https://www.socialworkers.org/Careers/CE-Approval-Program/Social-Work-Licensure-Board-Endorsements>

### **Fee Schedule:**

The fee (see last page) is based on a various criteria including type of agency and type of educational activity. Approval is for one year only from the official date of approval; there is no limit on the number of times the approved may be presented within the one-year period.

NASW-ME reserves the right to discontinue a Provider's relationship at any point in the cycle. This includes the right to not renew a past patron's relationship with NASW-ME.

### **Definition of Terms:**

- 1) ONE NASW-ME CHAPTER CONTINUING EDUCATION CREDIT HOUR = One hour of interaction between the learner and instructor. Break times and mealtimes are not included in the Continuing Education Credit hour tally.
- 2) CONTINUING EDUCATION PROVIDER = The party who assumes all responsibility for the development, implementation, and logistics of the program(s). This may be an individual or an organization.
- 3) CONTINUING EDUCATION ACTIVITY = Formalized organized learning events, involving interaction with a teacher for the purpose of accomplishing specific learning objectives

- relevant for social work practice. Included are conferences, panel presentations, symposiums, courses, workshops, practice-oriented seminars, and training activities.
- 4) **QUALIFIED INSTRUCTOR** = Demonstrated understanding of the stated profession and the specific subject matter; specific qualifications include: ability to transmit the educational content to the participants; understanding of continuing education objectives; knowledge and skill in instructional methodology, learning processes, and the use of emotionally laden material; and capacity for self-evaluation and modification of future offerings in response to evaluations conducted by self, the sponsor, and participants.
  - 5) **FORMAL EVALUATION** = Formal evaluation of each continuing education activity is required.

**Criteria:**

All Continuing Education Activities must meet the following criteria:

- 1) Each activity must have clearly defined and measurable learning objectives.
- 2) These learning objectives must be deemed appropriate for all licensed social workers. The learning objectives must pertain to a substantive area of practice (e.g. domestic violence, ethics, psychosocial assessment), a method of practice (e.g. working with groups), or a specific population or practice issue (e.g. adolescents, or individuals with mental disability).
- 3) The Continuing Education Activity must be relevant to social work practice.
- 4) Continuing Education Activities must be taught by qualified instructor(s), speaker(s), or educational leader(s).
- 5) Formal evaluation of each Continuing Education Activity is required.
- 6) The Continuing Education Provider must provide an environment conducive to learning.
- 7) NASW-ME may review approved educational programs provided by the provider. If there are any programs that are outside the scope of content as proposed during the initial application, NASW-ME may disqualify the provider from continued status as a CE provider.

**Responsibilities of Continuing Education Provider:**

- 1) To submit the appropriate "Approved CE Provider Application" to award NASW ME Continuing Education Credits to NASW-ME with the knowledge that a decision regarding the application may take up to eight weeks.

- 2) To provide NASW-ME with the educational activity website address and, if specifically requested, any materials used to market the education activity that will offer NASW-ME Continuing Education Credits.

**Applicability:**

It is the Continuing Education Credit recipient's responsibility to verify applicability with his/her certifying body.

**Appeals Process:**

If an application is denied, a written explanation of the refusal will be offered. If the applicant is able to offer additional relevant information, or changes are made to the applications which address the reasons for NASW-ME's refusal, a revised application may be resubmitted. Applications that are resubmitted must follow the same process as outlined above.

**APPROVED CE PROVIDER APPLICATION TO AWARD  
NASW-ME CONTINUING EDUCATION CREDIT HOURS**

**Directions:** Please send this completed form and any additional items listed below to [naswmeinfo@gmail.com](mailto:naswmeinfo@gmail.com). If approved, you will be notified and invoiced. If not approved, you will be notified.

**Checklist of required items:**

- Application
- Fee Worksheet

**NASW ME CONTINUING EDUCATION APPLICATION FORM**

*All applications must be typed*

1. Sponsoring Organization: **Insert Text Here**
2. Title of Program: **Insert Text Here**
3. Dates of Each Session:  
**Insert Text Here**
4. Location:  
**Insert Text Here**
5. Program Primarily Geared to Targeted Audience who are being invited to conference/training:
  - IN-HOUSE STAFF ONLY
  - ADMINISTRATION/SUPERVISION
  - PRIVATE PRACTITIONERS
  - ALL MENTAL HEALTH PRACTITIONERS
  - OTHER (**Insert Text Here**)
6. Course Description – Which topics will be discussed?  
**Insert Text Here**
7. Course Objectives – What are the teaching goals?  
**Course Description**

8. Instructional Methodology (choose all that apply):

- Lecture
- Case Presentation
- Audiovisual
- Discussion
- Other (please describe)

9. Did you apply to other authorizing body for continuing education credits?

Yes  | No

If yes, please specify where:

Insert Text Here

10. Please provide and attach 1 copy of Evaluation Form specific to this program.
11. Provide at least 6 current books or articles from your bibliography to be distributed.  
(NOTE: Dates of publications must be included. )

1. Insert Citation 1
2. Insert Citation 2
3. Insert Citation 3
4. Insert Citation 4
5. Insert Citation 5
6. Insert Citation 6
7. Optional Citations

Program Schedule – please include start time, break times, end times and total instructional hours.

Insert Text here

Total instructional hours

Example: Start program	8:45 am
Break	10:15 am
Resume	10:30 am
<u>End program</u>	<u>12:00 pm</u>
Total instructional hours	3 hours

12. Instructor(s) qualifications that highlight their expertise in this specific topic area. (Append if more than 3 instructors using the same format as follows). DO NOT ATTACH C.V. OR RESUMES

Name Insert text here Degree Insert text here Year Insert text here

Current Position & Location Insert text here

Relevant Experience Insert text here

Name Insert text here Degree Insert text here Year Insert text here

Current Position & Location Insert text here

Relevant Experience Insert text here

Name Insert text here Degree Insert text here Year Insert text here

Current Position & Location Insert text here

Relevant Experience Insert text here

14. Person Responsible for program:

Name **Insert text here** Tel. **Insert text here**

Mailing address:

**Insert text here** State **Insert text here** Zip **Insert text here**

Email Address:

**Insert text here**

15. Person we can contact to clarify or give us more information:

Name **Insert text here** Tel. **Insert text here**

Email **Insert text here**

16. Person filling out application (if different from contact person):

Name **Insert text here** Tel. **Insert text here**

Email **Insert text here**

17. If this workshop is approved do we have your permission to post your program on the NASW ME website? Yes  No

Website or registration URL: **Insert text here**

18. Are you requesting any CEs in **ethics**? Yes  No

If so: please specifically state the course content devoted to ethical issues and the requisite time allotted **Insert number of hours here** hours.

**Course contents must clearly reflect consideration of distinct ethical issues. We recommend the most current version of the *NASW Code of Ethics* be included in your bibliography.**

19. Is this training a live webinar or other live distance learning? Yes  No

Please indicate how you will be ensuring participation, facilitating “sign-in,” and collecting evaluations.

**Insert text here**

20. Is this training a recorded webinar or other non-live distance learning opportunity?

Yes  No

Please note the following and submit relevant course and/or testing materials:

Name of documents **Insert text here**

Distance learning participants must submit a post-test with a passing score of 80% or greater. Minimum requirement of ten multiple choice questions per credit hour with no more than 10% true/false questions. Five multiple choice test questions are required for each additional credit hour after the first credit hour. For programs that request additional ½ hours, such as 1.5 CEs requested, a minimum of 5 multiple choice questions also are required. All post-tests should include no more than 10% true/false questions of the entire number of questions.

**Other**

If there is any other information you would like us to have before deciding regarding your Continuing Education Provider Status, please include it here:

**Agreement:**

I agree to provide conference locations that are handicapped accessible and free from outside distractions.

I understand that it is my responsibility to notify NASW-ME of any changes regarding the information contained in this application. Furthermore, I understand and agree to meet the responsibilities of sponsorship, including the maintenance of certain records, as defined in the NASW-ME provider application.

By signing below, I am signing this document electronically. I agree that my electronic signature is the legal equivalent of my manual/handwritten signature on this document. By signing my name using any device, means, or action, I consent to the legally binding terms and conditions of this document. I further agree that my signature on this document is as valid as if I signed the document in writing. I am also confirming that I am authorized to enter into this Agreement.

X

\_\_\_\_\_  
CE Requester



Insert text here

Print Name

Insert text here

Title/Position

\*Keep a copy of this application for your records.

**NASW-ME use only**

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Disapproved: \_\_\_\_\_

Signature: \_\_\_\_\_

### CE Approved Provider Fee Worksheet for Conference

Complete the application and fee worksheet to apply for approval. The fee is based on the type of agency and the number of days of the conference. CE approval is for one year; the approved conference may be presented as many times as desired during the one-year period.

A conference is defined for the purpose of this agreement as a live in-person or virtual educational event that occurs within a set period of time and involves multiple concurrent titles, and may involve single attendance events (e.g. keynote) as well.

FEE SCHEDULE	<u>Small Non-profit</u> Annual Operating Budget < \$1 million	<u>Large Non-profit</u> Annual Operating Budget > \$1 million or <u>For Profit</u>
1-day Conference	\$300	\$450
Multiday Conference	\$500	\$750

#### Other Charges:

Rush Order: Less than 8 weeks to event = extra charge of \$100 per conference.

#### Included in Fee:

- 1 E-blast to statewide membership